



# Stop It Now!<sup>®</sup>

## (Sample) Family Rules for Safe Boundaries, Respect, and Privacy

This agreement is designed to keep everyone safe in this family. These are our rules for living together safely, for respecting the rights of others, and for ensuring the personal safety of everyone. Our signatures on the bottom acknowledge that we have discussed these rules, that we understand them, that we will follow them and help each other follow them.

1. No child or adult should be in a bedroom other than their own unless another adult has given permission, the door is left open, and there is a purpose to the visit that is safe and comfortable (such as help with picking out clothes or telling a bedtime story).
2. When adults talk with a child or teen in their bedroom, the door must always remain open.
3. Undressing should only occur when someone is alone in his/her bedroom or bathroom with the door closed.
4. When outside of one's own bedroom, always wear appropriate clothing, such as a robe or t-shirt over underclothes.
5. If the door is closed, there should only be one person in the bathroom at a time, unless help is needed with health and/or hygiene.
6. Everyone sleeps in his/her own bed at all times.
7. Children do not sleep in same bedroom with adults. Sleeping arrangements while traveling will be discussed prior to any trip.
8. There is to be no sexual contact or sexual touching between children in this family or between adults and children.
9. Children and youth do not show their private parts to others (child or adult), unless there is a medical reason.
10. Children and youth do not ask others to show their private parts to anyone.
11. Children and youth do not ask others to touch our own or someone else's private parts.
12. No one should ask a child or youth to touch their private parts or show a child or youth their private parts.
13. It is okay to touch yourself privately, alone and behind a closed door.
14. All physical touching between family members requires consent, and should not be touching that will confuse, scare, or touch that may be {sexually} over stimulating (like back rubs, foot tickling, wrestling, "horse play," etc. are to be discouraged).
15. Children will not have access to or bring into the home any inappropriate sexually explicit content found in materials including books, pictures, magazines, or videogames. If you see something inappropriate, click 'Back', log off, or tell a parent.
16. Children do not access sexually explicit content on the Internet, on a mobile device, or anywhere else.
17. Everyone's body is his/her own. If anyone is touched in a sexual way or made to feel uncomfortable, he/she should and can say "no," and will tell a trusted adult (a caseworker, counselor, school teacher, coach, etc.)
18. In this family, we do not "objectify" others or ourselves – we do not treat people as sexual objects but as whole and special, and worthy of our respect and everyone's own self-respect.
19. We do not make other people uncomfortable or feel scared with offensive or threatening sexual behaviors.
20. We refrain from using offensive and obscene sexual language.
21. All family members and visitors to this home are responsible for following these rules.

All signatures below indicate everyone understands and agrees to these rules.

Signed:

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_





Have questions?

Need resources?

**Get Help Now!**

Online Help Center  
<http://GetHelp.StopItNow.org>

**Stop It Now!** prevents the sexual abuse of children by mobilizing adults, families and communities to take actions that protect children before they are harmed.

### **Age-Appropriate Sexual Behavior**

It can be hard to acknowledge that all of us, even children, are sexual beings, have sexual feelings and are curious about sex and sexuality. Children's curiosity can lead to exploring their own and each other's body parts by looking and touching.

They may peek when family members are in the bathroom or changing clothes or try to listen outside the bedroom. They may look at magazines, books, videos, and on the internet.

It can be hard to tell the difference between "normal" sexual behaviors and behaviors that are signs that a child may be developing a problem. Sexual play that is more typical or expected in children will more often have the following traits:

- The sexual play is between children who have an ongoing mutually enjoyable play and/or school friendship.
- The sexual play is between children of similar size, age, and social and emotional development.
- It is lighthearted and spontaneous. The children may be giggling and having fun when you discover them.
- When adults set limits (for example, children keep their clothes on at day care), children are able to follow the rules.

### **Preschool age (0 to 5 years)**

#### **Common:**

- Will have questions and express knowledge relating to:
  - differences in gender, private body parts,
  - hygiene and toileting,
  - pregnancy and birth.
- Will explore genitals and can experience pleasure.
- Showing and looking at private body parts.

#### **Uncommon:**

- Having knowledge of specific sexual acts or explicit sexual language.
- Engaging in adult-like sexual contact with other children.

### **School-age (6-8 years)**

#### **Common:**

- Will need knowledge and have questions about
  - physical development, relationships, sexual behavior
  - menstruation and pregnancy,
  - personal values.
- Experiment with same-age and same gender children, often during games or role-playing.
- Self stimulation in private is expected to continue.





### Uncommon:

- Adult-like sexual interactions,
- Having knowledge of specific sexual acts,
- Behaving sexually in a public place or through the use of phone or internet technology.

### School-age (9-12 years)

Hormonal changes and external influences, such as peers, media and Internet, will increase sexual awareness, feelings and interest at the onset of puberty.

### Common:

- Will need knowledge and have questions about
  - Sexual materials and information,
  - Relationships and sexual behavior,
  - Using sexual words and discussing sexual acts and personal values, particularly with peers.
- Increased experimentation with sexual behaviors and romantic relationships.
- Self stimulation in private is expected to continue.

### Uncommon:

- Regularly occurring adult-like sexual behavior .
- Behaving sexually in a public place.

### Adolescence (13 to 16)

### Common:

- Will need information and have questions about
  - Decision making
  - Social relationships and sexual customs
  - Personal values and consequences of sexual behavior.
- Self stimulation in private is expected to continue.
- Girls will begin menstruation; boys will begin to produce sperm.
- Sexual experimentation between adolescents of the same age and gender is common.
- Voyeuristic behaviors are common in this age group.
- First sexual intercourse will occur for approximately one third of teens.

### Uncommon:

- Masturbation in a public place.
- Sexual interest directed toward much younger children.

For more information and guidance about sexual behaviors in children, please visit our Online Help Center, <http://GetHelp.StopItNow.org>.

