Positive Prevention *PLUS:*

Sexual Health Education for America's Youth

Appendix B

Parent Information and Education

 APP-B-CA-093025

Sample Parent Notification Letter

[Insert Date]

Dear [School Name] Parent/Guardian:

California state law, the California Healthy Youth Act, requires that comprehensive sexual health education and HIV prevention education be provided to students at least once in middle school or junior high school and once in high school, starting in grade 7.

Instruction must encourage students to communicate with parents, guardians or other trusted adults about human sexuality. Instruction must be medically accurate,
age- appropriate and inclusive of all students. It must include the following:

- Information about HIV and other sexually transmitted infections (STIs), including transmission, FDA approved methods to prevent HIV and STIs, and treatment
- Information that abstinence is the only certain way to prevent unintended pregnancy and HIV and other STIs, and information about value of delaying sexual activity
- Discussion about social views of HIV and AIDS
- Information about accessing resources for sexual and reproductive health care
- Information about pregnancy, including FDA approved prevention methods, pregnancy outcomes, prenatal care, and the newborn safe surrender law
- Information about sexual orientation and gender, including the harm of negative gender stereotypes
- Information about healthy relationships and avoiding unhealthy behaviors and situations

You can examine written and audiovisual instructional materials at the [School Name/ District] main office. If you have questions, please see the teacher or principal. You may request a copy of the California Healthy Youth Act (California Education Code Sections 51930-51939) by contacting [the District].

This instruction will be provided by [name of school district personnel/outside consultants].

State law allows you to remove your student from this instruction. If you do not want your student to participate in comprehensive sexual health or HIV prevention education, please give a written request to _____ [district, principal, teacher, etc.] by [insert date here].

Sincerely,

[Superintendent]

Muestra De La Carta De Notificación Para Padres

[Escriba la Fecha]

Querido(a) Padre(Madre)/Tutor(a) de [Nombre de la Escuela]:

La ley del estado de California, Ley de Juventud Saludable de California, requiere que se proporcione a los estudiantes una instrucción completa de salud sexual y de prevención del VIH por lo menos una vez en la escuela intermedia o secundaria y una vez en la preparatoria, empezando en el 7° grado.

La instrucción debe alentar a los estudiantes a que se comuniquen con sus padres, tutores u otros adultos de confianza acerca de la sexualidad humana. La instrucción debe tener una precisión médica, ser apropiada para la edad y que incluya a todos los estudiantes. Debe incluir lo siguiente:

- Información acerca del VIH y otras infecciones transmitidas sexualmente (STIs), incluyendo transmisión, métodos aprobados por la FDA para prevenir el VIH y STIs, y tratamiento
- Información de que la abstinencia es la única forma segura de prevenir embarazos no deseados, VIH y otras STIs, e información acerca del valor de retrasar las actividades sexuales
- Conversación acerca de los puntos de vista sociales del VIH y SIDA
- Información acerca de cómo obtener recursos para la atención médica sexual y reproductiva
- Información acerca de embarazos, incluyendo métodos de prevención aprobados por la FDA, resultados de los embarazos, cuidado prenatal, y la ley de entrega de bebés sin peligro
- Información acerca de la orientación sexual y género, incluyendo el daño de estereotipos negativos de género
- Información acerca de las relaciones saludables y cómo evitar comportamientos y situaciones malsanos

Usted puede revisar los materiales educativos escritos y audiovisuales en la oficina principal de [Nombre de la Escuela/Distrito]. Si tiene alguna pregunta, por favor consulte a(l)(la) profesor(a) o director(a). Usted puede solicitar una copia de la Ley de Juventud Saludable de California (Código de Educación de California Secciones 51930-51939) comunicándose con [el Distrito].

Esta instrucción será proporcionada por [nombre del personal del distrito escolar/consultores externos].

La ley estatal le permite retirar a un estudiante de esta instrucción. Si usted no quiere que su estudiante participe en la educación integral de salud sexual o prevención del VIH, por favor proporcione una solicitud por escrito a _____ [distrito, director(a), profesor(a), etc. para el [escriba aquí la fecha].

Atentamente,

[Superintendent]

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. Also, don't be hesitant to monitor your child's exposure to or use of sex-related websites and other social media.

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 (for example, not accessing sex-related websites and social media), 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.

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 Teen Reproductive Health *(30 minutes)*

Using PowerPoint slides or overheads from Getting Started and Lesson One, walk the parents through basic information on puberty and teen 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 California Comprehensive Sexual Health Education Act *(15 minutes)*

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 (for example, not accessing sex-related websites and social media), stick to it until it is re-negotiated.

– 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 Education Code and the California Health Education Standards. Share sample lessons and activities (e.g., the Safe Surrender video clip and decision-making exercise, the friendship and intimacy inventories, the abstinence group activity, and/or the goal-setting 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. You do not need to argue whether HIV/AIDS should be taught in the school (as it is required by law), nor do you need to rewrite/edit board approved curriculum. Instead, reinforce a parent's right to withdraw their child(ren) from instruction should they choose to educate their child(ren) at home.

Parent Support for Sexual Health Education *(15 minutes)*

Reinforce the need for parents, schools and communities to work together to help improve the sexual health of students, including the avoidance of STDs and unplanned pregnancy. 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.

The Development of Sexuality

The document below was developed by Interstate Research Associates, Inc., pursuant to Cooperative Agreement #H030A00002 with the Office of Special Education Programs of the US Department of Education. The contents of this document do not necessarily reflect the views or policies of the Department of Education, nor does the mention of trade names, commercial products, or organizations imply endorsement by the US Government. This information is in the public domain, unless otherwise indicated. Readers are encouraged to copy and share it, but please credit the National Information Center for Children and Youth with Disabilities (NICHCY), now called the Center for Parent Information and Resouces (CPIR).

