



Positive
Prevention
PLUS

Positive Prevention *PLUS:*

Sexual Health Education for America's Youth

Parent Information

Selected Items from the
Student Workbook and
Curriculum Appendix B





A Letter to Parent(s) or Other Trusted Adults Working with this Student

Students are about to begin an 13-day sequence of lessons entitled Positive Prevention PLUS. These lessons have been created to **reduce the risk of becoming infected with HIV/AIDS and other sexually transmitted infections (STIs)**, and also to **reduce the risk of an unplanned teen pregnancy**.

This curriculum has been thoroughly reviewed by the California Department of Education, the federal Office of Adolescent Health, and your school district administration. The lessons are written in compliance with California Education Codes 51930 – 51939, and are aligned with the California Health Education Content Standards.

This student has identified you as a valuable and important resource for these lessons. Each lesson features a student worksheet, as well as a “Lesson Wrap Up” in which students are assigned to interview their parent(s) or another trusted adult about that day’s lesson topic.

Your advice and guidance to the student is critical to the success of these lessons. By participating, you will also have the opportunity to communicate your personal, family or cultural values and beliefs to this student, about critical issues related to HIV/AIDS, STIs, and teen pregnancy prevention.

We thank you in advance for contributing to this student’s health education during the next few weeks. Please feel free to contact the student’s teacher if you have any questions about this curriculum.





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.





Daily Check List of Assignments for Parents/Trusted Adults

DIRECTIONS Each day for the next thirteen days, your son/daughter will be asked to discuss a variety of lesson topics and worksheets with you. **Please initial each day to signify that you have reviewed and discussed the assignment with your son/daughter. Thank you.**

<input type="checkbox"/> GETTING STARTED Pre-Test (may be completed together) Lesson Wrap-Up & Interview Question	<input type="checkbox"/> LESSON 7 THE HIV/AIDS EPIDEMIC Lesson Wrap-Up & Interview Question
<input type="checkbox"/> LESSON 1 SEXUAL DEVELOPMENT Lifeline Worksheet Lesson Wrap-Up & Interview Question	<input type="checkbox"/> LESSON 8 PREVENTING SEXUALLY TRANSMITTED DISEASES STD Worksheet Lesson Wrap-Up & Interview Question
<input type="checkbox"/> LESSON 2 EXPLORING FRIENDSHIPS Relationships Inventory Worksheet Lesson Wrap-Up & Interview Question	<input type="checkbox"/> LESSON 9 RECOGNIZING AND REDUCING RISK Lesson Wrap-Up & Interview Question
<input type="checkbox"/> LESSON 3 BULLYING and RELATIONSHIP ABUSE Protect Yourself Worksheet Lesson Wrap-Up & Interview Question	<input type="checkbox"/> LESSON 10 PEER and MEDIA PRESSURE Pressure Lines Worksheet Lesson Wrap-Up & Interview Question
<input type="checkbox"/> LESSON 4 PREVENTING AN UNPLANNED PREGNANCY Lesson Wrap-Up & Interview Question	<input type="checkbox"/> LESSON 11 HIV/STD TESTING and COMMUNITY RESOURCES Lesson Wrap-Up & Interview Question
<input type="checkbox"/> LESSON 5 TEEN PREGNANCY: CHOICES and RESPONSIBILITIES Making Healthy Decisions Worksheet Lesson Wrap-Up & Interview Question	<input type="checkbox"/> LESSON 12 GOAL-SETTING Lesson Wrap-Up & Interview Question
<input type="checkbox"/> LESSON 6 MYTHS and STEREOTYPES ABOUT HIV INFECTION Lesson Wrap-Up & Interview Question	



When It Comes to Sex Education, More is Better

CABRERA: Talk from parents and teachers may be cheap, but it can pay off.

Yvetter Cabrera

Columnist, The Orange County Register

When it comes to sex education and teens, everyone seems to have an opinion.

And that's a good thing because at least we're talking. It's a good start in dealing with issues of rising rates of teen births and sexually transmitted diseases.

Last month, I wrote a column that took the local school districts to task for omitting the topic of teenage pregnancy prevention from their health education classes. That column riled some Register readers who felt that parents, not schools, should step up and talk about sex with their teens.

One reader, Jack Dean, wrote that handing out condoms and birth control is not a school's job. "Sex, just like religion, should be taught in the home, not wasting time at school."

Another reader, Glen Collard, commented that we shouldn't expect school teachers and administrators to be "all things to all people."

Lisa McMains of Irvine wonders why we don't hold parents accountable for teaching their children about sex education: "... What is sadly true is that most parents simply want to sweep that responsibility away, along with many other parental responsibilities, and blame the schools."

Parents do need to have these conversations. And as I've written in the past, open communication between parents and their children about issues like sex can help teens make the right choices. But it shouldn't be an either/or decision, dumping all responsibility solely on parents or schools.

Even if parents are doing a "wonderful job" at home, it doesn't eliminate the need to teach sex education at school, says Deborah M. Roffman, a nationally certified sexuality and family life educator and author of several books including "Sex and Sensibility: The Thinking Parent's Guide to Talking Sense about Sex."

"Both families and schools play a role in supporting their healthy growth and development, but the role that parents play in that process is not the same as the school's role," said Roffman. "Parents have all kinds of opportunities for teachable moments in which they can impart information, (and) also clarify their values, and help kids set standards."

Recently, I sat down with 19-year-old Taylor Laehle, a sophomore at Fullerton College who graduated from Brea Olinda High School. Laehle said students

were taught sex education in her freshman health class. But she added that she'd been getting those lessons, in school, since at least age 11. She also said Laehle said her parents



began having straight-forward, age appropriate conversations about the consequences of having sex.

“I think a lot of people are so afraid to bring up sex because they’re afraid they’ll introduce it to these kids, but the truth is they’re already introduced to it so pretending it doesn’t exist is not helping at all,” said Laehle, who estimates that a majority of the girls in her high school class lost their virginity by their sophomore or junior year.

Knowing she could turn to her parents allowed her to openly discuss her questions, Laehle said. But she added that wasn’t true for many of her friends. Looking back, Laehle wishes her health course in school could have dedicated more time on STDs and pregnancy prevention, though she noted that having a health educator at school gave students someone to turn to for questions.

“I don’t think that any student, any child, should go without being informed,” said Laehle, now an intern at Planned Parenthood of Orange and San Bernardino Counties.

Last year, in a statewide poll by the nonprofit Public Health Institute, an overwhelming majority (89 percent) of California parents said they want students to receive comprehensive sex education that includes information about contraception and protection from sexually transmitted diseases.

With 37.8 births per 1000 teens in California, with skyrocketing STD infection rates, clearly there is a need for more education at home *and* at school. Many people operate under the myth that if you talk openly with kids about sex, that you’re giving them permission to have sex, said Roffman. Just the opposite is true, she points out.

