



Positive  
Prevention  
*Plus*

## Sexual Health Education for America's Youth

# APPENDIX B



Parent Information  
and Education

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# Parent Notification Letter – English

## (Passive Consent)

Date \_\_\_\_\_

Dear Parent/Guardian:

The \_\_\_\_\_ School District offers a course of study on Puberty and Sexual Health Education for \_\_\_\_\_ graders. This course topic addresses many of the health issues, including changes during puberty, personal hygiene, HIV and STI transmission, friendship, bullying, and planning a healthy future.

This unit of study on puberty and sexual health education is guided by California Education Code as well as the California Health Education Content Standards. Comprehensive health education is authorized by California Education Codes 51200 et seq., also 51880 et seq. We will be using **Positive Prevention PLUS** materials for this unit, which begins on \_\_\_\_\_.

It is required that parents or guardians be notified prior to instruction. All written or audiovisual materials to be used in this instruction will be available for inspection by parent or guardian. We invite you to review these class materials on \_\_\_\_\_ in room \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m. Teachers and administrators will be on hand to answer any questions.

If you have concerns regarding your child's participation in this unit, please feel free to contact your child's teacher or my office at the telephone number below

Sincerely,

\_\_\_\_\_

Curriculum Coordinator

Telephone: XXX-XXX-XXXX



# Carta de Notificación a los Padres – Español

## (Consentimiento Pasivo)

Fecha

Estimado Padre/Madre/Tutor:

\_\_\_\_\_ Distrito Escolar ofrece un curso sobre Pubertad y Educación sobre Salud Sexual para los alumnos de \_\_\_\_\_ grado. Este curso aborda muchas de las cuestiones relacionadas con la salud, incluyendo los cambios durante la pubertad, la higiene personal, la transmisión del VIH y de las ITS, la amistad, el acoso y la planificación de un futuro saludable.

Esta unidad de estudio sobre pubertad y educación sobre salud sexual se basa en el Código de Educación de California así como en los Estándares de Contenido Educativo de Salud de California. Esta educación en salud integral está autorizada por los Códigos de Educación de California 51200 et seq., y también 51880 et seq. Para esta unidad utilizaremos los materiales de **Positive Prevention PLUS**, y comienza en \_\_\_\_\_.

Se requiere que los padres o tutores sean notificados antes de la instrucción. Todos los materiales escritos o audiovisuales que se utilizan estarán disponibles para inspección por parte de los padres o tutores. Les invitamos a revisar estos materiales en \_\_\_\_\_ clase \_\_\_\_\_ a las \_\_\_\_\_ a.m./p.m. Los/las maestros/as y los/las administradores/as estarán disponibles para responder cualquier pregunta.

Si tiene inquietudes con respecto a la participación de su hijo/a en esta unidad, no dude en ponerse en contacto con el maestro/a o con mi oficina en número de teléfono que aparece más abajo.

Sinceramente,

\_\_\_\_\_

Coordinador/a del Plan de Estudios.

Teléfono: XXX-XXX-XXXX



# Parent Meeting Agenda

(Approximately 2 hours)

## Welcome and Introductions (10 minutes)

Provide a brief self-introduction, emphasizing your professional training and background. Also identify your audience, including the school and grade level of each attendee's child(ren).

## Overview of the Agenda (5 minutes)

Summarize what is to be covered, and that questions will be addressed as you move through the topics (OR if you prefer, at the end of the meeting). This is a good time to set the tone and Group Agreements for the meeting, which may help avoid problems and allow everyone to be heard equally.

## Overview of Upper Elementary Pubertal Development (30 minutes)

Using PowerPoint slides or overheads from Getting Started and Lesson One, walk the parents through basic information on puberty and reproductive health. This models the type of information to be presented to the students, and also builds competency in the parents to discuss these topics with their child(ren).

## Summary of the Health Content Standards and the National Sexuality Education Standards (15 minutes)

BREAK (10 minutes)

## Curriculum Overview and Demonstration of Selected Lessons (30 minutes)

Begin by displaying the Table of Contents, and emphasizing the alignment of the *Positive Prevention PLUS* curriculum with the California Health Education Content Standards and the National Sexuality Education Standards. Share sample lessons and activities. Discuss how sensitive questions (or topics not authorized for instruction) will be handled.

## Questions and Concerns (15 minutes)

Allow time for the sharing of anxiety, concerns, relief and support for the program. Rather than defending your own personal view or the district's decision to introduce sexual health education, encourage normative discussion among the parents, eliciting alternative and balanced points of view. Defer questions to members of the administration, school board or parent/community advisory committee in attendance. If Group Agreements have been well established for addressing parental concerns, this section will be easier. Reinforce parents' right to withdraw their child(ren) from instruction should they choose to educate their child(ren) at home, and offer to provide them with a Student Workbook.

## Parent Support for Sexual Health Education (5 minutes)

Reinforce the need for parents, schools and communities to work together to help improve the sexual health of students. Encourage the parents to answer and ask questions at home to reinforce prevention. Share tips for increasing parent-child communication, including parental values and expectations.



# Guidelines for Parents for Talking with Children or Teens about Sexuality

## **Be Honest**

When talking about sexuality, it is best to be honest—not just about the facts of life but about your feelings, attitudes, ignorance, and ambivalence. Children and teens can understand that learning about sexuality is a lifelong process. Adults are still learning, too.

## **Use Teachable Moments**

There are many opportunities each day to talk about sexuality. Sexual issues are raised by films, pop music, graffiti, magazines, T.V., etc. When a sexual issue is opened for us by one of these media, we can use the chance to ask an open-ended question, begin a discussion, or make a statement of information or value.

## **Make a Distinction Between Facts and Opinions**

It is important for us to clearly label what we are saying as either fact, opinion or belief. It is important to state our own belief or value because teens and children need to know that values are important to us; but we also need to acknowledge that other people may have different values. There is very little consensus in this culture about many controversial issues in sexuality—and the more controversial the issue, the more uncomfortable we are and the more likely we are to state our opinions as though they were fact. Talk about the range of values, and basing safe and healthy decisions on these values.