### Resources on Age-Appropriate Sexual Behavior

- **Understanding Your Child's Sexual Behavior**, Toni Cavanaugh Johnson
- **Childhood Sexuality: A Guide for Parents**, Gail Ryan and Joanne Blum
- **From Diapers to Dating: A Parents Guide to Raising Sexually Healthy Children**, Debra Haffner
- **A Very Touching Book: For Little People and Big People**, Jan Hindman

***For Parents and Caregivers*****Parenting Infants and Toddlers**

- Rock the Talk: Infants and Toddlers (The Mama Bear Effect): Guidelines for protecting and empowering very young children. <https://themamabeareffect.org/rock-the-talk/rock-the-talk-infants-toddlers/>
- Talking to Toddlers and Preschoolers About Sex: Online guide from The Mayo Clinic. <https://www.mayoclinic.org/healthy-lifestyle/sexual-health/in-depth/sex-education/art-20044104>
- When Toddlers Touch Themselves: The Best Way to Handle a Touchy Situation (What To Expect): Why toddlers masturbate and how to address it. <http://www.whattoexpect.com/toddler/behavior/masturbating.aspx>

**Parenting School-Age Children**

- Rock the Talk: Grade School (The Mama Bear Effect): Guidelines for teaching safety, consent, and respect. <https://themamabeareffect.org/rock-the-talk/grade-school/>
- Who Has What?: All About Girls' Bodies and Boys' Bodies: Book by Robie H. Harris
- From Diapers to Dating: A Parent's Guide to Raising Sexually Healthy Children - From Infancy to Middle School: Book by Debra W. Haffner (eBook available on Google Books)
- It's So Amazing!: A Book about Eggs, Sperm, Birth, Babies, and Families: Book by Robie H. Harris
- Early, Open, Often: Instructional videos and information for parents about keeping kids safe from child sexual abuse. Includes Spanish-language material. <http://www.earlyopenoften.org/>

**Parenting Adolescents**

- Rock the Talk: Tweens & Teens (The Mama Bear Effect): Information for parents on continuing the conversation about consent, laws, porn, online risks and safety. <https://themamabeareffect.org/tweens-teens/>
- A Fine Young Man: Book by Michael Gurian on what parents, mentors, and educators can do to shape adolescent boys into exceptional men; emphasizes sexual development and relationships.
- Talking with Teens (US Dept. of Health & Human Services): Comprehensive guide with real-world age-specific scripts and suggestions. <https://www.hhs.gov/ash/oah/resources-and-publications/info/parents/conversation-tools/#>
- Third Base Ain't What It Used to Be: What Your Kids Are Learning About Sex Today- and How to Teach Them to Become Sexually Healthy Adults: Book by Logan Levkoff
- Staying Connected To Your Teenager: How To Keep Them Talking To You And How To Hear What They're Really Saying: Book by Michael Riera

## ***For Younger Children, Preteens, and Adolescents***

### **Younger Children**

- Bellybuttons are Navels: picture book by Mark Schoen helping young children identify and accurately name body parts.
- What Makes a Baby: Picture book by Cory Silverberg “for every kind of family and every kind of kid.” <http://www.what-makes-a-baby.com/>
- Where Did I Come From?: Picture book by Peter Mayle, describes the reproductive process from intercourse to birth.
- What's the Big Secret?: Book by Laurie K. Brown on talking about sex with children.
- It's Not the Stork! A Book about Girls, Boys, Babies, Bodies, Families, and Friends: Picture book by Robie H. Harris for children 4-6 years old on healthy sexuality (also available in Spanish).
- No Means No!: Picture book by Jayneen Sanders that teaches children 3-9 years old about personal boundaries, respect and consent, and children's right to say 'No!'
- Some Secrets Should Never Be Kept: Picture book by Jayneen Sanders for children 3-12 that sensitively opens conversations about inappropriate touch, includes reader's guide with questions for discussion.
- My Body Belongs to Me: Picture book by Jill Starishevsky for young children teaches about private parts and boundaries.

### **Preteens**

- What's Going on Down There?: Answers to Questions Boys Find Hard to Ask: Book by Karen Gravelle, part guide, part older brother.
- Period.: A Girl's Guide: Illustrated book by JoAnn Loulan and Bonnie Worthen helping start conversations about menstruation, with detachable parent's guide.
- Amaze: Uses fun, informational videos for ages 10-14 about puberty. Can help parents get conversations started. <http://amaze.org/>

### **Adolescents**

- Scarleteen: “Sex ed for the real world.” For teens and young adults. <http://www.scarleteen.com/>
- Sex, etc.: An organization by teens for teens that has articles and videos on identity, masturbation, sex, and what's normal and healthy for their body. <https://sexetc.org/>
- Info for Teens (Planned Parenthood): Information for teenagers about their changing bodies, sexual and reproductive health, relationships, and consent. <https://www.plannedparenthood.org/learn/teens>
- A Young Woman's Survival Guide: comprehensive resource book by Health Initiatives for Youth for teenage girls and young women on all topics of sexuality and survival.
- The Naked Truth About Sex: A Guide to Intelligent Sexual Choices for Teenagers and Twentysomethings: book by Dr. Roger W. Libby