“We act as if the knowledge itself is inherently dangerous and you have to keep a tight lid on it. And the fact is many of us are uncomfortable. But if you look at the world our children are being raised in, the default option for them is popular culture,” said Roffman.

“We can’t just let popular mythology continue to give us excuses not to deal with kids in the real world.”

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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 (sexually transmitted infection) 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 their feelings.
- Reassure your teen. Let your teen know you are a resource and that you will be there for him or her.

Once a parent is educated and has 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 they are 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 judgements 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) 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 were those 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, iTouch and iPods 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 Truth About Teens Sexting

Cole Kazdin and Imaeyen Ibanga

Sex easily and quickly integrated itself into the digital age; and now the teen trend of "sexting" – where a user sends sexually explicit images or messages via text on a cell phone – has parents struggling for a way to address the situation.

"We're seeing 14, 15 and 16-year-olds and up are very commonly sharing naked pictures or sexual pictures of themselves," said Internet safety expert Parry Aftab, of Wired Safety. "We're talking about kids who are too young to wear bras who are posing in them, and then topless and then actually engaged in sex or even in masturbation. So we are seeing a lot of kids who are sexually active."

There's nothing coy about this 21st century amorous pursuit. Children as young as 12, who aren't sexually active, are sending explicit, provocative and even pornographic images to their peers.

"It's all about immediacy for them, and it's so much about, they're building their hormones and sexuality," said educator Dawn Russell. "It's so much about getting the opposite sex."

Aftab is concerned at how widespread the problem of sexting has become.

"We found that 44 percent of the high school boys that we have polled have seen at least one naked picture of a female classmate, and the boys are sharing their pictures too," Aftab said.

Thursday, April 16, 2009

Source: abcnews.go.com/GoodMorningAmerica



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

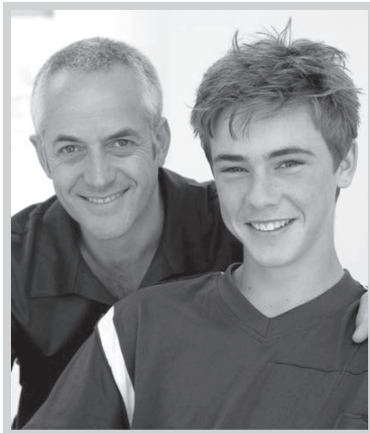
Source: National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Division of Adolescent and School Health, November 2013



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 studies¹ which found that parents play an important role in shaping the health of their LGB teen.

When LGB teens share their sexual orientation² (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

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.

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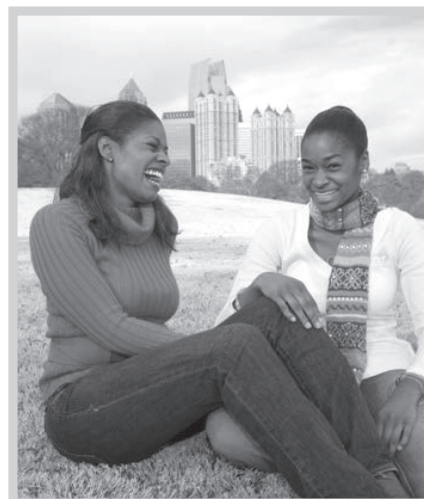
In addition, research among young gay men has shown that having a positive relationship with their parents helped them decide to have safer sex (e.g., using a condom, not having sex with high-risk partners). Many also reported that having a positive parent-teen relationship created a sense of responsibility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

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 they can 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

Centers for Disease Control and Prevention:

- Lesbian, Gay, Bisexual and Transgender Health: www.cdc.gov/lgbthealth/youth.htm
- Parental Monitoring: www.cdc.gov/healthyouth/adolescenthealth/monitoring.htm

Advocates for Youth

- www.advocatesforyouth.org/parents-sex-ed-center-home

American Psychological Association

- www.apa.org/topics/sexuality/orientation.aspx



Family Acceptance Project

- <http://familyproject.sfsu.edu>

Gender Spectrum Education and Training

- www.genderspectrum.org

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

- www.pflag.org



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 of 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



The Development Of Sexuality

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 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 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 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 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).



Special Issues

This final article looks at four issues that warrant special consideration from parents and professionals providing education about sexuality to children and youth with disabilities. These issues are:

- Sexual orientation;
- Reproduction and birth control;
- Protection against sexually transmitted diseases; and
- Protection against sexual exploitation and abuse.

Sexual Orientation

Sexual orientation refers to whether a person is heterosexual, bisexual, or homosexual. This section presents several basic facts about sexual orientation that may be of help to parents and professionals.

First, it is not uncommon for children of the same gender to play “show me” games with one another. This is a normal part of development, for as children grow, their curiosity about their bodies grows as well. Experts caution parents against overreacting to this type of exploration, which often has much more to do with normal curiosity and with the availability and security of same-sexed friends than with homosexuality per se (Calderone & Johnson, 1990).

Researchers do not know what causes a person to have one sexual orientation versus another. Theories about what determines sexual orientation include factors such as genetics, prenatal influences, socio-cultural influence, and/or psychosocial factors (National Guidelines Task Force, 1991, p. 15). Parents may find it useful to realize that, in spite of the controversies that surround homosexuality and bisexuality, sexual orientation is not something that a person can change. When discussing their own social-sexual development, for example, gay men and women seem to report two basic types of personal stories. Many individuals report that they “always knew” what their sexual

orientation was, from adolescence on and sometimes before. In contrast, others struggled for years trying to live up to society’s expectations of heterosexuality. The realization that their sexual orientation was not heterosexual but, rather, homosexual was a gradual one ending in the awareness that they would not be able to bring their internal feelings into line with what society, their parents, their religion, or their culture wanted them to be.

Because sexual orientation is something that a person has, rather than something a person chooses, parents and professionals should be aware that strong, emotional messages against homosexuality or bisexuality will not change the orientation a youth has. Such messages can — and do — create an impossible situation for the young person who feels one way but who is expected to feel and act another way. Thus, if you suspect that your young person is struggling with his or her own sexual orientation, you may want to:

- Read some books to familiarize yourself with the range of thinking and research on homosexuality, bisexuality, and heterosexuality;
- Consider carefully the messages you send your young person about homosexuality or bisexuality, for hostile, negative signals can do a great deal of harm to a person genuinely seeking to clarify sexual orientation;
- Share some of the books with your young person;
- Be open to discussion with your child. Should your child tell you that he or she is homosexual or bisexual, don’t withdraw your love and support; and
- Seek outside assistance (e.g., counseling, or call the National Federation of Parents and Friends of Lesbians and Gays, Inc.) if you are having difficulties accepting your child’s sexual orientation.



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Reproduction and Birth Control

Any education about the development and expression of sexuality must include information about reproduction, the responsibilities of child-bearing, and how to protect oneself against unwanted pregnancy. (Protection against sexually transmitted diseases is a related issue of great importance and is discussed as the next SPECIAL ISSUE).