## **Don't Hesitate to Set Limits**

It is important to know what your own bottom line is: identify for yourself what you can accept; what you have difficulty accepting but can tolerate or work on; and what you absolutely cannot accept. Communicate these limits to the professionals with whom you work and with the rest of your family—foster care children as well as natural children. When working with teens, see if you can negotiate limits, encouraging communication, feedback, and flexibility. But once a limit is set, stick to it until it is re-negotiated.

## **Learn All You Can About Sexuality**

We as adults are still learning and growing regarding sexuality. New information is being discovered all the time. We need to take the time to read, think, talk, and learn so we can be more effective with our children and teens, and also for our growth and learning.

## **Take Some Time For You**

Many of us haven't had the time to really think about our own sexual values and attitudes so when we try to communicate them, it's confusing. Take the time to think.



# HIV/AIDS: Parent Guide to Teachable Moments

Parents and teenagers often find it difficult to communicate and discuss topics such as sex and drugs because it makes them uncomfortable. It is important to bridge this communication gap however, and discuss this very important topic. It is a matter of life and death for your teenager! Parents want to protect their children but don't always know how to go about opening the lines of communication for varying reasons:

- Some mistakenly believe discussing sexual and drug issues will encourage teens to engage in these activities.
- Parents feel they might not have enough accurate information.
- Some parents deny that their child participates in risky behavior.
- Many parents have little experience talking about sex.
- Some parents have trouble relating to their teens as sexual beings.
- Parental denial or discomfort exists regarding homosexuality, premarital sex, and/or their own personal history of sexual behavior.

Parents need to know that their discomfort is normal and that there are ways to overcome their discomfort and become active communicators and listeners with their teenagers. Teenagers want to go to their parents for information about sensitive topics such as sex, drugs and AIDS but are often embarrassed or uncomfortable. Some teenagers don't go to their parents because they sense their parents' discomfort with these topics. It is important that parents be educated and comfortable in discussing sex, drugs and AIDS. To do this, parents must know some basic facts about AIDS and safer sex:

- HIV is a preventable infection.
- There is no cure for AIDS.
- The Human Immunodeficiency Virus (HIV), which causes AIDS, is transmitted during sex or while sharing injection drug equipment.
- HIV is not spread by casual contact (kissing, hugging, etc.).
- Abstinence from both sex and drugs is the best way to prevent infection with HIV, the virus which causes AIDS.
- The use of a latex condom is termed "safer" sex, meaning safer than no protection at all. When used consistently and correctly, condoms are 85-98% effective in preventing pregnancy and offer good protection against HIV and other STIs. Only abstinence (or sex with a lifelong, mutually monogamous uninfected partner) is 100% "safe sex."
- The more sexual partners a person has, the greater the chance of coming in contact with someone who is infected.
- Drugs and alcohol impair judgment when making sexual decisions. They should not be used before or during sexual activity.
- A pre-existing STI increases the person's chances of an HIV infection.



Here are some simple communication techniques that parents can practice when discussing this sensitive subject with their teenager:

- Learn the basic information about HIV/AIDS so you can share the facts.
- Think about and plan what you want to say before you start talking.
- The best time to talk with your teen is when the subject of HIV/AIDS comes up naturally in conversation.
- If the subject doesn't come up, don't wait. You can start the conversation.
- Discuss the facts at a level that your teen can understand.
- Share your feelings. It is okay to admit feeling awkward or embarrassed about this topic.
- Find out what your teen already knows and thinks about HIV/AIDS.
- Listen to your teen. Be calm and give your teen time to share his or her feelings.
- Reassure your teen. Let your teen know you are a resource and that you will be there for him or her.

Once parents are educated and have practiced communication skills, they are ready to talk with their teenager about HIV/AIDS. Even though their teenager does not ask direct questions regarding this topic, it does not mean they don't want to ask these questions. Take advantage of daily situations and discuss radio, television or newspaper articles with your child. When you hear HIV/AIDS mentioned or see something written, comment on it and open a discussion as casually as possible. Ask your child how they feel about the topic. If a question arises that you can't answer, admit that you don't know the answer and research it to discuss later.

Combine facts, feelings and values when talking with your teen. For example, when discussing condoms, also discuss your feelings about waiting to have sex until he or she is married or in a committed relationship. This way, condom use and sexual abstinence can be discussed.





# Parent Communication Tips

I have a concern I'd like to share with you . . .

After seeing that (T.V. show, magazine article, movie), I've been thinking about . . .

What do you think about . . . ?

How do you feel about . . . ?

I'm not sure I understand you. Will you try to say it another way?

Let me check this out with you . . . Are you saying that . . . ?

What we're talking about makes me feel pretty uncomfortable (embarrassed, angry, concerned), but I'd like to continue anyway.

I'd be really interested in hearing what you think about . . . (or feel about . . .)

Tell me some more about how you feel about . . .

Can you say anything more about . . . ?

You know, I haven't given that much thought lately. Give me a few minutes to think about it.

There's something important to me that I'd like to share with you.

Go on . . .

I don't know the answer to that one. But let's (go to the library, think about it, look it up, talk with someone who might know, find out about it) and talk again tomorrow on our way to the game (set a specific time to get back to it).

It would be really helpful to me if you'd share with me how you feel about . . .

I've been thinking about our conversation last night (last week, last month) about . . . and there's some more I'd like to say.

I have a different feeling about that.

Thank you . . . for sharing with me, for talking with me, for listening . . . , for being patient, for giving me time.



# Hints That Can Help You Talk with Your Child About Sex

## **Learn to Listen**

All children need to feel that their ideas or concerns about sex are worth listening to.

## **Look for Natural Opportunities to Talk**

You don't have to wait until your child comes to you with suggestions or comments about sex. He or she may be too embarrassed to ask you first. Take advantage of natural openings to talk about sex, something you see in the newspaper, on television, animal behavior, pregnant relatives or friends.

## **Listen Carefully for Hidden Feelings**

Many times children have trouble saying exactly what they mean, especially when it comes to sex. Remember that your child may be afraid to talk about certain things. Let your child know you will not get mad or upset about anything he or she brings up.