## Specialized Resources

### Children with Disabilities (and their Parents)

- [Taking Care of Myself: A Hygiene, Puberty and Personal Curriculum for Young People with Autism](#): Book by Mary Wrobel. Includes a wide range of simple stories and scripts for caregivers and children.
- [The Healthy Bodies Toolkit](http://vkc.mc.vanderbilt.edu/healthybodies/): Resource on puberty for boys and girls with disabilities. <http://vkc.mc.vanderbilt.edu/healthybodies/>
- [A Parent's Guide To Protecting Kids With Intellectual Disabilities From Sexual Abuse \(Psych Central\)](http://psychcentral.com/lib/a-parent%E2%80%99s-guide-to-protecting-kids-with-intellectual-disabilities-from-sexual-abuse/): Focuses on how caring children intellectual disabilities as sexual beings works as a strong prevention measure. <http://psychcentral.com/lib/a-parent%E2%80%99s-guide-to-protecting-kids-with-intellectual-disabilities-from-sexual-abuse/>
- [For Some Parents \(Sexuality Resource Center for Parents\)](http://www.srcp.org/for_some_parents/index.html): Information for parents of children with physical and developmental disabilities regarding healthy sexuality, development, and abuse prevention. [http://www.srcp.org/for\\_some\\_parents/index.html](http://www.srcp.org/for_some_parents/index.html)
- [Teaching Children with Down Syndrome about Their Bodies, Boundaries, and Sexuality](#): Book by Terri Couwenhoven

### Abused Children/Children in Foster Care (and their Parents)

- [Please Tell: A Child's Story About Sexual Abuse](#): Picture book by a girl named "Jessie" written about her experiences of sexual abuse, reaching out to other children.
- [A Terrible Thing Happened](#): Picture book by Margaret M. Holmes, for children 3-10 who have witnessed violence, with a caregiver's guide at the end.
- [How Are You Feeling Today Baby Bear?: Exploring Big Feelings After Living in a Stormy Home](#): Picture book by Jane Evans for young children who have experienced trauma, includes games and conversation starters.
- [A Child's Journey Through Placement](#): Book by Vera I. Fahlberg MD, includes a section on sexual abuse and development in care.
- [Parenting a Child Who Has Been Sexually Abused \(Child Welfare Information Gateway\)](https://www.childwelfare.gov/pubPDFs/f_abused.pdf): A Guide for Foster and Adoptive Parents [https://www.childwelfare.gov/pubPDFs/f\\_abused.pdf](https://www.childwelfare.gov/pubPDFs/f_abused.pdf)

### Parenting as a Survivor

- [Trigger Points](#): Book by Joyelle Brandt on child abuse survivors' experiences of parenting.
- [The Courage to Heal](#): Book/workbook by Ellen Bass & Laura Davis. Includes a section on parenting as a survivor of sexual abuse/assault.
- [Parenting as a Survivor \(The Mama Bear Effect\)](https://themamabeareffect.org/understand/parenting-as-a-survivor/): Age-specific guide to parenting as a survivor of childhood abuse, with links and more resources. <https://themamabeareffect.org/understand/parenting-as-a-survivor/>
- [The Courage of Parenting with a History of Trauma](http://gretchenschmelzer.com/blog-1/2015/8/11/parents-corner-the-courage-of-parenting-with-a-history-of-trauma): Blog post sharing information for parents with a trauma history. <http://gretchenschmelzer.com/blog-1/2015/8/11/parents-corner-the-courage-of-parenting-with-a-history-of-trauma>

## **LGBTQ Youth**

- GLBTQ: The Survival Guide for Queer and Questioning Teens: Book by Kelly Huegel
- Free Your Mind: The Book for Gay, Lesbian, and Bisexual Youth and Their Allies: Book by Ellen Bass & Kate Kaufman, a practical guide for GLB youth and their families, teachers, counselors, and friends.
- My Kid is Gay: book by Dannielle Owens-Reid & Kristin Russo. <http://mykidisgay.com/the-book/>

## **Comprehensive Websites with More Resources**

- Talking to Kids About Sex and Sexuality (Planned Parenthood): Guides on talking to kids, including age-specific sample Q & A. <https://www.plannedparenthood.org/parents/talking-to-kids-about-sex-and-sexuality>
- Talk With Your Kids: Age-specific guides to talking with kids about sexuality, resources for teens and parents. <http://www.talkwithyourkids.org/>
- The Mama Bear Effect: Age-specific sexual abuse prevention resources, sexuality guides, blog. <https://themamabeareffect.org/>
- Advocates for Youth: comprehensive age-specific sexual development information. <https://advocatesforyouth.org/>





**Activity: I want, I hope, I've done, I plan**

***Respond to first 4 questions***

**I want children to know the following about sexuality:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**I want adolescents to know the following about sexuality:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**I hope children and adolescents will not experience:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**I help children and teenagers learn about healthy sexuality, and I help them not experience harmful sexual experiences by:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**I plan to do the following to help children and teenagers learn about healthy sexuality, and to help them stay safe and not experience the things I hope they don't experience:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_



## Video Aids for Teaching Consent

### Consent for Kids

Audience: Pre-school thru young adolescence

<https://www.youtube.com/watch?v=h3nhM9UIjc>

### Ask. Listen. Respect: A Video about Consent

Audience: Tweens, Adolescents

[https://www.youtube.com/watch?time\\_continue=71&v=n6X5I7xoxEY](https://www.youtube.com/watch?time_continue=71&v=n6X5I7xoxEY)

### Tea Consent

Audience: Tweens, Adolescents, young adults

<https://www.youtube.com/watch?v=oQbei5JGiT8>

### Planned Parenthood Consent Series

Audience: Adolescents, young adults

<https://www.youtube.com/playlist?list=PL3xP1jlf1jgJRkChwVOlwQcV0-UqcWiFV>

### How to start teaching consent to kids

Audience: Parents and caregivers

<https://sexedrescue.com/teaching-consent-to-kids/>

[https://www.youtube.com/watch?time\\_continue=93&v=K7UopnJ\\_2-c](https://www.youtube.com/watch?time_continue=93&v=K7UopnJ_2-c)