While there are disabilities that make it difficult or impossible for an individual to become pregnant or to impregnate another, most individuals with disabilities can have children and, therefore, need to understand the basics of reproduction and how pregnancy occurs. Remember that discussing the basics of reproduction and pregnancy may require adapting materials or the presentation of information to the particular learning characteristics of the young person.

Comprehensive sexuality education does not end with providing information about how babies are conceived. It also involves providing information about the responsibilities of child-bearing and the importance of delaying sexual intercourse until the young person is mature enough emotionally to deal with its many responsibilities and consequences. To the extent that this can be done successfully, information about the various methods of birth control (natural, condom, IUD, pill, diaphragm, etc.) can play an important part in helping the person prevent unwanted pregnancies when sexual intercourse is finally chosen. In some families, birth control may be controversial, given personal, cultural, or religious beliefs. Yet, the decision to have children and when to have children is very much a personal one. Many individuals with disabilities will want to have children. Others may choose not to. Still others may be undecided or have specific concerns such as the possibility that their disability may be passed on genetically to offspring. Information on birth control and family

planning is, therefore, essential for young people with disabilities to make responsible decisions about sexual health and behavior.

It is important to realize that some forms of birth control may be suitable for a person with a certain disability, while other forms may not. For example, young women who have difficulty with impulsivity, memory, or with understanding basic concepts may have difficulty understanding and using the rhythm method. Remembering to take a birth control pill every day would also be difficult, making both of these methods ineffective means of controlling against unwanted pregnancy. An alternate method of birth control, such as a time-released implant in the arm (known as NORPLANT), might be indicated. Similarly, for many youth with disabilities, learning to use a particular birth control method properly may involve more than just reading about the method or talking with their parents or doctor. For example, learning how to use a condom may require more than a simple instruction such as “you put it on.” Some demonstration and practice may be needed before the person knows how to use the method effectively. It may be useful for parents to talk with the family physician about methods of birth control, and how suitable each method is when the young person’s disability is taken into consideration.

Sterilization might be considered as an effective and pragmatic birth control option for some individuals with disabilities, particularly those who do not wish to have children and those who are incapable of understanding the consequences of sexual activity or of assuming the responsibilities of parenthood. All the people involved in making such a decision should be aware that there are strict laws regarding sterilization. These laws vary from state to state, but in most cases, the person in question must give his or her informed consent to such a procedure. (This requirement is intended to protect individuals with disabilities against involuntary sterilization.) For some individuals who are severely disabled, however, it may be



impossible to determine whether or not the consent is truly “informed.” If sterilization is being considered as an option for the young person with disabilities, all persons involved in making such a decision will need to find out what the laws regarding sterilization are in their state.

Of course, many individuals with disabilities will want to have children at some point in their lives. For those who choose to have a child, conception may be more or less difficult, depending on the nature of the disability. Similarly, carrying and delivering the baby may present considerations unique to the disability. Many women with physical disabilities, for example, have difficulty finding an obstetrician who is willing to assume medical responsibility for a person who requires different treatment and consideration. Yet there are many stories of women who have successfully birthed and parented children in spite of such obstacles. To the young person looking into the future and the possibility of a family, it may be helpful to learn about the responsibilities involved in raising children and to meet, read about, or see on video individuals with disabilities who have successfully done so. These provide positive role models for young people who may feel that, because of their disability, they will never have children of their own.

For many, however, there may be concern that the disability might be inherited. Parents may wish to discuss genetic counseling with their child with a disability and with other children in the family as well. There are many materials available to facilitate discussion about this issue with family members. Genetic counseling is best obtained prior to pursuing parenthood. There are many agencies specializing in providing this sort of information. You can also contact organizations such as Planned Parenthood for concise, easy-to-use pamphlets on reproduction and birth control. This information is vital to young people with disabilities and, as with all information about sexuality, needs to be presented in ways that take into consideration the particular individual and

the disability he or she has.

Protection Against Sexually Transmitted Diseases

The topic of sexually transmitted diseases (STDs) is an extremely important one to discuss with young people. Accurate information about STDs is vital to help young people maintain sexual health and practice health-promoting behaviors. STDs include diseases such as gonorrhea, syphilis, HIV infection (which in advanced stages leads to AIDS), Chlamydia, genital warts, and herpes. Most of these diseases can be cured with proper medical care. Exceptions to this are genital herpes, HIV infection, and AIDS, “although medications are now available which lessen symptoms and slow the development of the disease” (National Guidelines Task Force, 1991, p. 41).

Protecting oneself against sexually transmitted diseases (STDs) is a separate issue from protection against pregnancy. Youth with disabilities need to be informed that many methods of birth control do not provide protection against disease. They need to know what does offer protection and know how to obtain and use the method. They also need to know that abstinence from sexual intimacy is the surest way to avoid contracting an STD.

It is important to communicate accurate,

up-to-date information (rather than use scare tactics) on the following topics:

- what sexually transmitted diseases are and what symptoms are associated with each one;
- how each STD is transmitted, including sexual behaviors that place the person at risk of contracting or transmitting the disease;
- myths about how a person can contract particular diseases;
- how each STD is treated medically, and those STDs that cannot be cured;
- health-promoting behaviors such as regular check-ups, breast and testicular self-exam, and identifying potential problems early.

Providing this information may be more or less



difficult, depending on the nature of the person's disability. Individuals with mental retardation, for example, may have trouble understanding that a person can look healthy but still transmit a disease (Monat-Haller, 1992). It may be important to present information about STDs in very concrete terms, including pictures of what the various symptoms (e.g., lesions, blisters, etc.) look like. For individuals who have difficulty remembering information, it will be vital for parents and professionals to re-teach and re-emphasize the major points about disease prevention.

Many parents and professionals may need to inform themselves fully about these diseases before talking with young people with disabilities. (Available in Spanish)

Sexual Exploitation

One of the greatest fears of parents and caregivers is that their child with a disability will be sexually exploited. A number of factors may make individuals with disabilities more susceptible to sexual exploitation or abuse than their peers without disabilities. Rosen (1984) has identified several of these factors, which include:

- Physical limitations that make self-defense difficult;
- Cognitive limitations that make it difficult for the person to determine if a situation is safe or dangerous;
- Vulnerability to suggestion, because of limited knowledge of sexuality and human relations, including public and private behavior;
- Lack of information about exploitation and what to do if someone attempts to victimize them;
- Impulsivity, low self-esteem, and poor decision-making skills; and
- Lack of social opportunities that results in loneliness and vulnerability.

The fact that many individuals with disabilities

are vulnerable to sexual exploitation makes it all the more imperative for parents and caregivers to address this issue with their child with a disability. Many child abuse prevention programs teach children to identify sexual abuse based upon the concept of "good touch" and "bad touch." Recently, this approach has raised concern among many professionals, for a number of reasons (see Krivacska, 1991). Perhaps the most critical concern is that, from a developmental perspective, young children are not necessarily capable of interpreting with accuracy the distinctions between a good and bad touch. Although most children lack understanding of appropriate expressions of sexuality, they must nonetheless make distinctions about inappropriate expressions.