## **Try to Avoid Judging Your Child**

Making harsh judgments or criticizing children's attitudes about sex will most often cut off communication. Children will open up more quickly with parents who are willing to listen in an understanding manner.

## **Let Your Child Express His or Her Feelings Freely**

Many young people have values or opinions about sex that are different from their parents. Remember, these may not be firmly held ideas or values, but only part of the sorting-out process young people go through. First, listen to what your child has to say. If you agree with what your child says, say so. If you disagree, then clearly state your own viewpoint and why you feel that way. However, let the child know that you will discuss it again, that he or she can freely express that same opinion again.

## **Don't Cut Off Communication**

Parents sometimes lose the chance to help young people think and talk about sex, because they begin to nag, preach or moralize. This type of communication is usually destructive. The young person needs to know that talking about sex is two-way communication.

## **Questions**

Avoid over- or under-answering questions. Answer questions directly. Don't assume that a simple question about sex needs an answer far beyond what was asked! If you don't know the answer to a question, offer to find out. On the other hand, if the question deals mostly with values and opinions, you may want to take some extra time to tell your child how you formed your opinions, or where your values about the subject came from. Whatever you do, don't jump to conclusions about what your child is doing based on questions he or she may ask.



## **Do You Need Help?**

If you need support or assistance in talking to or educating your children about sex, reach out to others in your community. Some parents have started self-help groups. There are many resources and concerned professionals available in most communities who can be of assistance, including credentialed health teachers, public health professionals, local AIDS service organizations, the Centers for Disease Control and Prevention ([www.cdc.gov](http://www.cdc.gov)) and the National AIDS Hotline (1-800-CDC-INFO).

*(Adapted from Changes and Choices: Your Children and Sex produced by the Emory Grady Teen Services Program.)*



# Answers to Your Sexting Questions

Wednesday “Good Morning America” and Internet safety expert Parry Aftab of WiredSafety.com brought parents and kids together to discuss a new, possibly dangerous phenomenon called “sexting” – teens sharing with friends sexually explicit images or messages via cell phones.

## What are the three things parents can do to see if their kids are at risk?

First, parents should Google their child’s first and last names in quotes, Aftab said. Second, do the same with their child’s cell phone number. See what results come back for each of these searches.

Third, parents can download Google Desktop, which can search your computer for pictures and videos the same way regular Google searches the Internet. That way you can see if your computer is already home to some potentially dangerous images or videos. To find Google Desktop, do a search for “Google Desktop” on Google.com.

## If texting is the problem, why not get your child a phone that can’t do that?

According to Aftab, it’s not texting that’s the problem, and it can actually be a great way to stay in touch with your child. It’s the pictures that can pose a problem.

If they choose, parents can buy a phone without a camera – which the child might hate – but will largely solve the problem. Or, you can call the phone company and request a plan that restricts Internet access and picture texting. Not only will you be safer, it could save you money.

## Why doesn’t simply taking away their phones work?

Many parents might not know, but many gaming devices that use the Internet, including the Xbox, Nintendo DS and Sony PSP have memory cards that allow kids to keep pictures on them. Webcams, digital video, iPhones, iPods and iPads can all be used. With all these other options, taking away the phone is probably not the complete answer, Aftab said.

## What if you find out your child has been involved in sexting?

It’s important to remember there’s a difference between spying and parenting, Aftab said. Make sure your message comes across as a concern for their safety, not as nosiness about who they are texting.

But don’t let them intimidate you from your job as a parent. The first time you check up on them, give them an opportunity to clean up things first. Then it’s not a “gotcha” moment. It’s an opportunity for discussion.

## Why do kids do this in the first place?

For a lot of good kids out there, the problem is that they’re forced into a situation, Aftab said. They don’t know how to say no.

We need to start giving them some answers like “if you love me, you wouldn’t ask me to do this. You wouldn’t put me in a humiliating situation.” We need to give girls and boys the language to say, “I love you, but I won’t do this.”

Wednesday, April 15, 2009



# The Development of Sexuality

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The natural course of human development means that, at some point in time, children will assume responsibility for their own lives, including their bodies. As the above quotes from parents show, parents face this inescapable fact with powerful and often conflicting emotions: pride, alarm, nostalgia, disquiet, outright trepidation, and the bittersweetness of realizing their child soon will not be a child anymore. Indisputably, the role that parents play in their child's social-sexual development is a unique and crucial one. Through daily words and actions, and through what they don't say or do, parents and caregivers teach children the fundamentals of life: the meaning of love, human contact and interaction, friendship, fear, anger, laughter, kindness, self-assertiveness, and so on. Considering all that parents teach their children, it is not surprising that parents become their children's primary educators about values, morals, and sexuality.

For many reasons, some personal and some societal, parents often find sexuality a difficult subject to approach. Discussing sexuality with one's child may make parents uncomfortable, regardless of whether their child has a disability or not, and regardless of their own culture, educational background, religious affiliation, beliefs, or life experiences. For many of us, the word sexuality conjures up so many thoughts, both good (joy, family, warmth, pleasure, love) and fearful (sexually transmitted diseases, exploitation, unwanted pregnancies). For parents with children who have disabilities, anxieties and misgivings are often heightened.

Unfortunately, there are many misconceptions about the sexuality of children with disabilities. The most common myth is that children and youth with disabilities are asexual and consequently do not need education about their sexuality. The truth is that all children are social and sexual beings from the day they are born

(Sugar, 1990). They grow and become adolescents with physically maturing bodies and a host of emerging social and sexual feelings and needs. This is true for the vast majority of young people, including those with disabilities. Many people also think that individuals with disabilities will not marry or have children, so they have no need to learn about sexuality. This is not true either. With increased realization of their rights, more independence and self-sufficiency, people with disabilities are choosing to marry and/or become sexually involved. As a consequence of increased choice and wider opportunity, children and youth with disabilities do have a genuine need to learn about sexuality—what sexuality is, its meaning in adolescent and adult life, and the responsibilities that go along with exploring and experiencing one's own sexuality. They need information about values, morals, and the subtleties of friendship, dating, love, and intimacy. They also need to know how to protect themselves against unwanted pregnancies, sexually transmitted diseases, and sexual exploitation.

