

Child Care Training and Resource Kit
Healthy Sexual Growth and Development

Handouts

HEALTHY SEXUAL GROWTH AND DEVELOPMENT PRE-TEST

Please check the best answer

1. True _____ False _____ Masturbation is practiced sometime in their lifetime by most men and women?

2. The best method for handling a child who is masturbating is:
_____ Say "no" firmly and slap hands
_____ Warn the child of dangers (diseases, etc.)
_____ Redirect the child

3. When a child first uses inappropriate (bad) language the most appropriate way to handle the situation is:
_____ Apply Tabasco sauce to the child's tongue or wash the mouth out with soap
_____ Ignore the child
_____ Time out

4. You discover Jan and Joey, both 4 year-olds, under the slide showing each other their genitals. An appropriate response would be:
_____ Scold the children and call the parents to come and get their child
_____ Tell the children "genitals are private body parts and you need to keep them covered at school"
_____ Separate the children and redirect them, saying nothing about their behavior

5. True _____ False _____ Each child care provider should handle children's sexual question honestly and according to their own beliefs and values?

6. You are diapering an 18-month old and notice blood on the diaper and a small tear in the vaginal area. The child is well cared for and the parents seem responsible. What do you do?
_____ Ignore it this time and watch for additional signs
_____ Notify parents
_____ Call CPS

7. True _____ False _____ Self-esteem directly affects sexual behavior?

MAJOR TASKS AND STAGES IN SEXUAL DEVELOPMENT

INDIVIDUAL DEVELOPMENT						
AGE	PHYSICAL	EMOTIONAL	SOCIAL	INTELLECTUAL	MORAL/ETHICAL	CULTURAL/SOCIETAL
Birth to One Year	<ul style="list-style-type: none"> • Comfort/discomfort • Physical response to genital stimulation, erection, and lubrication • Genital grasping • Total body exploration, including genitals 	<ul style="list-style-type: none"> • Trust/mistrust • Self centered • Self love • Capacity for pleasure/discomfort 	<ul style="list-style-type: none"> • Primarily with family • Some fear of strangers • Likes audience • Boys and girls may be touched, cuddled, and cared for in different ways 	<ul style="list-style-type: none"> • Initiating others • Receptive language • Vocabulary • Establishes body part names 		<ul style="list-style-type: none"> • Primarily through parental influence
One-Two	<ul style="list-style-type: none"> • Toilet training, muscle control begins 	<ul style="list-style-type: none"> • Begin gender identification 	<ul style="list-style-type: none"> • Force used to get way • Enjoys receiving affection /returns affection 	<ul style="list-style-type: none"> • Sense of success/failure begins • Language: names for body parts 	<ul style="list-style-type: none"> • Non-sexual development will provide names and judgment for later encounters with sexuality 	<ul style="list-style-type: none"> • General acceptance of limited nudity in public
Two-Three	<ul style="list-style-type: none"> • Increased masturbation 	<ul style="list-style-type: none"> • Need to achieve • Self esteem • Self doubt/shame • Self control 	<ul style="list-style-type: none"> • Begin to explore with others • Less fear of strangers • Begin same sex parent identification 	<ul style="list-style-type: none"> • Begin to recognize male/female differences and similarities • Reassurance re: own genitals (normalcy) 	<ul style="list-style-type: none"> • Values and attitudes towards opposite sex begin to develop 	<ul style="list-style-type: none"> • Behavior primarily based on and imitated from parental model • Media influence beginning
Three - Five	<ul style="list-style-type: none"> • Genital manipulation frequent: to explore, to pleasure, to relieve tension 	<ul style="list-style-type: none"> • Begin Sense of guilt • Initiative 	<ul style="list-style-type: none"> • More exploration, curiosity, sex play • Basic skills for inter-personal relationships 	<ul style="list-style-type: none"> • Begins to understand concepts of marriage and relationships • Vocabulary building 'dirtywords' 		<ul style="list-style-type: none"> • General society beginning to have impact • Parents still strongest influence • Preschool/day car settings, teachers, and peers beginning to have stronger influence
Six-Twelve	<ul style="list-style-type: none"> • 8 years: gradual build-up estrogen and testosterone • 10-11 years: dramatic increase in hormones • Menstruation (8 years on) 	<ul style="list-style-type: none"> • Higher level modesty • Begin sexual day-dreaming and fantasy 	<ul style="list-style-type: none"> • Identification with same sex parent and peers • Ambivalent feelings for opposite sex • "Rehearsing" social skills • Begin to give and take in relationships 	<ul style="list-style-type: none"> • Understand social significance of sexual behavior • Vocabulary - new names • Questions more detailed, less personal • Understand processes of intercourse - conception 	<ul style="list-style-type: none"> • Internal urges vs. demands of external world • Begin decision-making independence 	<ul style="list-style-type: none"> • Influences: parents, peers, school, observing others, media, etc. • Heterosexual activity considered improper