Because young children (preschoolers and early elementary school children) are not cognitively, emotionally, or socially able to protect themselves against sexual exploitation or abuse, there are a number of steps that parents and professionals can take to help protect children. These include:

- Closely supervising the whereabouts and activities of children;
- Carefully scrutinizing the backgrounds and references of daycare providers and other caregivers;
- Being informed about sexual abuse, including knowing what physical and behavioral signs a child may show if abuse has occurred; and
- Distinguishing between teaching the child to be polite (e.g., saying hello to adults) versus compliant (e.g., requiring the child to kiss or be kissed by relatives, friends, or acquaintances when the child does not want to do so).

Closely supervising young children (and older children as well) does not mean that parents or professionals should strictly limit children's activities (i.e., deny opportunities to participate in play groups, social groups, or community activities). Shielding persons with disabilities



from the outside world may limit their contact with strangers, but it will not protect them from exploitation by friends, family members, or caregivers. Parents need to be aware that, in most cases, the abuser is someone the child knows.

There is also concern that young children may be receiving their first messages about sexuality in the negative, frightening terms associated with discussing sexual abuse. What impact this has upon the later development of healthy sexuality is unknown. Parents may need to consider the value of first providing information about the “healthy role sexuality plays in the human life cycle” (Krivacska, 1991, p. 3). “If one must teach children about sexual abuse, one must first teach them, in an age-appropriate manner, about sexuality and healthy, appropriate forms of sexual expression” (p. 6).

Once a foundation of understanding has been laid in terms that are positive about sexuality, then information about identifying, avoiding, and reporting sexual abuse can be given to children with disabilities. Beyond that, “the strongest protection against...sexual exploitation is an ongoing training program emphasizing self-reliance” (Gardner, 1986, p. 58). Building self-reliance includes:

- Telling children that they have the right to say “no” to touches or behaviors that hurt or make them uncomfortable. (Children should also know there are a few exceptions to this rule, such as getting a shot from the doctor.)
- Teaching children decision-making and self-advocacy skills, which provide a good foundation for saying “no.”
- Letting children know that they should always tell someone when another person attempts to victimize them or when a situation makes them feel uncomfortable.

upon sexuality and sexuality education for children and youth with disabilities. While the issue of sexuality is often difficult for parents and professionals to discuss with children and youth, it is also one which is highly important to address in an open, frank, and matter-of-fact manner. Yet, sexuality education is not something that is accomplished in a limited number of lessons parents deliver; it is a life-long process of learning about ourselves and growing as social and sexual beings. Because children and youth with disabilities will mature and one day be adults functioning within the community, they have a right to be fully and accurately informed about what sexuality means, what responsibilities it involves, and what unique pleasures, joys, and pain this aspect to identity can bring. The special needs of individuals with disabilities must be taken into consideration when parents and professionals present information on attitudes, values, behaviors, and facts about social skills and sexuality.

Conclusion

These NEWS DIGEST articles have focused



Understanding Children's Gender

www.genderspectrum.org

Gender is more complex than most of us have been taught. Gender is made up of three parts: (1) gender biology (our bodies or biological sex – our sex assigned at birth based on appearance of genitals), (2) **gender expression** (how we dress and act), and (3) **Gender identity** (how we feel inside). For most kids, these three facets of gender line up and the kids are typically gendered boys or girls (**cisgender**). For other kids, however, these three facets of gender align differently; these kids are **Gender-expansive**, which includes **transgender** kids.

Although our society teaches us that there are only two genders—male and female—**there are really many genders**. Not all children fit neatly into a male or female gender identity. For some children, the sense of being “both” or “neither” best describes their reality. Some of these kids speak of being more of one some days and more of the other on different days; these children might best be described as gender fluid. These are all normal variations in human gender and do not mean something is wrong with a child. A child's gender is not what others tell them, but who they know themselves to be.

Even though we as parents have great influence over our children, parents can't change a child's true gender identity or expressions of their gender. However, we can help our children to have a healthy, positive sense of themselves in relation to their gender.

What Do We Mean by “Parenting and Family”?

When we talk about “family,” we are not referring only to people related by genetics. Families can come in all configurations, including adoptive or foster parents, grandparents, extended family, mentors, or

one's chosen family made up of close friends. Many youth have been rejected by their genetic and adoptive families and need support from other adults. Similarly, “parenting” can be done by a variety of adults in a child's life, not just by legal parents or guardians. Thus our resources in this section, and in our work in general, are for all types of “family” and all adults who “parent” a child.

General Parenting Considerations

Parents have a very powerful role to play in a gender-expansive youth's life. Research has shown that supportive parenting can significantly affect our children's positive outlook on their lives, their mental health and their self-esteem. On the other hand, rejecting parenting practices are directly correlated to gender-expansive and transgender youth being more depressed and suicidal. Research shows that the most crucial thing we as parents can do is to allow our children to be **exactly who they are**.

Every family is unique, with different family dynamics, as well as cultural, social, and religious influences. Some families have to consider their child's physical safety in their communities more than others, but all families have to weigh the effects of their parenting approach on their child's long term psychological well-being.

What are Affirming Parenting Practices?

Parenting practices that are based on affirming a child's own sense of gender strengthen a child's self-esteem and sense of self worth. While some of the parenting practices discussed in this section may be challenging for some parents to implement, it is important to take whatever steps you can to demonstrate to your child that you are with them on this journey.



Create a supportive family environment:

The ability to make the home a sanctuary of security and support for your child is the single most important factor in promoting lifelong health and well-being for your child. Such an environment creates a buffer for your child from the hardships they may face outside of the home. Creating such a space may not come easily for you, particularly if you are struggling with accepting your child's gender identity or expression. If so, seek help from an empathetic, knowledgeable friend, family member, support group, therapist or other source of support.

Require respect within the family: With immediate and extended family, it is imperative that you require and accept only kindness and respect for your child. While you may not be able to change people's opinions, you can certainly dictate how you expect others to behave and speak around you and your child. It can be scary to make this demand of family members, yet many parents report that once they've taken a stand on their child's behalf, they feel a great sense of relief and empowerment.

Express love and support for your child's gender expression: What does this look like? It means allowing them to choose, without pressure or unspoken messages, the clothes they wish to wear, how and with whom they play, their favorite toys, the accessories they favor, the manner in which they wear their hair, and the decorations and images with which they surround themselves. It means helping them prepare for any negative reactions they may encounter outside the home by practicing their responses with them and making sure, when appropriate, that there is a safe adult for them to turn to in case they need assistance. It means discussing any negative or conflicting feelings you are struggling with over their gender identity or expression with other adults, not with your child.