## What is Sexuality?

According to the Sex Information and Education Council of the U.S. (SIECUS):

Human sexuality encompasses the sexual knowledge, beliefs, attitudes, values, and behaviors of individuals. It deals with the anatomy, physiology, and biochemistry of the sexual response system; with roles, identity, and personality; with individual thoughts, feelings, behaviors, and relationships. It addresses ethical, spiritual, and moral concerns, and group and cultural variations. (Haffner, 1990, p. 28)

One of the primary misconceptions that society holds about human sexuality is that it means the drive to have sexual intercourse. While this may be part of the truth regarding sexuality, it is not the whole truth. As the above statement shows, human sexuality has



many facets. Having a physical sexual relationship may be one facet of our sexuality, but it is not the only one or even the most compelling or important. Sexuality is, in fact, very much a social phenomenon (Way, 1982), in that all of us are social creatures who seek and enjoy “friendship, warmth, approval, affection, and social outlets” (Edwards & Elkins, 1988, p. 7). Thus, a person’s sexuality cannot be separated from his or her social development, beliefs, attitudes, values, self-concept, and self-esteem. Being accepted and liked, displaying affection and receiving affection, feeling that we are worthwhile individuals, doing what we can to look or feel attractive, having a friend to share our thoughts and experiences — these are among the deepest human needs. Our sexuality is intimately connected with these needs. Thus, our sexuality extends far beyond the physical sensations or drives that our bodies experience. It is also what we feel about ourselves, whether we like ourselves, our understanding of ourselves as men and women, and what we feel we have to share with others.

### **How Does Sexuality Develop?**

An understanding of sexuality begins with looking at how the social and sexual self develops. These two facets of the total self must be examined in conjunction with one another, for sexuality is not something that develops in isolation from other aspects of identity (Edwards & Elkins, 1988). Indeed, much of what is appropriate sexual behavior is appropriate social behavior and involves learning to behave in socially acceptable ways.

From the time we are born, we are sexual beings, deriving enormous satisfaction from our own bodies and from our interactions with others, particularly the warm embraces of our mother and father. Most infants delight in being stroked, rocked, held, and touched. Research shows that the amount of intimate and loving care we receive as infants “is essential to the development of healthy human sexuality” (Gardner, 1986, p. 45). The tenderness and love babies receive during this period contribute to their ability to trust and to eventually receive and display tenderness and affection.

The lessons learned during the toddler stage are also important to healthy social-sexual development. Toddlers receive pleasure from other and from their own bodies as well. The uninhibited pleasure that toddlers derive from exploring their own bodies is

sometimes regarded with humor and at other times with embarrassment. If these self-exploratory activities are accepted by the adults around them, children have a better basis from which to enjoy their bodies and accept themselves. This does not mean that adults around a toddler should refrain from distracting the child from some behaviors in inappropriate situations, or not impress upon him or her that there are appropriate and inappropriate environments for self-exploration. However, experts do advise against excessive adult reactions that indicate such behaviors are “bad,” because such reactions communicate that the body is “bad” or “shameful” (Calderone & Johnson, 1990).

We form many of our ideas about life, affection, and relationships from our early observations. These ideas may last a lifetime, influencing how we view ourselves and interact with others. Because children are great imitators of the behaviors they observe, the environment of the home forms the foundation for their reactions and expectations in social situations. Some homes are warm, and affection is freely expressed through hugs and kisses. In other homes, people are more formal, and family members may seldom touch. The amount of humor, conversation, and interaction between various family members also differs from home to home. Some families share their deep feelings, while others do not. Children observe and absorb these early lessons about human interaction, and much of their later behaviors and expectations may reflect what they have seen those closest to them say or do.

In the preschool and early school years, most children become less absorbed with self-exploration but maintain their curiosity about how things happen. They may disconcert parents by suddenly and directly asking simple (and not so simple!) questions about sexual matters. They are also fascinated to discover that the bodies of opposite-gender playmates are different from their own, and may investigate this fact through staring, touching, or asking questions. This type of behavior is normal and needs to be treated as such. It may help parents to realize that children’s curiosity about and exploration of the body are natural evolutions in their learning about the world and themselves. Strong, emotionally-laden reactions on the part of parents can be damaging to children, in that they can learn to feel guilt or shame about their body parts (Tharinger, 1987). Answering questions calmly and truthfully, and displaying a certain degree of



leniency regarding children's curiosity will help them develop a positive attitude about their bodies.

Children are learning other things about themselves at this time as well. They begin to play with their peers now, where previously they played next to them but separately. They also begin to test themselves in the social environment: They hit, take toys, and commit other anti-social acts. They make many mistakes, are corrected, and learn necessary lessons about acceptable behavior. These interactions and the lessons learned are important to their concept of self within society.

During this time period, children are also consolidating ideas about gender and gender roles, or what it means to be a male or a female. Between the ages of two and three, most children develop a sure knowledge that they are male or female. By age five, most are well on their way to understanding the kinds of behaviors and attitudes that go with being female or male in this society (Calderone & Johnson, 1990). They form concepts about gender identity by observing the activities of their parents and other adults, and through what others expect or ask them to do. Gender messages are sent to children in many forms. Early messages teach children what gender they are. Then as children grow, messages begin to relate to what type of behavior is appropriate for each gender. The type of toys children are given for play, the clothes they may wear, the type of activities they are permitted to pursue, and what they see their parents doing send nonverbal messages about gender. Voiced expectations contribute as well; some examples are "Be a brave little boy! Brave boys don't cry" and "When you go to the bathroom, you stand up like Daddy/sit down like Mommy." Through such statements and expectations, and through observing the actions of adults, children learn about gender roles and behaviors, and they pattern their behaviors accordingly (Calderone & Johnson, 1990).