## Internet Safety Guidelines and Tips

### 10 Sample Rules for Cyber Safety

- All cell phones off and turned in at 9pm, 10pm on weekends
- All computers kept in public areas
- Follow all Parental Controls. If you see something inappropriate online, hit
- 'Back', log off, or tell a parent
- You are allowed \_\_\_ hours of online time
- Follow age requirements for social media sites
- Do not give out personal information, buy, sell, or order anything online without parent permission
- Do not meet or accept a gift from anyone you met online
- Devices cannot interfere with sleep, schoolwork or other important activities
- Only share media where everyone is appropriately dressed, and avoid sharing anything that could embarrass or get anyone in trouble
- If you are in an unsafe situation, text an adult to come get you

### Tips for Parents and Caregivers to Create Cyber Safety

- Be age-appropriate: understand what will and won't work
- Monitor usage, pay attention to how your child uses media
- Check privacy settings on all social media platforms
- Watch media and play games together, use media to start conversations about sex and cyber safety
- Consider using filtering software, or partitioning your computer into separate accounts
- Teens text: text your teen!
- Stay up-to-speed on media your child uses and trends in privacy and hacking
- Teach about dangers online, strong passwords, cyberbullying, sexual harassment, being a good digital citizen, and about real legal consequences for teen online activity



## Staying Safe Online Resources

### ***For Parents***

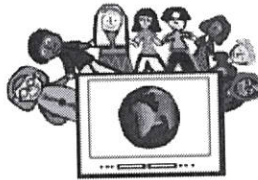
- [A Parent's Guide to Internet Safety \(FBI\)](http://www.acped.org/wordpress/wp-content/uploads/Parents-Guide-to-Internet-Safety.pdf), website. Highlights safety strategies to keep children and youth safe with online media.  
URL: <http://www.acped.org/wordpress/wp-content/uploads/Parents-Guide-to-Internet-Safety.pdf>
- [Connect Safely](http://www.connectsafely.org), website. For parents, teens, educators, advocates, and adults concerned about the impact of the social Web. Safety tips also available in Spanish.  
URL: <http://www.connectsafely.org>
- [Family Online Safety Institute \(Connect Safely\)](http://www.connectsafely.org/podcast-from-family-online-safety-institute-fosi-conference), podcast. Ongoing “Online Safety in Transition” audio series about evolving issues in online safety.  
URL: <http://www.connectsafely.org/podcast-from-family-online-safety-institute-fosi-conference>
- [Internet Safety for Kids \(Common Sense Media\)](https://www.common sense media.org/privacy-and-internet-safety#), website. FAQs about online safety answered for parents of children of all ages, with emphases on both privacy and safety.  
URL: <https://www.common sense media.org/privacy-and-internet-safety#>  
URL: <http://puresight.com/Useful-tools/family-online-safety-contract.html>
- [It's Time We Talked](http://www.itstimewetalked.com.au/resources/parent-tip-sheets/): Parent Tip Sheets, webpage. Links to PDF tip sheets for caregivers to start the conversation with their kids about pornography.  
URL: <http://www.itstimewetalked.com.au/resources/parent-tip-sheets/>
- [How to Keep Kids Safe Online](https://www.parentsprotect.co.uk/internet-safety.htm) (Stop It Now! UK): webpage. Information for parents on sexting, cyberbullying, gaming and online abuse prevention.  
URL: <https://www.parentsprotect.co.uk/internet-safety.htm>

### ***For Youth***

- [That's Not Cool](https://thatsnotcool.com/), website. Interactive site, gives guidance on using the Internet, social media, and other cyber-platforms.  
URL: <https://thatsnotcool.com/>
- [Cyberbullying](#), book by Heather E. Schwartz. For children 9-13.  
(Available on Amazon)
- [NetSMARTz Workshop \(National Center for Missing and Exploited Children\)](https://www.netSMARTz.org/), website. Interactive educational resources for parents and kids about internet safety.  
URL: <https://www.netSMARTz.org/>







SafeKids.Com

## Family Contract for Online Safety

### Kids' Pledge

1. I will not give out personal information such as my address, telephone number, parents' work address/telephone number, or the name and location of my school without my parents' permission.
2. I will tell my parents right away if I come across any information that makes me feel uncomfortable.
3. I will never agree to get together with someone I "meet" online without first checking with my parents. If my parents agree to the meeting, I will be sure that it is in a public place and bring my mother or father along.
4. I will never send a person my picture or anything else without first checking with my parents.
5. I will not respond to any messages that are mean or in any way make me feel uncomfortable. It is not my fault if I get a message like that. If I do I will tell my parents right away so that they can contact the service provider.
6. I will talk with my parents so that we can set up rules for going online. We will decide upon the time of day that I can be online, the length of time I can be online, and appropriate areas for me to visit. I will not access other areas or break these rules without their permission.
7. I will not give out my Internet password to anyone (even my best friends) other than my parents.
8. I will check with my parents before downloading or installing software or doing anything that could possibly hurt our computer or jeopardize my family's privacy.
9. I will be a good online citizen and not do anything that hurts other people or is against the law.
10. I will help my parents understand how to have fun and learn things online and teach them things about the Internet, computers and other technology.

I agree to the above terms

I will help my child follow this agreement and will allow reasonable use of the Internet as long as these rules and other family rules are followed.

\_\_\_\_\_  
Child Sign Here

\_\_\_\_\_  
Parent Sign Here





## Teen Pledge for Being Smart Online

1. I will be respectful to myself and others. I won't bully and won't tolerate bullying by others.
2. I will be a good online friend and be supportive of my friends and others who might be in trouble or in need of help.
3. I won't post or send pictures or other content that will embarrass me, get me into trouble or jeopardize my privacy or security.
4. I will respect other people's privacy and be courteous when posting photos or other content about them.
5. I'll be conscious of how much time I spend on the web, phone and other devices and won't let use interfere with sleep, school work and face-to-face relationships.
6. If they need my help, I'll assist my parents, teachers others in their use of technology.
7. I will respect other people's digital property and space. I won't steal, hack, break into anyone else's accounts or use other's content without permission.
8. I will protect my passwords and practice good Net security.
9. I will be thoughtful in my use of copy and paste. If I use anyone else's content or images I will quote them, give them credit and link to them if appropriate.
10. I will help create a culture of respect and tolerance at my school and among my peers.