Allow zero tolerance for disrespect, negative comments or pressure: A concrete way to demonstrate ongoing support and acceptance

for your child is to tolerate absolutely no negative comments about your child, from anyone, whether your child is with you or not. This means following up with the people who make such comments in a firm way that makes clear your commitment to your child's well-being. It may also mean needing to follow up with other parents or the school about the comments made by other parents or children.

Maintain open and honest communication with your child: Stay open about this journey, both your child's, and your own. By demonstrating to them that you are a partner in this process, and showing a genuine sense of interest in how they see themselves, what they think, what they are experiencing, you show that you are there for them. This open level of communication will also help you evaluate your child's level of stress or distress, and whether they may need additional outside support or intervention.

What are Unaffirming Parenting Practices?

When their authentic sense of self is not recognized and affirmed, it undermines a child's self-esteem and feelings of self-worth. It should not be surprising that many children who end up in the foster care system, run away, or become homeless are gender-expansive and transgender; rejected at home, they find themselves with few options for support. Refusing to accept one's child as they are and behaving in an unkind, punitive, or disrespectful manner communicates to your child a lack of value or worth.

As you read the list of behaviors below, try to also have compassion toward yourself. Many parents have employed these practices at one time or another. What is important is to commit to communicate your love and support for your child from this point forward. We can only start from where we are.

Physical or verbal abuse: One of the most

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damaging things you can do is verbally or physically abuse your child. It won't get them to change, and it places them at a far greater risk of suicide. Even if you have the feelings internally, work to keep them there, rather than outwardly demonstrating your struggle to your child.

Exclusion from family activities: The urge to avoid being embarrassed by your gender-expansive child may not seem blatant to you, but it sends a message of shame and implies core change is required in order to be a member of the family. Insisting your child “dress properly” or “act normally” makes your child feel that the comfort of others trumps their own sense of well-being and security.

Blocking access to supportive friends or activities: Preventing your child from seeing gender-expansive friends and allies or participating in supportive activities will only generate a sense of isolation and significantly increase risk factors. Blocking your child's access not only cuts them off from a critical support system, it also stigmatizes other people like your child.

Blaming the child for the discrimination they face: Saying that a child deserves any mistreatment that they encounter simply for being who they are is incredibly dangerous, an implicit message that they are to blame for the cruelty of others.

Denigration and ridicule: When you speak or treat your child with disrespect, or allow others to, it shows them that they cannot count on you for the love and protection they desperately need.

Religious or faith-based condemnation: Telling a child that God will punish them greatly increases health and mental health risks, and can remove a vital source of solace.

Distress, denial, and shame: When a child sees that they are causing you great distress and shame, they internalize this pressure. It is damaging to openly communicate your denial of their gender identity or expression.

Silence and secrecy: Insisting your child

remain silent about their gender identity or expression tells them that there is something inherently wrong with them. If you are keeping your child's gender identity or expression a secret because you are worried about their safety, think about ways you can balance keeping your child safe with your safety concerns while still letting them know that you support them (see Safety Considerations below).

Pressure to enforce gender conformity: Even when motivated by a desire to protect your child, asking them to mask who they are sends the harmful message that there is something fundamentally wrong with them.

How Do I Know if This is Just a Phase?

For some children, expressing gender-expansiveness may be a phase; for others, it is not. Only time will tell. We suggest using the concept of insistence, consistence and persistence to help determine if a child is truly gender-expansive or transgender.

Young Children

If your child has identified as the opposite gender since early childhood, it is unlikely they will change their mind. Most people have some sense of their gender identity **between the ages of two and four years old**. For most, this awareness remains stable over time. For example, a 12 year old child who was assigned a male gender at birth, but has consistently asserted “I am a girl” since the age of three, will most likely remain transgender throughout life.

There are cases when a young child who strongly identifies with the opposite gender does change their mind. The most common time for this to occur is about 9-10 years old. There is insufficient research to know if these children later identify as gender-expansive or transgender adults. So, it is unclear if this change indicates that the child has learned to hide their true self, or if it was indeed just a childhood phase.



Teens

Another typical time for gender identity to come into question is at puberty. Many teens who have never exhibited anything outside the norm in their gender expression or identity, start feeling differently as puberty approaches. This can be very confusing for parents who “didn’t see this coming.” Since adolescence is a time of exploration and change in general, it can be hard for parents to know if this is just a teenage phase, or whether their child is “really” gender-expansive or transgender. Again, look to the concept of insistence, consistence and persistence to determine if a child is truly gender-expansive or transgender. This may mean you won’t have an answer for quite a long time.

Though these are two common times for gender identity to come up for children, they are certainly not the only times. A child at any age, even to adulthood, can start feeling differently about their gender identity or expression.

What About My Feelings?

Parents have a variety of responses to their gender-expansive or transgender children, and none of them are “right” or “wrong.” Feelings of embarrassment, denial, anger, fear, doubt, grief, and worry are normal, as are feelings of acceptance, understanding, support, pride and joy. Many parents feel a combination of positive and negative feelings. This is a hard road for parents, and even though we may not have chosen this for our child or ourselves, it is our road to navigate. You are not alone in your feelings or in your experience of raising a gender-expansive child. It can be very helpful and comforting to seek support from other parents or from a mental health professional.

Feelings of guilt

It is common for parents to blame themselves when a child falls outside of gender norms. They ask themselves, “Is it my fault somehow?”

“Where did I go wrong?” Mothers may feel they were too permissive. Fathers may be angry and refuse to accept their gender-expansive child, especially if this child was born a boy.

Current research supports the theory that gender is “hard-wired” in the brain from birth. Gender diversity is not an illness or a result of poor parenting. It is not the result of divorce or an indication of child abuse. Gender diversity is not caused by liberal, or permissive parenting, or by a parent who secretly wished their child were the ‘opposite’ sex. It is normal. You did not cause this or do anything wrong.

Feelings of loss

Another common feeling is that of loss. Families, parents, and siblings may feel a sense of grief at the idea they are “losing” their son or daughter, their brother or sister. Even though the child is alive and well, a socially recognized gender change can elicit strong feelings of losing the person we thought we knew. We may experience periods of sadness, anger, and mourning as we (or our other children) come to terms with our child’s authentic identity.

Living with uncertainty

One of the biggest challenges to raising gender-expansive kids is learning to live with uncertainty. When a child is not clearly identifying as male or female, even parents who want to be supportive can find themselves thinking, “(j)ust decide already, one way or another!” A lack of consistency in their child’s gender expression can leave parents wondering just who their child “really” is. Parents feel more empowered to help their child if they know where their child will end up.

Gender identity is not always “one or the other.” We need to recognize that not every child is on the path to choosing a male or female gender identity. Many children (and adults) feel like they are both genders, neither gender, or go back and forth. They have already arrived at their final destination, which is a

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space outside typical gender constructs. Or, they may still be figuring it out. We won't know until our child knows and can communicate this to us, and that may take many years. It is important for us to follow their lead, and let them figure out who they are at their own pace.