In the early school years, the curiosity and explorations of early childhood give way for many children to a period in which interest in the other gender may lessen in favor of new interests and relationships. It is not unusual for some children to reject members of the opposite gender during this period, especially when in the presence of members of the same gender. Some even scorn association with the opposite gender. But this is by no means universally true. Tharinger (1987) cites a number of studies that support the claim that, far from being sexually latent, many children

during this age "discuss sex-related topics frequently and others show keen interest in the opposite sex, desiring to be in the presence of the opposite sex, and under certain circumstances may engage in activities with members of the opposite sex" (pp. 535-6). Both of these reactions — rejecting the opposite gender or showing an interest in the opposite gender — are normal, for during the early school years children are learning about themselves as boys or girls. Friendships, playmates, games, and activities are important during this period to the continuing development of the sense of self within a social sphere.

With puberty, which starts between the ages of 9 and 13, children begin to undergo great physical change brought about by changes in hormonal balance (Dacey, 1986). Both sexes exhibit rapid skeletal growth. Physical changes are usually accompanied by a heightened sexual drive and some emotional upheaval due to self-consciousness and uncertainty as to what all the changes mean. Before the changes actually begin, it is important that parents talk calmly with their children about what lies ahead. This is a most important time for youth; many are filled with extreme sensitivity, self-consciousness, and feelings of inadequacy regarding their physical and social self. Indeed, their bodies are changing, sometimes daily, displaying concrete evidence of their femaleness or maleness. During puberty, all children need help in maintaining a good self-image.

Adolescence follows puberty and often brings with it conflicts between children and parents or caregivers. This is because, as humans advance into adolescence, physical changes are often matched by new cognitive abilities and a desire to achieve greater independence from the family unit. The desire for independence generally manifests itself in a number of ways. One is that adolescents may want to dress according to their own tastes, sporting unconventional clothes and hairstyles that may annoy or alarm their parents. Another is that adolescents often begin to place great importance on having their own friends and ideas, sometimes purposefully different from what parents desire. The influence of peers in particular seems to threaten parental influence.

Both parents and adolescents may experience the strain of this period in physical and emotional development. Parents, on the one hand, may feel an intense need to protect their adolescent from engaging



in behavior for which he or she is not cognitively or emotionally ready (Tharinger, 1987). They may fear that their child will be hurt or that deeply held cultural or religious values will be sacrificed. On the other side of the equation, youth may be primarily concerned with developing an identity separate from their parents and with experiencing their rapidly developing physical, emotional, and cognitive selves (Dacey, 1986).

All of the above statements regarding development apply to most children, regardless of whether they have a disability or not. It is important to understand that all children follow this developmental pattern, some at a slower and perhaps less intense rate, but all eventually grow up.

### **What is Sexuality Education?**

What does it mean to provide sexuality education to children and youth? What type of information is provided and why? What goals do parents, caregivers, and professionals have when they teach children and youth about human sexuality?

Sexuality education should encompass many things. It should not just mean providing information about the basic facts of life, reproduction, and sexual intercourse. “Comprehensive sexuality education addresses the biological, sociocultural, psychological, and spiritual dimensions of sexuality” (Haffner, 1990, p. 28). According to the Sex Information and Education Council of the U.S., comprehensive sexuality education should address:

- facts, data and information;
- feelings, values, and attitudes; and
- the skills to communicate effectively and to make responsible decisions. (Haffner, 1990, p.28)

This approach to providing sexuality education clearly addresses the many facets of human sexuality. The goals of comprehensive sexuality goals, then, are to:

- **Provide information.** All people have the right to accurate information about human growth and development, human reproduction, anatomy, physiology, masturbation, family life, pregnancy, childbirth, parenthood, sexual response, sexual orientation, contraception, abortion, sexual abuse, HIV/AIDS, and other sexually transmitted diseases.

- **Develop values.** Sexuality education gives young people the opportunity to question, explore, and assess attitudes, values, and insights about human sexuality. The goals of this exploration are to help young people understand family, religious, and cultural values, develop their own values, increase their self-esteem, develop insights about relationships with members of both genders, and understand their responsibilities to others.
- **Develop interpersonal skills.** Sexuality education can help young people develop skills in communication, decision-making, assertiveness, peer refusal skills, and the ability to create satisfying relationships.
- **Develop responsibility.** Providing sexuality education helps young people to develop their concept of responsibility and to exercise that responsibility in sexual relationships. This is achieved by providing information about and helping young people to consider abstinence, resist pressure to become prematurely involved in sexual intercourse, properly use contraception and take other health measures to prevent sexually-related medical problems (such as teenage pregnancy and sexually transmitted diseases), and to resist sexual exploitation or abuse. (Haffner, 1990, p. 4)

When one considers the list above, it becomes clear that a great deal of information about sexuality, relationships, and the self needs to be communicated to children and youth. In addition to providing this information, parents and professionals need to allow children and youth opportunities for discussion and observation, as well as to practice important skills such as decision-making, assertiveness, and socializing. Thus, sexuality education is not achieved in a series of lectures that take place when children are approaching or experiencing puberty. Sexuality education is a life-long process and should begin as early in a child’s life as possible.

They also can learn valuable interpersonal skills and develop an awareness of their own responsibility for their bodies and their actions. Ultimately, all that they learn prepares them to assume the responsibilities of adulthood, living, working, and socializing in personally meaningful ways within the community.





# Teaching Children and Youth About Sexuality

The vast majority of parents what to be — and, indeed, already are — the primary sex educators of their children (Sex Information and Education Council of the U.S., 1991). Parents communicate their feelings and beliefs about sexuality continuously. Parents send messages to their child about sexuality both verbally and nonverbally, through praise and punishment, in the interactions they have with their child, in the tasks they give the child to do, and in the expectations they hold for the child. Children absorb what parents say and do not say, and what they do and do not do, and children learn.

Of course, a great deal of education about socialization and sexuality takes place in settings outside the home. The school setting is probably the most important, not only because most students take classes in sexuality education, but also because it is there that children and youth encounter the most extensive opportunities to socialize and mix with their peers. Thus, both parents and the school system assume responsibility for teaching children and youth about appropriate behavior, social skills, and the development of sexuality. Parents are strongly encouraged to get information about what sexuality education is provided by the school system and to work together with the school system to ensure that the sexuality education their child receives is as comprehensive as possible.