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 US (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 relation- ships. 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 others 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 US, 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 education, 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.

Providing comprehensive sexuality education to children and youth with disabilities is particularly important and challenging due to their unique needs. These individuals often have fewer opportunities to acquire information from their peers, have fewer chances to observe, develop, and practice appropriate social and sexual behavior, may have a reading level that limits their access to information, may require special materials that explain sexuality in ways they can understand, and may need more time and repetition in order to understand the concepts presented to them. Yet with opportunities to learn about and discuss the many dimensions of human sexuality, young people with disabilities can gain an understanding of the role that sexuality plays in all our lives, the social aspects to human sexuality, and values and attitudes about sexuality and social and sexual behavior. 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 want to be — and, indeed, already are — the primary sex educators of their children (Sex Information and Education Council of the US, 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 elementals 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 US, 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).

Parents' Influence on the Health of Lesbian, Gay, and Bisexual Teens: What Parents and Families Should Know

Source: National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Division of Adolescent and School Health, November 2013

Overview

The teen years can be a challenging time for young people and their parents. This fact sheet provides information on how parents can promote positive health outcomes for their lesbian, gay, or bisexual (LGB) teen. The information is based on a review of published studies[1] which found that parents play an important role in shaping the health of their LGB teen.

When LGB teens share their sexual orientation[2] (or even if they choose not to share it), they may feel rejected by important people in their lives, including their parents. This rejection can negatively influence an LGB teen's overall well-being.

On the other hand, a positive family environment, with high levels of parental support and low levels of conflict, is associated with LGB youth who experience healthy emotional adjustment. These teens are less likely to engage in sexual risk behaviors and be involved in violence.

How Parents Make a Difference

Compared to heterosexual youth, LGB teens are more likely to experience bullying, physical violence, or rejection. As a result, LGB teens are at an increased risk for suicidal thoughts and behaviors and report higher rates of sexual risk behavior and substance abuse.

Research suggests that LGB teens experience better health outcomes when their parents support their sexual orientation in positive and affirming ways. Compared to teens who do not feel valued by their parents, LGB youth who feel valued by their parents are less likely to:

- Experience depression
- Attempt suicide
- Use drugs and alcohol
- Become infected with sexually transmitted diseases

In addition, research among young gay men has shown that having a positive relationship with their parents helped them decide to have safer sex (e.g., using a condom, not having sex with high-risk partners). Many also reported that having a positive parent-teen relationship created a sense of responsibility to avoid HIV infection.

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1 This fact sheet is based on the following publication: Bouris A., Guilamo-Ramos V, et al. A systematic review of parental influences on the health and well-being of lesbian, gay, and bisexual youth: Time for a new public health research and practice agenda. (2010). Journal of Primary Prevention; 31, 273–309. Because the systematic review focused on youth who identify as lesbian, gay, or bisexual and did not include research on gender identity, this fact sheet does not address transgender youth.

2 Sexual orientation: a term frequently used to describe a person's romantic, emotional, or sexual attraction to another person.

Specific Actions for Parents

Research on parenting shows how important it is—regardless of their teen's sexual orientation—for parents to:

- Have open, honest conversations with their teens about sex
- Know their teen's friends and know what their teen is doing
- Develop common goals with their teen, including being healthy and doing well in school

Although additional research is needed to better understand the associations between parenting and the health of LGB youth, the following are research-based action steps parents can take to support the health and well-being of their LGB teen and decrease the chances that their teen will engage in risky behaviors.

Talk and listen.

- Parents who talk with and listen to their teen in a way that invites an open discussion about sexual orientation can help their teen feel loved and supported.
- When their teen is ready, parents can brainstorm with him or her how to talk with others about the teen's sexual orientation.
- Parents can talk with their teen about how to avoid risky behavior and unsafe or high- risk situations.
- Parents can talk with their teen about the consequences of bullying. Parents (and their teen) should report any physical or verbal abuse that occurs at school to teachers and the school principal.

Provide support.

- Parents need to understand that teens find it very stressful to share their sexual orientation.
- Parents who take time to come to terms with how they feel about their teen's sexual orientation will be more able to respond calmly and use respectful language.
- Parents should discuss with their teen how to practice safe, healthy behaviors.

Stay involved.

- By continuing to include their teen in family events and activities, parents can help their teen feel supported.
- Parents can help their teen develop a plan for dealing with challenges, staying safe, and reducing risk.
- Parents who make an effort to know their teen's friends and romantic partners and know what their teen is doing can help their teen stay safe and feel cared about.

Be proactive.

- Parents who build positive relationships with their teen's teachers and school personnel can help ensure a safe and welcoming learning environment.
- If parents think their teen is depressed or needs other mental health support, they should speak with a school counselor, social worker, psychologist, or other health professional.
- Parents can access many organizations and online information resources to learn more about how theycan support their LGB teen, other family members, and their teen's friends.
- Parents can help their teen find appropriate LGB organizations and go with their teen to events and activities that support LGB youth.

More Information and Resources

Centers for Disease Control and Prevention

Supporting LGBTQ+ Youth: https://www.cdc.gov/healthy-youth/lgbtq-youth/index.html

Parental Monitoring: https://www.cdc.gov/healthy-youth-parent-resources/positive-parental-practices/parental-monitoring.html

American Psychological Association

Understanding Sexual Orientation and Homosexuality: https://www.apa.org/topics/lgbtq/orientation

Family Acceptance Project

LGBTQ Youth & Family Resources: https://lgbtqfamilyacceptance.org

Gender Spectrum

Understanding Gender Resources: https://www.genderspectrum.org/resources

Parents, Families and Friends of Lesbians and Gays (PFLAG)

Support Resources: https://pflag.org/find-resources/