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Sexual Behaviors

BEHAVIOR CHANGE REQUIRES PRACTICE, PATIENCE, LOVE & TIME

Physical closeness is essential for all humans, especially for young children. Hugging, stroking, gently tickling and kissing help infants and young children learn how to love and express affections. Touching also helps build positive self-esteem and healthy sexual development. Appropriate touching helps the child experience pleasure and body acceptance in a trusting relationship.

Children's interest in sex is a normal part of development. They are curious about genital functions as they learn about body control and toileting. Sexual behaviors include the following:

- grasping own genitals peeking at others
- game of show
- touching another's genitals
- use of bathroom words

SUMMARY OF SEXUALITY DEVELOPMENT:

Birth to One Year;

- Explore and discover their body and genitals through play; can experience pleasure. Boys' penises have erections and girls' vaginas lubricate.
- One to Two Years;
- Continue to explore themselves.
- Recognize gender identity.
- Learn terminology for genitals and functions.

Two to Three Years;

- Aware of genital differences between genders.
- Confirms gender identity.
- Imitates parental model.

Three to Five Years;

- Sex play with same age peers, e.g., playing doctor, house, or game of show.
- Experiment, through play, with different gender associated roles.
- Touch own genitals frequently.
- Increased attachment to opposite-sex parent.

Five to Eight Years;

- May want more privacy; degree of modesty depends on family values.
- Form strong attachments to same gender peers.
- Development of friendships becomes important.

GUIDELINES FOR PARENTS AND CAREGIVERS:

- Give children appropriate physical affection e.g., hugs, backrubs, kisses.
- Answer questions in simple accurate terms. Talk about feelings, values and the facts.
- Help children understand:
 - -Where babies come from
 - -How boys and girls are different
 - -Why people love and care about each other
- Teach children correct names and functions of body parts, including genitals.
- React calmly and do not punish children for touching their genitals.
- Wait until children show an interest before toilet training. Children are usually not able to control their bladder or bowels until they are 2 or 3 years old. Boys usually gain this control later than
- girls. Be gentle and patient in this process so children will learn their genitals are a good and healthy part of their body.
- Helping children understand that their body is source of pleasurable feelings contributes to the formation of a positive sexual identity.
- Set guidelines for public and private behaviors.
- Teach children their private parts are what's covered when they're wearing a swim suit.
- Teach them to say "No!" if someone touches them in a way they don't like.
- Prevent children from seeing sexual acts of adults or watching it on television or video.

GUIDELINES FOR SPECIFIC CONCERNS:

- **Grasping own genitals; masturbation.** Tell child you know it feels good, but private body parts are only be touched when you are in a private place.
- **Peeking at others.** Tell child who is peeking that this is the private body part of another person and their privacy should be respected.
- **Game of show.** Tell child who is showing to keep private body parts to himself .
- **Touching another's genitals.** Tell children involved this is the child's special body part and is to be kept private. Teach children to say "NO!" if someone touches their private area.

Use of bathroom words. See "Bad Language Fact Sheet" in this series. May say, "I can understand that you are feeling frustrated, but you may not use those words here." Ignore subsequent bad language.

INDICATORS FOR POSSIBLE SEXUAL ABUSE: Some indicators of possible child sexual abuse are listed below. Consultation with a health care professional or Children's Protective Services is advised for any of the following. Immediate reporting of suspected abuse is required by law in Washington and in other states.

Physical indicators:

- Pain, itching or bleeding in genital or anal area. These symptoms could also indicate a medical problem, e.g., urinary tract infection vaginal infection, pin worms.
- Torn, stained or bloody underclothing.
- Bruises on inside of thighs, legs or buttocks.