This section offers some practical suggestions for how to take an active role in teaching children with a disability about sexuality. Although it is written primarily to parents, the information and list of resources should be helpful to professionals as well. The discussion below is organized by age groupings and the specific types of sexuality training that can be provided to children as they grow and mature. Although physical development is not much delayed for most individuals with disabilities, a child may not show certain behaviors or growth at the times indicated below. Depending on the nature of the disability, emotional maturity may not develop in some adolescents at the same rate as physical maturity. This does not mean that physical development won't occur. It will. Parents can help their child to cope with physical and emotional development

by anticipating it and talking openly about sexuality and the values and choices surrounding sexual expression. This will help prepare children and youth with disabilities to deal with their feelings in a healthy and responsible manner. It's important to realize that discussing sexuality will not create sexual feelings in young people. Those feelings are already there, because sexuality is a part of each human being throughout the entire life cycle.

***Infancy through 3 years old.*** Infants and young children find great pleasure in bodily sensations and exploration. Fascination with genitals is quite normal during this period and should not be discouraged or punished by parents or caregivers. Similarly, “accidents” during toilet training should not be punished or shamed, for that is all they are — accidents, in the process of learning. When a young child holds or fondles his or her own genitals, parents need not react with harshness, for the child is merely curious and the sensation may very well be a pleasant one. (Of course, it may also be that the child merely has to go to the bathroom or that his or her pants are uncomfortable!) When a child of three holds his or her genitals in public, you may wish to move the child's hand and say quietly but firmly, “We don't do that in public.” Then offer diversion — “look at that!” or play a game such as peek-a-boo or “chase” — to change the child's focus. Most children of three or four are capable of understanding the basic difference between “public” and “private.” You can put the concepts in terms they are likely to understand, such as “being with others” or “being alone.” Children with cognitive impairments may not be able to understand the public/private concept as yet. For these children, parents can begin making concrete distinctions between public and private situations, for this is how the children will eventually learn the difference.

***Preschool (Ages 3 through 5).*** Parents are usually teaching their children the names of body parts during this period, although the process may start earlier for some children and later for others, depending on the nature of the child's disability and his or her facility for language acquisition. When you are teaching the names



of body parts, it is important not to omit naming the sexual organs. Take advantage of the natural learning process to teach your child what the sexual organs are called. It's a good idea to be accurate about the names, too, just as you are when you teach your child the names for eyes, nose, arms, and legs. Boys have a penis, for example, not a "pee-pee." Being accurate and matter-of-fact now saves having to re-teach correct terminology later, and avoids communicating that the sexual organs are somehow taboo or must be referred to in secretive, nonspecific ways. Remember that children do not interpret the world from the same perspective as adults. They will not spontaneously invest the sexual organs with values or hidden meanings; these are reactions they learn from others.

During this period, most children also become intensely curious not only about their own bodies but those of others. While exploration and "show me" games may be unsettling to you, remember that healthy curiosity prompts these games. The messages you send in your reaction, and how strong and emotional your reaction is, teach your child a great deal about the acceptability of the body and curiosity itself. It's important not to overreact. Calm remarks such as "Please put your clothes back on and come inside" give a more positive message than "Shame on you! Come in here this minute!" Soon afterwards, make sure you talk to your child in simple, basic terms about his or her body and appropriate behavior. Detailed discussions of anatomy or reproduction are not necessary and, when offered to a young child, are generally met with boredom (Kempton, 1988).

A great concern of parents and professionals is that children with disabilities are more vulnerable to sexual exploitation. Therefore, one message that is important to start mentioning when children are young is that their body belongs to them. There are many good reasons for some adults to look at or touch children's bodies (such as a parent giving a child a bath), but beyond that, children have the right to tell others not to touch their body when they do not want to be touched. Likewise, your child should hear from you that he or she should not touch strangers. Children of this age should also be taught that if a stranger tries to persuade them to go with him or her, they should leave at once and tell a parent, neighbor, or other adult (National Guidelines Task Force, 1991). For more information about the issue of sexual exploitation and abuse, refer to the SPECIAL ISSUES article in this NEWS DIGEST.

**Ages 5 through 8.** These are the early school years, when many children tend to lose interest in the opposite sex but may still continue to explore the body with same-sexed friends. While this may concern some parents, again, they should try to control the severity of their reaction, for such exploration is an expression of curiosity and is natural and normal. The child's need for information about all kinds of topics — not just the body—increases. Socialization skills are important to emphasize and practice during this period. Children with disabilities can also benefit from activities that bolster self-esteem as they grow and develop. For example, children with disabilities should have household responsibilities that they are capable of performing or learning to perform, given their disability, for accomplishment and a sense of competency build self-esteem.

It's important during this age period to become more specific in teaching about sexuality. Up to this point, training has focused more on the social self, avoiding negative messages about the body and its exploration, and communicating positive messages ("your body is good, it's yours, your feelings about yourself and your body are good"). According to the National Guidelines Task Force (1991), some topics that may need to be addressed during this age group are:

- The correct names for the body parts and their functions;
- The similarities and differences between girls and boys;
- The elements of reproduction and pregnancy;
- The qualities of good relationships (friendship, love, communication, respect);
- Decision-making skills, and the fact that all decisions have consequences;
- The beginnings of social responsibility, values, and morals;
- Masturbation can be pleasurable but should be done in private; and
- Avoiding and reporting sexual exploitation.

**Ages 8 through 11.** Pre-teens are usually busy with social development. They are becoming more preoccupied with what their peers think of them and, for many, body image may become an issue. If we think of the emphasis placed on physical beauty within our society — "perfect bodies," exercise, sports, make-up



— it is not difficult to imagine why many pre-teens with disabilities (and certainly teenagers) have trouble feeling good about their bodies. Those with disabilities affecting the body may be particularly vulnerable to low self-esteem in this area.

There are a number of things parents and professionals can do to help children and youth with disabilities improve self-esteem in regards to body image. The first action parents and professionals can take is to listen to the child and allow the freedom and space for feelings of sensitivity, inadequacy, or unhappiness to be expressed. Be careful not to wave aside your child's concerns, particularly as they relate to his or her disability. If the disability is one that can cause your child to have legitimate difficulties with body image, then you need to acknowledge that fact calmly and tactfully. The disability is there; you know it and your child knows it. Pretending otherwise will not help your child develop a balanced and realistic sense of self.