# Family Contract for Online Safety

## Parents' Pledge

1. I will get to know the services and web sites my child uses. If I don't know how to use them, I'll get my child to show me how.
2. I will set reasonable rules and guidelines for computer use by my children and will discuss these rules and post them near the computer as a reminder. I'll remember to monitor their compliance with these rules, especially when it comes to the amount of time they spend on the computer.
3. I will not overreact if my child tells me about a problem he or she is having on the Internet. Instead, we'll work together to try to solve the problem and prevent it from happening again.
4. I promise not to use a computer or the Internet as an electronic babysitter.
5. I will help make the Internet a family activity and ask my child to help plan family events using the Internet.
6. I will try to get to know my child's "online friends" just as I try get to know his or her other friends.

I agree to the above

\_\_\_\_\_  
**Parent(s)**

I understand that my parent(s) agreed to these rules and I will help my parent(s) explore the Internet with me.

\_\_\_\_\_  
**Child sign here**

(c) 2000-2004 [SafeKids.Com](http://SafeKids.Com)





SafeKids.Com

## Family Contract for Smartphone Use

### Kids and Teens Pledge

I will not touch or look at my phone when it's dangerous to do so such as driving, riding a bike or walking.

I will be considerate of others and not use my phone to text or talk when it may disturb others or at inappropriate times or places such as in class or in theaters.

I will take care not to damage or lose my phone and will let my parents know right away if it is damaged, lost or stolen.

I will only use apps from legitimate app stores (like Apple or Android Play Store) and do a little research to make sure they're appropriate and safe to use.

I will carefully review the privacy policies of any apps I use including what information the app collects or shares.

I will only use apps that share my location with family or personal friends I know from the real-world.

I will respect my own and other people's privacy in pictures and posts that that I share.

I will only share pictures and videos where everyone is appropriately dressed and will avoid sharing any images that could embarrass me or others or get anyone in trouble.

I will treat others respectfully and kindly in what I post, what I text and how I interact socially.

*I agree to the above*

---

Child sign here

I will help my child follow this agreement and will allow reasonable use of the Internet as long as these rules and other family rules are followed.

---

Parent(s) sign here

## Parents Pledge

I will be a good role model and never text while or use apps while driving or during other activities where phone use might be dangerous.

I will be considerate of others, including my family members by refraining from using the phone when it might disturb people around me.

I will talk with my kids and set reasonable expectations about their smartphone.

I will take whatever action is appropriate if I feel my child has misused his or her phone or broken a family rule, but I will be thoughtful about such actions and not overreact.

*I agree to the above*

---

Parent(s) sign here

---

Child sign here





Have questions?

Need resources?

**Get Help Now!**

Online Help Center  
<http://GetHelp.StopItNow.org>

Stop It Now!<sup>®</sup> prevents the sexual abuse of children by mobilizing adults, families and communities to take actions that protect children before they are harmed.



351 Pleasant Street  
Suite B-319

Northampton, MA 01060

Phone: 413.587.3500

Fax: 413.587.3505

[www.StopItNow.org](http://www.StopItNow.org)

[info@StopItNow.org](mailto:info@StopItNow.org)

HelpLine: 1.888.PREVENT

## Talking To Children and Teens

Experience has taught us that actions by adults can be more effective than expecting kids to protect themselves from sexual abuse. Still, we know that children \* also need accurate, age-appropriate information about child sexual abuse and confidence that adults they know will support them.

Clear communication is a cornerstone of effective prevention. Make sure other adults understand the expectations kids will have of them and how their cooperation will help keep kids safe.

### When teaching kids about others' behavior towards them

#### *Use concrete examples*

Remember that in as many as 90% of situations where a child is sexually harmed, the child (and often their family) knows the adult, youth or child who is acting in a sexually inappropriate way. When talking with kids about child sexual abuse, use examples and situations that make that reality clear. (For example, "What if you are at a friend's house and her older brother asks you to play a game that makes you feel weird or uncomfortable or involves something like touching or taking off your clothes?"

"Sometimes relatives, like grandparents or uncles or cousins, don't understand the rules and touch kids in ways they're not supposed to. If that ever happens, be sure to tell Mom or Dad or another adult you trust so that we can help that person learn the rules.")

#### *Model healthy boundaries*

Sometimes we unintentionally confuse kids by insisting they hug Grandma even when they don't want to, or by saying, "Do whatever the babysitter tells you to do." Help your children practice setting healthy boundaries. When children tell us they don't want to hug and kiss everyone at a family gathering, support them by helping them find another way to show respect to family members (such as shaking hands, high fives, saying goodbye). Model saying "no" and assure your children that their "no" will be respected. If others disrespect or ignore your child's limits, it's your job to explain your family rules and insist on your child's rights to set boundaries.

#### *Talk about touch*

When talking with children about touch, remember that sexual touch can be very confusing. In a strictly physical sense, sexual touch can feel good and for a victim of sexual abuse, this can create more shame and confusion about the situation. "If my body responded this way, this must mean that I liked it and wanted it to happen."

Many families prefer to talk about "secret" touch or touch that makes a child uncomfortable. "It is not OK for anyone to touch you in any way that makes you feel uncomfortable—not Mom, Dad, aunts, uncles, teachers or even your friends. Your body is yours and yours alone and you always have a right to say no to someone."

*\*A note on terms:* Stop It Now! uses the terms "child," "children" or "kids" interchangeably to mean those persons under the age of 18. The terms "children and adolescents (or teens)" may be used in instances where it is important to emphasize the differences between children age 12 and under ("children") and age 13 or older ("adolescent," "teens" or "teenagers.")