Behavioral Indicators:

- Unusual or adult sexual behavior; explicit sex act knowledge. Unusual or inappropriate interest in person or animal genitals. Play-acting sexual behavior, e.g., oral-genitals. Play-acting sexual behavior, e.g., genital-genital contact.
- Sexual acts used as aggression, threats or bribes, e.g., boy forcing himself on girl saying "If you don't let me, I'll .." or "Come on, let me do it and I'll give you. ." or takes advantage of younger child.
- Talking about specific about specific clues, e.g., "Uncle Joe told me not to tell, it's our special secret," or "Billy's dad wears funny underwear."

WHERE TO GET HELP:

Other resources for behavior/parenting concerns:

- * Child's Health Care Provider (pediatrician, family physician)
- * Public Health Department
- * Children's Protective Services (CPS)
- * Community Information line
- * CPCAN (Council for Prevention of Child Abuse and Neglect)
- * Children's Hospital/local Hospitals (education/ counseling department) Social Services Department
- * Mental Health Clinics
- * Child Development Department of local College, University, Vocational Technical Institutes, Parenting Classes
- * Libraries
- * Religious Organization (counseling; classes)
- * Early Childhood Development Programs (0-3yrs.)

- Local School District's Early Childhood Special Services Department (3-6yrs.)
- Sexual Assault Resource Center

BOOKS FOR CHILDREN:

- * Gordon, Sol and Judith, *Did the Sun Shine Before You Were Born?*
- * Gruengerg, Sidone, *The Wonderful Story of How You Were Born* Doubleday, 1973
- * Freeman, Lory, *Loving Touches* 1984
- * Hart-Rossi, *It's My Body*, 1984
- * Hindman, Jan, *A Very Touching Book*,
- * Kaufman, Joe, *How We Are Born, How We Grow, How Our Bodies Work, and How We Learn*, Golden, New York, 1975
- * Sheffield, Margaret, *Where Do Babies Come From?*
- * Stinson, Kathy, *The Bare Naked Book*, Annick Press Ltd, Toronto, Canada, 1986
- * Waxman, Stephanie, *What Is A Girl? What Is A Boy?*, Peace Press, Culver, CA, 1976

REFERENCES FOR ADULTS:

- * Calderone, Mary and James Ramey, *Talking with Your Child About Sex*, Pocket Books, 1982
- * Gordon, Sol and Judith, *Raising a Child Conservatively in a Sexually Permissive World*.
- * Child Study Association of America, *What To Tell Your Children About Sex* Pocket Books, 1975
- * Goldman, Ronald and Juliette, *Show Me Yours*
- * *Sexuality Fact Sheets #3,4,8*, Family Planning Programs, Seattle-King County Department of Public Health, 1994.
- * Hart-Rossi, *Protect Your Child From Sexual Abuse: a Parent's Guide to "It's My Body"*, 1984
- * King County Sexual Assault Resource Center *He Told Me Not to Tell*. 1991
- * *Sexuality Education in Beginning Families*, Family Planning Program, Tacoma-Pierce County Health Department, Tacoma, WA 1986

A For additional positive discipline techniques, ~ ~ see other fact sheets in this series. Developed by Beverly Riter, RN, MN and Mary Kay O'Shea, RN MN, Child Care Health Program.

Production coordinated by Benjamin Leifer, MPH, CHES. Revision coordinated by Jan Gross, BSN, and Penny O'Leary, MS.

SUGGESTED PROVIDER GUIDELINES FOR ANSWERING CHILDREN'S QUESTIONS ABOUT SEXUALITY

- When asked, always try to answer. If you don't know the answer, are embarrassed or feel uncomfortable, acknowledge that, but let the child know you will answer the question and specifically when. *Respect the families' wishes in responding to questions about sexuality.*
- Let the child know that you are glad that they asked you for information and arrange an opportunity for further communication.
- Answer the question that was asked. Keep the child's age and developmental level in mind. Don't add a lot of extraneous information.
- Don't answer with myths or untruths. Use simple, accurate terms. Be consistent in your answers.
- Don't talk about animals or plants when the child has asked about people.
- Be an active listener. Sometimes the question asked is not the "real" question. Talk about "feelings" if appropriate.
- Sexuality education is a part of everyday life and part of a life-long learning process. *Keep families informed about classroom activities (Talk About Touching", body parts discussions, etc.).*
- Share interesting books, pamphlets, and information with families if asked. Families sometimes have concerns and appreciate accurate information.