Finding language that works for your child and yourself can be a big help in dealing with uncertainty. With older children, this can mean discussing together how they would like for you to refer to them, both directly as well as when you are speaking with others. Some families take the approach of working around pronouns by just using the child's name. Others use **gender neutral pronouns such as “they” or “ze.”** Developing stock responses that don't include male or female pronouns can also be helpful: “My kid is just being their true self!”

Examining Our Own Gender Stories

Everyone has a gender story, including us parents. Every person in our society has been affected by gender norms, either positively or negatively, in their lives. If we make our gender stories part of our family conversations, then gender identity and expression becomes about all of us, not just about the one child who is “different.”

Gender norms and expectations are different now than when we were growing up and will continue to change. Many teens and young adults today **define their genders in ways we didn't even know existed.** It is important for parents to accept this new frontier of gender identity and gender expression and to take the time to think about how our children's experiences relate to our own experiences growing up. What assumptions do we make about gender based on how we were raised and the messages we received? Are these the only way to think about gender? How have gender norms affected us in ways we do or don't want them to affect our kids? These exercises will help us in understanding our child's gender story, as well as our own, which can only help us be better parents.

Supporting All of the Children in the Family

Sometimes the gender diversity of a family member can create a sense of perpetual crisis in a family. Because of society's discomfort with gender diversity, we may unconsciously bond with our cisgender children more than our gender-expansive child. By doing this, we may inadvertently place siblings in a position of choosing loyalties to us or to their gender-expansive sibling. Alternately, we may focus on the exceptional needs of a gender-expansive child, overlooking the sibling as a result.

A sibling may act out in an effort to gain our attention, possibly in ways that are hurtful to their gender-expansive sibling. For example, the sibling may “out” or disclose personal information about the gender-expansive sibling at inappropriate times or in a disrespectful manner.

Gender diverse children may be teased and bullied, even by their siblings. Siblings may participate because they feel pressure from their peers to ostracize or be critical of their gender-expansive sibling. On the other hand, siblings often feel obliged to defend their gender-expansive sibling from bullying by others. Siblings may be teased and bullied themselves.

One strategy to avoid the division between gender-expansive kids and their siblings is to make sure we discuss gender as it relates to all people (see Examining Our Own Gender Stories above). This not only avoids treating the gender-expansive child as if they are the “problem,” but also helps support siblings in their experiences as well.

Talking with Extended Family and Friends

It can be nerve-wracking and scary to bring up the topic of our child's gender with family and friends. Even if our closest friends and immediate family members are aware of our child's gender expression and identity, it may be hard to see people that either didn't previously know about our child's gender, and may not be supportive.



There is not just one way to deal with this situation, of course, as every family and group of friends are different. Remember that family members and friends are at different places in their understanding of gender identity and gender expression; recognize that while we've had some time to think about this (and think about it, and think about it...), this may be completely new to them, as it was to us at some point in time. They also aren't around our children as much as we are, and may not see what we see in our kids.

One strategy is to call or write to family and friends before seeing them. Let them know about your child's gender and that you are fully supportive of your child. Of course, it's natural for them to have questions; let them know they are welcome to ask you anything in private, but they should not talk about it in front of your child. Let them know that regardless of their personal feelings about your child's gender and/or your parenting choices, that you expect them to be kind and respectful to your child. We have collected **some sample letters that parents/caregivers** have sent to family members and friends to assist you in this communication.

Spend some time identifying your expectations, then be very explicit about what you are requesting of them. For example, you'd like them to use your child's preferred pronoun and name; you'd like them to avoid negative comments about their hair, clothes, toys, etc. If presents are being exchanged, you'd like them to give what your child actually wants to play with and not what they think your child should play with.

Remind your family and friends that your child is more than just their gender and they should see and relate to your whole child. If they are nervous, tell them what your child's current interests are so they will have some safe topics to discuss. Direct them to the Gender Spectrum website, or offer some articles or books for them to read so they can learn more

about gender-expansive kids. **The Transgender Child** is a good primer on the topic. **Share articles that explain gender** and kids so you don't have to be the expert.

The more you learn to speak with confidence and pride about your child, the easier it will be for others to accept your child and your parenting. People look to you for their lead on how to respond or react to your child. You have nothing to apologize or be ashamed about. Remember, it's your job to take care of your child, not the needs of other adults. A desire to help other people feel comfortable is natural. Yet if you find yourself doing so by denying or dismissing your child's authentic self, it can be quite hurtful. For example, if an acquaintance or new person you meet asks about your dress-wearing boy, rather than making comments such as, "Oh yes, that is my son. He's just pretending to be a princess today," consider simply saying, "Yes, that's my son," or even "Isn't it great that he's not afraid to be himself." Your priority is your child's well-being.

Privacy Considerations

Raising gender-expansive and transgender kids comes with constant decisions about when and how to share information. Each situation and each family is different. Some kids are completely open and tell everyone they meet about their gender, while others don't ever want to mention the word "gender." Some gender-expansive and transgender kids conform to societal norms of gender expression, while others are so clearly a combination of genders, that there is no option of being private.

Are you obligated to disclose if your child is going on a playdate? What if they are sleeping over at a friend's house? Going to a school dance? A school overnight trip? In fact, there are no rules about when you must share information about your child. What type of body your child has is no one else's

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business. Other people don't have to tell us what's in their child's pants, why do we have to tell them what's in our child's pants? The only considerations we need to think about are what's best for our child in each situation.

Remember that once you share your child's gender information, you can't un-share it. Even if a child is OK with being open when they are little, their needs around privacy may change as they grow older.

For additional information on **privacy considerations**, we encourage you to visit our **Resources section**.

Safety Considerations

Children not fitting into typical gender boxes are often the victims of mistreatment or even violence. Caregivers to gender-expansive children bear a burden to ensure the physical and emotional safety of these kids in the face of that general reality.

Our role as parents is to love and accept our child, and we will help them learn how to deal with a world that sometimes doesn't understand them. Without alarming them, we can help prepare our children for unwanted questions or comments by helping them come up with respectful replies that maintain their boundaries; this way, they won't be left on their own to come up with a response on the spot.

We also need to teach our children how to access the support they need if it feels like things are becoming unsafe. We each know our own communities best, so we each need to decide if our children are in physical danger by expressing their gender in public, and weigh this physical danger against the emotional harm of not allowing our child to be their true selves outside of the home.

This can be tricky territory- our own discomfort, as well as a desire to protect our children, may lead us to decide to allow one set of behaviors in the home, and another set outside the home. But there is a cost to

this choice: to your child's sense of self, and potentially their experience of your support and acceptance.

There are a number of **safety considerations** for you to consider – remembering to place your child's needs at the forefront of your decision making process is the first step to protecting them.