### ***Explain about tricks***

Some people who sexually abuse children use tricks or bribes to keep kids from telling. The abusive person might promise a gift or allow a forbidden privilege; or they might tell the child that it is their fault or that no one will believe them, or that if the child tells anyone they will hurt their family or pet, etc. Explain these tricks to your children and reassure them that you can handle the situation, even if they didn't object to the sexual interaction at the time. "As your parent, aunt, guardian, I will always be here to keep you safe and will always believe you and love you." "If someone touches you in an uncomfortable way it is never your fault." "They just tell you that to trick you."

### ***Involve other adults***

Children need to know that there are other adults in whom they can confide. Sometimes children are afraid that they will "get in trouble" if they tell their parents about something that happened. This fear can be reinforced by the person who is harming them. Help your children to realize that there are other adults who can help them if they don't want to talk to Mom or Dad or if Mom or Dad is doing something that concerns them. Ask "If you don't feel comfortable talking to me about something, who else can you talk to?" or "What if something happens at school, church, the park, who could you talk to?"

### ***Be approachable***

By initiating conversations about healthy sexual boundaries, by answering questions accurately and respectfully, by handling disclosures calmly and reassuringly, you send the message that you are someone your child (or other children you care about) can talk to even when something has already happened.

## **When teaching kids about their behavior towards others**

### ***Don't miss a real prevention opportunity***

In more than 30 percent of child sexual abuse cases, a child is sexually harmed by someone under 18 years old, frequently by another child or adolescent who may not fully understand the impact of their actions. Most parents talk with their children about how to keep themselves safe from others who may sexually harm them. We also need to talk to our children about why it is so important for them not to harm others. "Just like it is not OK for you to hit and hurt other people, it is not OK for you to use tricks or force to touch other people in a way that makes them uncomfortable."

### ***Learn about child development***

Children are born as healthy sexual beings. Just as they are curious about bugs, airplanes and animals, they will be curious about their bodies and other people's bodies. As parents, it is very helpful to be knowledgeable about healthy sexual development so we are able to tell the difference between expected behaviors and behaviors that may be cause for concern.

### ***Clarify the rules***

When you find your child exploring his or her own body or playing "doctor" with another child, calmly acknowledge what you've seen and set clear expectations. "It looks like you and Janie are comparing your bodies. Now get dressed. And remember, even though it feels good to take our clothes off, we keep our clothes on when we're playing." If a child continues behaviors after you've set clear limits, you may want to talk with a professional. To find information, guidance and resources, visit our Online Help Center, <http://GetHelp.StopItNow.org> or for help in finding a professional, see our Resources for Specialized Therapy, [http://www.stopitnow.org/resources\\_treatment](http://www.stopitnow.org/resources_treatment).



### Age of consent: special concerns for teens

Teens need information not only about child sexual abuse but also about the laws of consent in their state. As our judicial system holds more teens responsible as adults, there are significant and long-lasting results for teens who engage in illegal sexual behaviors, even with other teens who are close in age. "I know you and your girlfriend love each other but you are 19 years old and she is 15 and that makes being sexual with each other illegal. If she gets pregnant or her parents press charges, you could have to register as a sex offender for the rest of your life. It is important for both of you to wait until you are older

### Resources for talking with children about child sexual abuse prevention

- Friedman, Norman. (2006) *Inoculating your children against sexual abuse: What every parent should know*. Booksurge.com
- Hindman, Jan. (1998) *A very touching book*. Baker City, OR: AlexAndria Associates.
- Wurtele, Sandy and Feather Berkower. (2010) *Off limits: A parent's guide to keeping kids safe from sexual abuse*. Brandon, VT: Safer Society Press





**Stop It Now!®**

## **Communication Tips and Examples For Talking With Your Child About Sexuality**

- ❖ Be **HONEST** and **APPROACHABLE**
- ❖ Teach and Modeling **CONSENT**
- ❖ Discuss **VALUES**
- ❖ Teach **RULES** and **SAFETY PLANNING**
- ❖ Engage with **MEDIA**

### **SOME GUIDELINES FOR TALKING ABOUT SEX**

- Look for unexpected opportunities that are relaxed and non-confrontational.
- Look for non-traditional places for impromptu conversations, such as while driving or while waiting at an appointment.
- Have lots of conversations. “The Talk” happens over and over again.
- Listen more than you speak, and don’t ask too many questions or you won’t get any response!
- Try to avoid lecturing.
- If you don’t know the answer, it’s ok to say so and look up the information together.
- If you’re uncomfortable, it’s ok to share that this is a difficult topic for you to talk about.
- Here are some great **open-ended** questions to try:
  - “Where did your ideas about that come from?”
  - “How did you feel when that happened?”
  - “How do you think they felt?”
  - “Have you thought a lot about that?”
  - “When do you remember first feeling that way?”
  - “What do you mean by that? I’d love to hear an example of what you’re talking about.”
  - “Do you think that’s a personal preference, or do you think that’s true for everyone?”
  - “How do you know when something feels right or wrong?”
- Listen for when they are done with the conversation and end with a supportive comment.