TEACHING CHILDREN ABOUT SEXUALITY

Suggestions for parents

YOU'VE ALREADY STARTED

By holding, loving, and caring for your child you have begun their sexuality education. You have taught them the meaning of love and trust - the foundations they will need for meaningful relationships as adults.

Adults are sometimes uncomfortable talking about sexuality with children or unsure about what a child needs to know and at what age. Children prefer to get information about sexuality from their family. "Playground" talk is often inaccurate and misleading.

Use proper names of body parts to explain the differences between boys and girls. Young children are curious about their bodies and frequently ask questions about where babies come from. This is also an opportunity to teach your child about unwanted touching.

BE APPROACHABLE

- ❖ Answer questions honestly and in words children understand
- ❖ Be patient. Children sometimes ask the same question again and again
- ❖ Share your beliefs and values
- ❖ Start conversations at appropriate times in a child's life. Some children never ask about sex.
- ❖ Avoid talking about animals and plants if your child wants to talk about people. Myths and fables can confuse children.

SOME SUGGESTIONS ABOUT THE WORDS TO USE

- ❖ What do you think?
- ❖ That's a good question.
- ❖ I don't know but I'll find out
- ❖ Do you know what that word means?
- ❖ I'm glad you shared that with me.

AND SOME TO A VOID

- ❖ That's none of your' business.
- ❖ You're too young to understand.
- ❖ I don't care what your friend said.
- ❖ If you say that word again, I'll...
- ❖ I'll tell you when you need to know.

Adapted from material developed by Planned Parenthood, KING 5 TV

Handling Disclosure

Children may disclose sexual, and physical abuse or neglect in a variety of ways. Following are some of the ways in which they may disclose information:

INDIRECT HINTS

A child may feel embarrassed or ashamed, has promised not to tell, or does not know the specific vocabulary to describe what happened.

"My brother wouldn't let me sleep last night."

"I don't see my Mom much anymore."

"Mr. Jones wears funny underwear."

"I was alone all weekend."

"My babysitter keeps bothering me."

"My Mom gets mean when she drinks."

DISGUISED DISCLOSURE

The child might talk about a friend or a sibling, but could be really talking about her/himself.

"What would happen if a girl told her mother she was being molested but her mother didn't believe her?"

"I know someone with a touching problem."

"I know someone who gets beaten up by her dad."

DISCLOSURE WITH STRINGS ATTACHED

Children are aware that negative consequences will result if they break the secret of abuse.

"I have a problem but if I tell you about it you have to promise not to tell anyone else."

Suggestions for responding to disclosure

- Find a private place to talk with the child.
- Reassure the child it is okay to tell what happened.
- Project a calm, understanding and supportive attitude towards the child.
- Use the child's vocabulary when asking questions or verifying information.
- Let the child know what to expect and that you will do your best to protect and support him or her.
- Gently encourage the child to be more specific, within the limits of his/her vocabulary.
- If the child does not want you to tell anyone, explain that you want to help him/her and that you are required by laws or rules to report incidents of abuse. The abuse itself is against the law, so it would be against the law for you not to report.
- Avoid having the child repeat the story or explanation to different staff.
- Respect the child's privacy and keep the situation confidential.
- Determine the child's immediate need for safety.
- Trust your gut feelings.
- Call CPS if you need help in determining a "reasonable cause" for reporting.



Talking to Your Children About Preventing Sexual Assault**

General Tips for Parents:

Maintain a close, open relationship with your child so they will feel comfortable coming to you or asking a question when they are troubled, have a "funny feeling," or are feeling confused or suspicious.

Explain to your child what sexual abuse is, and some ways to help avoid becoming a victim.

Demonstrate interest in what your children are doing, whom they are with, and where they are.

Children need information about sexual abuse. These are some ways to begin to approach these issues:

Empower your children to feel strong and sure of themselves, and to support other children to feel that way as well.

Kids have a right to be safe, strong and free. Teach children to say 'No' if their rights are taken away or if they feel unsafe.

Talk to your child about safe and unsafe kinds of touches.

Instruct your child that there are types of secrets: safe ones that make you feel good inside, like birthday presents, and unsafe ones that make you feel bad inside.

Parents have the biggest influence on their children's values and self-esteem. Be available to talk about any subject, including scary and difficult ones. Work with kids to build their confidence and self-esteem.

Review strategies for prevention that your children may have learned in school.

What you can do at home to help your children:

Use newscasts, newspaper stories and movies to discuss with your children how they might react in a particular situation.