Transitioning

When a person changes outwardly from one gender to another and lives in accordance with their gender identity, it is called going through **transition**, or transitioning. Transition can occur in two ways: social transition through non-permanent changes in clothing, hairstyle, name and/or pronouns, and medical transition through the use of medicines and/or surgeries to promote gender based body changes.

There is no rule of thumb for when a transgender child should be allowed to transition socially and/or medically. There usually comes a time when your child's discomfort or suffering is so obvious that despite your concerns, it is critical for them to live in the world as they choose. But how do you know when that is? How long after they tell you about their desire should you wait to allow them this form of expression?

In making this decision, two concerns typically rise to the surface: "Will my child be safe if I let them do this?" and "Wouldn't it be better just to make them wait?" The most useful way to answer these questions is to first evaluate whether your child currently feels safe and satisfied, or if instead they are suffering. If your child is suffering it is important to weigh the potential dangers that await them if they were to transition, compared to the dangers associated with their current depression. What is clear is that children who receive the support of their families have the best outcomes in terms of their future health and well-being.



Navigating Religious Communities

Depending on the religion or religious community, acceptance of gender diversity can vary tremendously. It can be helpful to take stock of your religious community's influences. List the overt messages and messengers about gender and **sexual orientation** issues, as well as how LGBT people tend to be characterized. You might be able to identify people who you perceive as "safe." Approach these members first about your situation and seek their counsel on how to approach others.

It is also important to remember that gender diversity cuts across all racial, cultural and religious lines. With sensitive exploration, you may find people in your religious community who are more tolerant than others. Some people find **they can educate their present religious community about gender**. Other families find they need to seek new religious communities that are more welcoming of their family. In the process of supporting your child, you may well lose important people in your life, but more than likely you will also gain some important new people to replace them.

School Considerations

Choosing a School or College

Choosing a school or college with our kids is an important decision. Talk to the administrators or admissions staff about gender diversity to determine if the school will be a good fit for your child. For a more in depth assessment on **choosing a school or college**, please visit our **Resources section**.

Working with the School

Forming a positive relationship with school administrators and staff, whether you are new to a school or returning, is vital to the safety and success of your gender-expansive child. You will need to be proactive. You cannot assume that schools with general anti-bullying policies will be responsive to the needs of

your child. Be sure to approach the school as partners, not as adversaries. Assume they have positive intentions; the vast majority of educators are interested in the well-being of the students and families they serve. However, most have little or no training about working with gender-expansive children. It may be that you will need to help them by providing resources, materials, and examples of other schools that have successfully met the needs of gender-expansive students.

Most schools have written or unwritten aspirations around inclusion and diversity; bring these into your discussions to show you want what is best for the whole school community. You may be hopefully working with these teachers and administrators for many years, and not only around issues of gender, so the goal is to forge a positive collaboration. You can use our outline, "**Initial School Meeting**" as a guide.

Even before your child starts at a school, you can start preparing. Many schools do professional development during the few weeks before school starts. Ask for gender training to be included in this professional development, so teachers feel prepared to deal with your gender-expansive or transgender child. Even if you are the first family at the school with a gender-expansive child, you certainly won't be the last. Point out that it is in the best interest of all of the students, not just your student, for the staff to be trained, as gender affects every child and the school wants to create a gender-inclusive environment. The good news is that resources exist to help educate schools, including our own **Gender Spectrum Trainings**.

Safety in School

It is well documented that a safe environment optimizes a child's ability to learn. A child cannot effectively learn when they live in fear of discrimination. All children, including gender-expansive and transgender children, deserve a safe school environment, free from

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bullying, teasing and violence, and it is the school's legal responsibility to maintain that environment. Your child's gender identity or gender expression in no way excuses mistreatment by other students, staff or parents. While it is important to work in partnership with the school, your child's physical safety and emotional well-being are non-negotiable. School districts and individual school administrators can be held liable under various federal, state and local laws for failing to protect students from harassment based on gender identity. From the beginning, if you believe your child is being mistreated based on gender, document those concerns and share them with the school leader. Make it clear that while you wish to work with the school, you will take whatever steps necessary to keep your child safe.

If you've tried to work with the school and they are unresponsive or unreasonable, you may need legal advice (see *Legal Considerations*).

Bullying in School

Bullying is a serious problem for any student. Most schools recognize this fact, and many are adopting programs and policies to create environments that do not allow or tolerate bullying. Bullying can take the form of one or more students directly teasing, taunting, or threatening another. Bullying comes in other, more indirect forms as well. A student may experience intentional social isolation perpetrated by their peers, and sometimes even reinforced by teachers and/or the administration.

Often, bullying is related to gender expression, even if on the surface it appears to be motivated by something else. For instance, a boy may be taunted as "gay," not because he is in fact gay, but because his gender expression falls outside the society's norms of masculinity. Your school may not specifically name gender expression or gender identity as reasons for

bullying, but it does not mean that they will not respond proactively. Further education about gender diversity is often needed for teachers and school administrators to respond most effectively.

Other School Issues

Along with a child's general safety and well-being, there are several specific areas that will require your attention. These include how your child will be referred to (name and pronouns), and listed on school records, how your child's privacy will be protected, will you child be allowed to use the restroom and locker room aligned with their gender identity, and participation in overnight trips, sports or clubs.

As students get older, they must navigate school dance, crushes, and gossip. Talking about these situations ahead of time with your child will help them be prepared.

Our "Gender Support Plan" is a great tool to help you in these discussions with your school. This resource, as well as many others, can be found in the **Resources section** of this website.

Camps, Sports Leagues, and Other Out-of-School Activities

Many of the same situations that arise in school situations arise in out-of-school activities as well, such as privacy considerations, restrooms and locker rooms, and overnight sleeping arrangements.

Just as with schools, most adults who run these activities have no experience with gender-expansive or transgender kids. Sometimes, camp or outside activities are opportunities for gender-expansive kids to see what it is like to present as the opposite gender, if they are not already doing so at home and at school.

Depending upon what documentation you need to register your child, you can think about registering them as their preferred gender. If you don't have documentation, look into obtaining a state I.D. to use instead of a birth



certificate, as in some states it is much easier to change a gender marker in the state system than it is on a birth certificate.

Some families choose to be completely open with camps and activities about their child's gender and some don't share any information at all. Another approach is to tell only the camp leader(s) and ask them not to disclose this private information to staff or campers. If you do choose to share your child's gender information, take the same approach with camp staff and coaches as with schools—assume positive intent and work to educate their staff. Proactively speak with the camp leaders about potential issues before they arise, and ask if they are willing to have their staff receive gender training.

Medical Considerations

Changing bodies to match gender identity

Gender-expansive and transgender kids do not have to change their bodies in order to change their gender expression or identity. Some choose to make no changes to their bodies at all, while others know that they must change their bodies to feel complete. One of our roles as parents is to help our children figure out what road is right for them.