### **Find out what they already know!**

**“That’s a great question. Can you tell what you already know about that?”**

*Buys time, helps you prepare, helps you know what the child really wants to know and helps you correct misinformation.*

## Sample Language

Situation/Opportunity	Supportive sample approaches and responses
Child asks any question about how a body part or function works.	<ul style="list-style-type: none"> <li>• Validate child’s curiosity and their right to ask questions. “That’s a really good question. I’m glad you asked. It’s normal to be curious how bodies work.”</li> </ul>
Child/teen wants to know details about you	<ul style="list-style-type: none"> <li>• “I’m wondering, why is that important for you to know?”</li> <li>• “I’m uncomfortable giving you details about my sexual experiences, but let’s continue talking generally.”</li> </ul>
After awkwardly watching a sex scene on TV	<ul style="list-style-type: none"> <li>• “Wow, that was a pretty intense sex scene on TV just now! Do you have any questions about what we saw? I’m here now or later if something comes up.”</li> <li>• “That couple didn’t seem to know each other very well. I think it’s important that two people have a relationship with each other before they have sex. What do you think?”</li> </ul>
Youth wants to know why teenagers should wait to have sex	<ul style="list-style-type: none"> <li>• “In my family, I was raised to think a certain way about sex, and this is what I value. What are your values, what do you believe?”</li> <li>• “I think that most teenagers aren’t emotionally ready to have sex or be parents. I’d love to talk more about it with you and also find out what you think.”</li> </ul>
Responding to images of sexual violence in a movie or on the news	<ul style="list-style-type: none"> <li>• “It is never ok for someone to force another person to have sex. Consent is always required. I’d like to talk some more with you about consent.”</li> <li>• “That was very sad that the little girl in that movie was hurt. Children can never consent to sexual activity with anyone. It’s against the law.”</li> <li>• “Watching that made me sad and kind of anxious. How did it make you feel?”</li> </ul>
Someone tells child to give them a hug goodbye	<ul style="list-style-type: none"> <li>• “Betsy, would you like to give a hand shake goodbye instead?”</li> </ul>
Youth asks you for physical affection that does not feel appropriate or timely	<ul style="list-style-type: none"> <li>• “Tommy, we just met and I’m glad you feel you can ask me for a hug. Since we just met, I’m more comfortable with a handshake or high five.”</li> </ul>
Discovery of a youth masturbating	<ul style="list-style-type: none"> <li>• “I know it feels good to touch your private parts, but it needs to happen only in your bedroom or the bathroom, with the door closed and not where someone else can see and not with anyone else.”</li> </ul>

<p>Discovery of children engaged in sexual play</p>	<ul style="list-style-type: none"> <li>• “I see you’re examining her the way the doctor does. But everyone has to keep their pants on when we play. If you have questions about what girls look like, let’s talk about it.”</li> <li>• “Can you tell me what kind of game you’re playing? When we play we have to keep our hands and private parts to ourselves.”</li> </ul>
<p>Discovery of a youth viewing sexually explicit content, or saved on device</p>	<ul style="list-style-type: none"> <li>• “I see that you’ve been looking at some sexual material on your phone. It’s okay to be curious or enjoy looking at bodies, but we have a rule in our family about sexual material on screens.”</li> </ul>
<p>Concern about child’s use of media</p>	<ul style="list-style-type: none"> <li>• “I’ve been noticing you’re spending a lot more time on your X-Box. I’d love to see what games you’re playing. Maybe tonight we can sit down and you can show me how to play?”</li> </ul>
<p>When introducing new social media platform (Facebook, Instagram, Twitter) to older child</p>	<ul style="list-style-type: none"> <li>• “I expect you to be just as respectful online as you are at school and at home. If someone else is disrespectful or says something inappropriate online, I want you to let an adult know. When you post something online, it usually stays there forever. There are tough laws about what teens can post online. I also want you to keep track of your privacy settings and make sure that what you post only goes to people you want it to.”</li> </ul>





## SEXUALITY CONCEPTS IN CONCRETE TERMS

These explanations have been developed for children, primarily ages four to seven.

### **PREGNANCY/CHILDBIRTH**

1. Babies grow inside their mothers in a special place called the uterus. This beautiful biological process is called “pregnancy”.
2. The baby usually comes out of the mother’s body through an opening between her legs called the vagina – this is called childbirth.

### **CLITORIS**

1. The clitoris is a special part of a girl’s body.
2. The clitoris is a very small body part between a girl’s legs and just above her vagina.
3. The function of the clitoris is to provide pleasure. Many females enjoy touching their clitoris because this can feel good and bring good feelings.

### **VAGINA**

1. The vagina is an opening between a woman’s legs, and is a passage leading from the uterus to the outside of the body.
2. Babies come out of a mother’s stomach sometimes through the vagina.
3. During sexual intercourse between a man and a woman, the penis may go into this opening.

### **UTERUS**

1. The uterus is the place inside a woman’s body where a baby grows before it’s born.
2. The uterus is inside the woman’s body, just below her belly button.

### **PENIS**

1. The penis is the body part of a man or boy that hangs between his legs.
2. The penis is very sensitive and usually feels good when it is touched.
3. A boy uses his penis to urinate or “pee” and for sexual intercourse when he grows up.

### **ERECTION**

1. Sometimes a boy’s or man’s penis gets stiff—this is called having an erection.
2. It’s something that happens to penises from time to time and it’s OK.
3. It often means the boy is having a good feeling in his penis.

### **SEXUAL INTERCOURSE**

1. Intercourse is something people do when they’re grown up.
2. It happens when a man puts his penis inside a woman’s vagina.
3. People have intercourse for a lot of different reasons.
4. One reason is to make a baby. Another reason is to show love and share good feelings.





# Promoting Healthy Sexual Development and Sexuality

Theme **8**

## INTRODUCTION

Families have different perspectives on how sexuality should be discussed with children and adolescents (ie, who should be involved in those discussions and how much young people need to know and at what age). With respect for different individual and cultural values, health care professionals can address this important component of healthy development by integrating sexuality education into health supervision from early childhood through adolescence.<sup>1</sup> In the supportive environment of the medical home, health care professionals can provide personalized information, confidential screening of risk status, health promotion, and counseling for the child and adolescent. Age-appropriate, accurate resources that are related to sex education and healthy sexuality provide parents with factual information and encouragement as they educate and guide their growing child.

**H**ealth care professionals also should acknowledge and discuss the healthy sexual feelings that all children and youth have, including those with special health care needs.

Families of children with special health care needs may require additional counseling around sexual development issues to ensure a healthy understanding of their child's pubertal and sexual development.