What can help is encouraging children with disabilities to focus on and develop their strengths, not what they perceive as bad points about their physical appearance. This is called “refocusing” (Pope, McHale, & Craighead, 1988). Many parents have also helped their child with a disability improve negative body image by encouraging improvements that can be made through good grooming, diet, and exercise. While it's important not to teach conformity for its own sake, fashionable clothes can often help any child feel more confident about body image.

One of the most important things that parents can do during their children's prepubescent years is to prepare them for the changes that their bodies will soon undergo. No female should have to experience her first menses without knowing what it is; similarly, boys should be told that nocturnal emissions (or “wet dreams,” as they are sometimes known) are a normal part of their physical development. To have these experiences without any prior knowledge of them can be very upsetting to a young person, a trauma that can easily be avoided by timely discussions between parent and child. Tell your child that these experiences are a natural part of growing up. Above all, do so before they occur. Warning signs of puberty include a rapid growth spurt, developing breast buds in girls, and sometimes an increase in “acting out” and other emotional behaviors.

In addition to the topics mentioned above, other topics of importance for parents to address with children approaching puberty are:

- Sexuality as part of the total self;
- More information on reproduction and pregnancy;
- The importance of values in decision-making;
- Communication within the family unit about sexuality;
- Masturbation (see discussion below);
- Abstinence from sexual intercourse;
- Avoiding and reporting sexual abuse; and
- Sexually transmitted diseases, including HIV/AIDS.

**Adolescence (12 years to 18 years).** During this period it is important to let your child assume greater responsibility in terms of decision-making. It is also important that adolescents have privacy and, as they demonstrate trustworthiness, increasingly greater degrees of independence. For many teenagers, this is an active social time with many school functions and outings with friends. Many teenagers are dating; statistics show that many become sexually involved. For youth with disabilities, there may be some restrictions in opportunities for socializing and in their degree of independence. For some, it may be necessary to continue to teach distinctions between public and private. Appropriate sexuality means taking responsibility and knowing that sexual matters have their time and place.

Puberty and adolescence are usually marked by feelings of extreme sensitivity about the body. Your child's concerns over body image may become more extreme during this time. Let your adolescent voice these concerns, and reinforce ideas you've introduced about refocusing, good grooming, diet, and exercise. Without dismissing the feelings as a “phase you are going through,” try to help your child understand that some of the feelings are a part of growing up. Parents may arrange for the youth to talk with the family doctor without the parent being present. If necessary, parents can also talk to the doctor in advance to be sure he or she will be clear about the adolescent's concerns. If, however, your child remains deeply troubled or angry about body image after supportive discussion within the family unit, it may be helpful to have your child



Speak with a professional counselor. Counseling can be a good outlet for intense feelings, and often counselors can make recommendations that are useful to young people in their journey towards adulthood.

One topic that many parents find embarrassing to talk about with their children is masturbation. You will probably notice an increase in self-pleasuring behavior at this point in your child's development (and oftentimes before) and may feel in conflict about what to do, because of personal beliefs you hold. However, beliefs about the acceptability of this behavior are changing. The medical community, as well as many religious groups, now recognize masturbation as normal and harmless. Masturbation "can be a way of becoming more comfortable with and/or enjoying one's sexuality by getting to know and like one's body" (Sex Information and Education Council of the U.S., 1991, p. 3). Masturbation only becomes a problem when it is practiced in an inappropriate place or is accompanied by strong feelings of guilt or fear (Edwards & Elkins, 1988).

How can you avoid teaching your child guilt over a normal behavior, if you yourself are not convinced? First, you may wish to talk to your family doctor, school nurse, or clergy. You may be surprised to find that what you were taught as a child is no longer being approached in the same way. Read the books and articles listed in the resource section at the end of this article; they offer many ideas and suggestions about this behavior. In dealing with your child, recognize that you communicate a great deal through your actions and reactions, and have the power to teach your child guilt and fear, or that there are appropriate and inappropriate places for such behavior.

Teach your child that touching one's genitals in public is socially inappropriate and that such behavior is only acceptable when one is alone and in a private place. Starting from very early in your child's life when you may first notice such behavior, it is important to accept the behavior calmly. When young children touch themselves in public, it is usually possible to distract them. During adolescence (and sometimes before), masturbation generally becomes more than an infrequent behavior of childhood, and distracting the youth's attention will not work. Furthermore, it denies the real needs of the person, instead of helping him or her to meet those needs in acceptable ways (Edwards & Elkins, 1988).

There are many other topics that your adolescent will need to know about. Among these are:

- Health care, including health-promoting behaviors such as regular check-ups, and breast and testicular self-exam;
- Sexuality as part of the total self;
- Communication, dating, love, and intimacy;
- The importance of values in guiding one's behavior;
- How alcohol and drug use influence decision-making;
- Sexual intercourse and other ways to express sexuality;
- Birth control and the responsibilities of child-bearing;
- Reproduction and pregnancy (more detailed information than what has previously been presented); and
- Condoms and disease prevention

Many resources are available about each one of these areas to help you plan what information to communicate and how this might best be communicated. Don't forget that your family physician and school health personnel can be good sources of accurate information and guidance. Depending on the nature of your child's disability, you may have to present information in very simple, concrete ways, or discuss the topics in conjunction with other issues. Your responses will convey your beliefs and reflect your standards of behavior. Remember, young people are receiving information from other sources as well. It may be essential to include the entire family in your resolve to be frank and forthright, for a lot of information comes from siblings. Children may feel more comfortable asking their brothers and sisters questions than directly asking you.

Because sexuality involves so much more than just having sexual intercourse, parents will also need to devote time to talking with their child about the values that surround sexuality: intimacy, self-esteem, caring, and respect. Encourage your child to be involved in activities with others that provide social outlets, such as going to the community recreation center on weekends, going to sports events or a movie, joining a club or group at school or in the community, or having a friend over after school. These interactions help



build social skills, develop a social network for your child, and provide him or her with opportunities to channel sexual energies in healthy, socially acceptable directions (Murphy & Corte, 1986).