Keep the lines of communication open and **explore options together.**

Discussing what you learn together can work to make the whole family better informed as well as allow for ample adjustment time. However, keep in mind that a parent and child may have very different ideas of an appropriate timetable. Don't feel rushed into making decisions about permanent changes, but also keep in mind that your child may feel rejected by you if these critical life decisions are delayed indefinitely.

Children's emotions around medical care

For many kids, going to the doctor can be traumatic. For gender-expansive or transgender

kids, physical examinations of their bodies can feel especially invasive because it forces them to face a body they want to be different. Or, it can feel hard to explain their gender expression to a doctor who doesn't understand.

Choosing Medical Professionals

It is important to find a medical professional who understands children and gender, or who is at least willing to educate themselves. Interview potential medical providers and find out about their experience in working with gender-expansive or transgender children. **Ask about how they see their role in your child's gender journey,** and make sure they won't be another adult trying to put your child into a gender box.

If your child is going down the road of physical transition, you don't have to only work with an endocrinologist. Any physician, including your pediatrician or family practitioner, can help a child with start their physical transition with hormone "blockers" and/or cross-hormones.

If no one in your area is qualified, try to find someone who is willing to learn. We can help connect them to experienced physicians who can consult with them about the process. Unfortunately, many physicians are intimidated by this relatively new area of practice, or disagree with treating transgender children. Sometimes, families end up having to travel to established gender clinics in order to receive treatment for their child.

As with any relationship with a medical professional, it is important to be an active participant in your child's care and monitor the physician-client relationship on an ongoing basis.

Need some help finding a medical professional? Gender Spectrum has connections to many professionals who are committed to affirmative care and support of gender diverse youth. If you need referrals for medical, mental health, legal or educational support, contact us at and we will connect

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you to professionals who can help you find appropriate referrals.

Mental Health Considerations

Should We Seek Mental Health Support?

Children who fall outside of typical gender norms don't automatically need to see a therapist. Gender diversity is not a mental illness that needs to be treated. If your child is generally content and functioning like most other children their age, they don't need to be in therapy. On the other hand, if your child is depressed, anxious, or distressed due to their experience of their gender or due to other peoples' reactions to their gender identity and expression, then they may need some extra support.

Raising a gender-expansive child is complicated in a world that doesn't yet understand gender diversity. The constant decisions—large and small—we need to make can be exhausting. Should my child wear that outfit to school? Should I tell this person before we get together with them? Should I correct people if they assume my child is a different gender than they identify with? Will my child be safe and supported at school? The pressure to be an expert on gender and kids can feel overwhelming. Because of this, oftentimes parents will seek therapy for themselves in order to gain some support around parenting issues related to their child's gender.

Whether you seek professional help or not, it is important to keep the lines of communication open between you and your child around gender issues. Talk about your own experiences with gender norms so your child understands that everyone has a gender story, not just gender-expansive people. If it's not already part of your pattern, try to raise the issue of gender with your child occasionally so that your child doesn't think it's a forbidden or uncomfortable topic for you to discuss. Point out and appreciate gender diversity in other kids or adults so your child understands that there is a variety of gender

identities and expressions, not just two. Most of all, make sure your child knows that if they are teased or questioned excessively about their gender that it is not because there is anything wrong with them, but instead it is because other people don't understand that there are other ways to be boys, girls, both or neither.

How Do I Choose a Mental Health Provider?

Once you have determined that you will seek a therapist's support, you must then identify a professional who will be most appropriate for the needs of your child and family. By no means are all therapists well informed on issues of gender as they relate to children and youth. As you seek the services of professionals, ask them what their experience is working with transgender or gender-expansive youth. A bad therapist can do more harm than good.

If you cannot find a qualified therapist in your area, consider finding someone you are comfortable with and who is open to learning; they can then consult with another therapist who has experience around issues related to gender and youth. **Contact us for more information.**

Ongoing monitoring of the therapy relationship is important. If the therapist is for your child, keep the lines of communication open between you and your child, as well as between you and the therapist. You want to make sure the environment remains supportive and affirming for your child.

Need some help finding a mental health professional? Gender Spectrum has connections to many professionals who are committed to affirmative care and support of gender diverse youth. If you need referrals for medical, mental health, legal or educational support, **contact us** and we will connect you to professionals who can help you find appropriate referrals.

Legal Considerations

Deciding Whether to Seek Legal Help

Parents of gender-expansive or transgender



kids may have some legal considerations to contend with, such as identity documents, health insurance, discrimination, and custody. Many of the legal issues faced by parents with gender-expansive children can be resolved through education and training.

Discrimination: Keep in mind that most institutions have little or no experience responding to gender-expansive or transgender kids. Rather than anything malicious, they may simply be unaware of the challenges being faced by your child, and don't know how to respond more effectively. Sometimes the easiest and most efficient way to garner the support you seek is to approach the individuals involved directly, armed with the most up-to-date information and laws. If you can't resolve the issues, you may want to consider seeking legal advice.

Identity Documents: What name should I use to register my child for school? What if I am asked to provide legal documentation that does not match my child's gender expression? Should I legally change my child's name and/or gender? While legal name changes give you a great deal of leverage to ensure your child is referred to consistent with their gender identity, some parents are not able or ready to take this step. Many have found it helpful to approach the school, program, agency or organization in which their child is involved and simply request that their child be referred to by their preferred name. There are no laws preventing schools and other organizations from calling children by their chosen name. Much of the time all it takes is a little education to help them understand that it is the right thing to do.

Custody Issues: Many lawyers and judges have no experience with the issues related to gender and children. If your child lives in two households and you are experiencing disagreement about your child's gender status and what is best for your child, obtain therapy and/or mediation as your first steps. Try to reach an understanding outside of

the courtroom about how to proceed with parenting your child. This may mean having to make compromises, especially if your child is young; though perhaps not ideal, it is likely preferable to going to court and facing a potentially negative outcome.

If your family is already in the family courts system, you should immediately seek the counsel of an attorney familiar with issues and rights related to gender-expansive and transgender identities. It is also advisable to secure the professional support of doctors and therapists who can speak to the court about gender-expansive and transgender children and what they think is in the best interest of your child with regard to gender expression.

Choosing a Legal Provider

If you are in a situation where you need an attorney, especially for a family law case, it is imperative that you find one that has experience in dealing with gender-expansive or transgender children. There is too much at stake in custody cases to take unjustified risks or an unwise approach to a case based on inexperience. Gender Spectrum can connect you to experienced attorneys who can provide advice to you and/or your attorney around the issues of gender.

Need some help finding an attorney? Gender Spectrum works closely with the National Center for Lesbian Rights, the ACLU, and the Transgender Law Center, as well as other legal advocates who are committed to support of gender diverse youth. If you need referrals for legal support, contact us and we will connect you to professionals who can help you find appropriate referrals.

Retrieved on December 21, 2015 from <https://www.genderspectrum.org/explore-topics/parenting-and-family>