Go to the public library or bookstore, or borrow books from your school on assault prevention, self-esteem, and staying safe. Read them with your children.

Practice “What if…” questions, e.g., What if I got lost in the mall? What if a stranger followed me home?

Talk about things that happened to your children or their friends, and use them as examples in thinking about prevention strategies.

Help your children identify people they trust and can go to if they need to

Practice assertiveness skills like saying ‘No’, and self-defense skills like running away or keeping a safe distance.

Discuss “bribes” and that bribes can be used to make kids do things they might not otherwise do.

Be aware of other people and report suspicious activities in your neighborhood. Talk to others about what you observe.

Evaluate your child’s walking routes and discuss which ones might be best and options if they don’t work out.

Read books about assault prevention and self-esteem. Make your child’s self-esteem and self-confidence a family project.

Seek information about the subject of sexual assault from local agencies and organization.

Don’t be alarmed if your children don’t want to talk to you. Most importantly reaffirm your willingness to be there to listen, talk, and problem solve if they need you.

Most importantly, keep the lines of communication open. Remember, as a parent you are the most important and influential person in your child’s life!

Believe your children!!

**Adapted from “Parent to Parent – Talking to Your Children about Preventing Sexual Assault”
National Assault Prevention Center



Children's Response Center

SERVICES FOR SEXUAL ASSAULT AND TRAUMATIC STRESS

RESPONDING TO CHILD SEXUAL ABUSE

When a child tells an adult that he or she has been sexually abused, the adult may feel uncomfortable and may not know what to say or do. The following guidelines are for responding to children who have been sexually abused:

What to Say

- If a child even hints in a vague way that sexual abuse has occurred, encourage him or her to talk freely. Don't make judgmental comments.
- Show that you understand and take seriously what the child is saying. Child and adolescent psychiatrists have found that children who are listened to and understood fare much better than those who are not. The response to the disclosure of sexual abuse is critical to the child's ability to resolve the trauma of sexual abuse.
- Assure the child that he or she did the right thing in telling. A child who is close to the abuser may feel guilty about revealing the secret. The child may feel frightened if the abuser has threatened to harm the child or other family members as punishment for telling the secret.
- Tell the child that he or she is not to blame for the sexual abuse. Most children in attempting to make sense out of the abuse will believe that somehow they caused it or may even view it as a form of punishment for imagined or real wrongdoings.
- Finally, offer the child protection and promise that you will promptly take steps to see that the abuse stops.

What to Do

Report any suspicion of child abuse. If the abuse is within the family, report it to the local Child Protective Agency. If the abuse is outside of the family, report it to the police. Individuals reporting in good faith are immune from prosecution. The agency receiving the report will conduct an evaluation and will take action to protect the child.

Parents should consult with their pediatrician or family physician, who may refer them to a physician who specializes in evaluating and treating sexual abuse. The examining doctor will evaluate the child's condition and treat any physical problem related to the abuse, gather evidence to help protect the child, and reassure the child that he or she is all right.

Usually, the child should also have a mental health evaluation to find out how the sexual abuse has affected him or her and to determine whether ongoing professional help is necessary for the child to deal with the trauma of the abuse. The child and adolescent therapist can also provide support to other family members who may be upset by the abuse.

Overlake Hospital Medical Center • 925 116th Avenue NE, Suite 211 • Bellevue, WA 98004 • 425/688-5130 • Fax: 425/688-5672 • TDD: 425/688-5762
www.ChildrensResponseCenter.org

Managed by the Harborview Center for Sexual Assault and Traumatic Stress

We are grateful to Children's Reponse Center for sharing this information with us.

While most allegations of sexual abuse made by children are true, some false accusations may arise in custody disputes and in other situations. Occasionally, the court will ask the child and adolescent therapist to help determine whether the child is telling the truth, or whether it will hurt the child to speak in court about the abuse.

When a child is asked as to testify, special considerations—such as videotaping, frequent breaks, exclusion of spectators and the option not to look at the accused—make the experience much less stressful.

Adults, because of their maturity and knowledge, are always the ones to blame when they abuse children. The abused children should never be blamed.

When a child tells someone about sexual abuse, a supportive, caring response is the first step towards getting help for the child, reestablishing his or her trust in adults.

Taken from the American Academy of Child and Adolescent Psychiatry website
(<http://www.psych.med.umich.edu>)