# Warning Signs of Bullying

**A culture of silence often surrounds bullying.  
Many children who are bullied never tell anyone.**

Most bullying is not reported because children...

- Don't recognize it as bullying
- Are embarrassed
- Believe they deserve it
- Want to belong
- Fear retaliation
- Don't know how to talk about it
- Don't have a trusted adult to confide in
- Think adults won't understand
- Think nothing can be done about it

**Just because you don't see it, and children don't talk about it, doesn't mean bullying isn't happening. Even when children fail to report bullying, they often show warning signs.**

What are some of the warning signs of bullying?

- Unexplained damage or loss of clothing and other personal items
- Evidence of physical abuse, such as bruises and scratches
- Loss of friends; changes in friends
- Reluctance to participate in activities with peers
- Loss of interest in favorite activities
- Unusually sad, moody, anxious, lonely, or depressed
- Problems with eating, sleeping, bed-wetting
- Headaches, stomachaches, or other physical complaints
- Decline in school achievement
- Thoughts of suicide

Some children may withdraw, while others may get angry and seek revenge. Don't assume the problem will go away on its own. Invite children to talk about what is bothering them. If you find a child is being bullied, show support, help develop a response strategy and follow up to make sure the bullying does not continue.

Source: Education Development Center, 2008



# Your Child Might Be a Bully

*Here are 7 ways to stop that behavior.*

By **Lev Novak**, September 14, 2016

As a former after-school teacher, I've spent three years working with kids in a more relaxed environment than the classroom. And, in those hours with kids as their less-guarded selves, I've seen the bullying, teasing, whispers and shoves that scarcely get reported home to parents.

There are no one-size-fits-all approaches to preventing or stopping bullying, and zero-tolerance policies are often a blur of good intentions poorly applied. But below are some strategies I've found effective for various children.

Avoid cliches. Generalizations sound like static to kids, who don't apply morals and have heard the "don't bully" creed delivered in the same monotones by the same authority figures all their lives. But specifics help, and authenticity matters. Names, events and situations anchor vague morality tales in practical terms. Sincerity can bring real empathy to a subject that all too often is artificial.

So be specific. That will show understanding and open the conversation up to your child. The good-faith personal stories will ground the issue in something concrete. Bullying is too often treated in the abstract, but talking in specifics can make the conversation and its results much more tangible.

Remember the purpose of bullying. To understand bullying, you have to view it from a child's perspective. Bullying, for many kids, is affirming. It provides a feeling of force and power that is frankly intoxicating, and puts into action the dominance that they, as children, lack in the outside world.

Bullying can also make a kid feel cool. That's the whole point. But it is wrong, mean, cruel and painful. Talk with your child about morality and power. The opposite of a bully, as I tell students, is a leader. Redirecting that ambitious energy, that need for dominance, in a positive way can pay lasting dividends.

Bullies often don't know they're bullies. When a child is engaged in bullying patterns, they're lashing out at a perceived irritation — a student, a speaker, a policy — with internal justification. They think it's everyone else's fault. If your child has a long list of enemies and frustrations, that should be a warning sign that he or she may be lashing out in response. But when you remove the bullying, you're left with a kid who is annoyed, bothered, angry and sad.

Talk with your child about how she or he feels. Work with your child to remove the external pronouns: "He annoyed me" is a responsibility-shirking projection, but "I'm annoyed when ..." is an honest, emotional expression. It emphasizes adapting internally, rather than blaming external conflicts.

Bullies are often eager to grow up. Bullying is frequently a rebellion against childhood niceties and an attempt to access and embrace power. Bullies are mimicking what they consider strength. It's also a neat binary between the sensitive-snowflake culture of childhood and what they imagine adulthood to be: a scary, mean place of warfare. If children fear the world is a war, some will make themselves soldiers.

Oddly, you may be more successful in combating bullying if you're less sensitive with the perpetrator. Being treated with kid gloves can provoke real frustration for bullies, who are often seeking dominance and maturity. Respectful, serious reproach is much more honorable to a certain type of bully. Leveling with this type of bully honestly and



clearly can be much more helpful than an overly gentle approach.

Let bullies know that this isn't what strength is, that it isn't right, and that you know what they are doing. Kids often think they can get away with anything. Letting them know that they can't could pave the way for more positive modeling of what it means to be an adult, with an emphasis on inner strength, rather than on external strength cruelly applied.

Internal problems may become external ones. An insecure older child may lash out at younger kids, eager to distinguish himself in a social plane where he feels like he has more leverage.

A young girl who is overly worried about her appearance may deride others in an attempt to maintain a position in a social structure. A student struggling in a class may attempt to disrupt it, preferring to show disdain for a concept rather than to admit his or her difficulties.

Remember that, as a parent, you most often see your children in a family structure, where they feel safe confiding their struggles. You don't necessarily see how they cope with those feelings in a more social setting.

Bullying isn't a judgment. Parents can be embarrassed for thousands of perceived shortcomings, but bullying is, unfortunately, timeless. Don't view your child's bullying behavior as a moral referendum on your parenting skills. Concern yourself with the verb, not the noun. Fear of labeling, and its connotations, causes many parents to avoid talking about bullying with their children. But remember: Children only learn when you teach them.

Good kids bully. Nice kids bully. Smart kids bully. When parents look away, it does their children — and their children's classmates — a disservice.

Teach them how to repair. One of the central issues of bullying is that it feels good in the moment. One of the other problems is, similarly, it can be painful and humiliating to apologize. Some bullies will bristle, but many others will break down, even cry, at the prospect of making amends, because that is framed in shame.

Shame and guilt can keep a child running from a painful acknowledgment. If your kid is bullying someone, help him or her to find a solid, sincere, tactile and prideful way to repair the relationship. Forcing a child to say "sorry" may cause embarrassment or bitterness. Empowering children who bully to do a fun, good deed — making cookies for the class, throwing a surprise party, making a present — can teach the same lesson in a powerful, positive way.

*Lev Novak is a former after-school teacher who, for better and worse, was treated by his students as an equal. His debut Young Adult novel, "Black Sabbath," releases with Soho Press in September 2017.*