### Promoting Healthy Sexual Development and Sexuality: Infancy—Birth to 11 Months

Nurturing the development of the biological and physical foundations of healthy intimacy is an important goal that begins in infancy. These foundations require the ability to be comfortable and safe in a close physical relationship with another person. Intimacy begins in the parent's arms with good parent-child reciprocity, response to cues, management of states of arousal (eg, pain and hunger), and establishment of regular cycles of excitement and relaxation (eg, waking up and falling asleep). The infant needs to have the sense that she is valued, loved, and important for who she is.



**Parents must communicate to their children that they are intact, beautiful, and well-formed.**

Establishing a sense of self early in life underlies a child's sense of being either a girl or a boy. Parents must accept their child's gender, even if they might have hoped for a child of the other gender. Parents must communicate to their children that they are intact, beautiful, and well-formed. The gender of most infants is known prenatally or immediately at birth. There are endocrinologic and genetic conditions that may result in ambiguity of the external genitalia, making gender assignment difficult initially. Gender *identity*, however, is a gradual process that is based on an internal conviction of belonging to either the male or female gender. Gender identity is distinct from gender *role*, which refers to a set of behaviors through which individuals convey to the larger society that they are male or female. Children usually develop a fixed gender identity by 2½ to 3 years of age, after which they emphatically perceive themselves as being either a girl or a boy.<sup>2</sup>

Parents often ask how to handle their infant's behavior (eg, genital touching) as the infant becomes aware of her own genitalia. This issue can be addressed as normal behavior with parents during the 6 and 9 Month Visits, perhaps when discussing bathing or diapering. Parents can be encouraged to practice proper naming of their infant's genitalia (eg, penis and vagina) during diapering and bathing. It may facilitate future discussion between parents and their children about sexuality.

### **Promoting Healthy Sexual Development and Sexuality: Early Childhood—1 to 4 Years**

Sexual exploration is a normal, universal, and healthy part of early childhood development. At this age, children show interest in their own, as well as others', "private" areas, and they become aware of gender differences. Their curiosity can be shown in behaviors such as playing doctor with their peers, undressing during play activities, trying to

watch people when they are nude, and physically touching their parents' body parts (eg, their mother's breasts). In early childhood, children also are exposed to social norms and learn boundaries regarding sexual behaviors. Personal boundaries are the presumed interpersonal distances, both physical and emotional, that are maintained by most people. Young children first learn personal boundaries in their families. Issues related to the timing, settings (eg, public vs private), and spectrum of sexual behaviors can best be discussed in the context of trusting relationships and open communication between the parent and the child.

The most common sexuality issues for this age group are related to bathing and showering, toileting, modesty, privacy, masturbation, and sexual play. Masturbation is frequently a concern for parents. A variety of behaviors can be seen, such as posturing, tightening of thighs, sexual arousal, and handling of genitals. Parent experiences, as well as cultural, religious, and family norms, influence parents' responses to their children's sexual behavior.

Sexual play between same-age peers usually is lighthearted and voluntary in nature. This behavior diminishes when children are requested to stop. Sexual behavior in children can create uncertainty for the health care professional because of the potential relationship between child sexual abuse and sexual behavior. Consequently, it is important to understand normative sexual childhood behaviors. The less-frequent and more-concerning sexual behaviors are intrusive, such as inserting objects into the vagina or anus, or aggressive sexual behaviors. It is important that health care professionals be able to distinguish healthy and natural from concerning and distressing sexual behaviors. They should provide reassurance about normal activities, provide developmentally appropriate parameters for identifying problem behaviors, and encourage family discussions regarding sex education.

### Promoting Healthy Sexual Development and Sexuality: Middle Childhood—5 to 10 Years

Middle childhood is the time to provide accurate information to children and give them opportunities to explore, question, and assess their own and their family's attitudes toward sexuality and human relationships. At this age, the changes of puberty also can be addressed.

Health care professionals should perform a sexual maturity rating as early as ages 7 to 10 years. Health care professionals should address upcoming stages of sexual development as part of their anticipatory guidance because children and their parents can be reluctant to ask questions about normal physical development or the differences noted in their child's development compared to that of the child's peers. Normal pubertal development varies widely in the US population, and race/ethnic differences are now observed (eg, African American girls have been shown to have a higher rate of early-onset puberty than white girls).<sup>3</sup>

In middle childhood, children should appreciate wide variations in body shapes, sizes, and colors and acquire pride in their own body and gender. Children this age can, and should, understand that their bodies will change as they grow older. They should learn the differences between male and female genitalia, as well as the correct name and specific function of each body part. They also can learn that some body parts can feel good when touched, that it's normal to be curious about one's body, and that not all exploratory behaviors are appropriate in every place and time. Teaching about human immunodeficiency virus (HIV) infection and other sexually transmitted infections (STIs) can include discussion of their causes (eg, viruses and bacteria) and general modes of transmission.

Concepts of family, friendship, and other human relationships are core components of healthy sexuality at this stage. Children

should learn to express love and intimacy in appropriate ways and to avoid manipulative or exploitative relationships. Empathy and respect for another's feelings also is an essential component of a healthy relationship, facilitated through effective communication skills. Kissing, hugging, touching, and other intimate behaviors are understood within the norms of the child and family's culture. Children need to understand their rights and responsibilities for their own bodies (eg, privacy and hygiene) and the importance of communicating fears and concerns with trusted adults. Children should know that no parent or adult has the right to tell them to keep secrets from either parent, especially when someone is touching their body inappropriately. Parents should give their child permission to tell them about any uncomfortable or threatening experiences, reassuring the child that he will be believed and will not be in trouble for telling.

Children's exposure to elements of sexuality from their peers, families of their peers, and the media (eg, news stories, advertisements, television programs, and pornography on the Internet) can influence them to make choices that may not be healthy, safe, or consistent with family values. Health care professionals can encourage parents to talk with their children about these issues and suggest tools, such as books or videos, to help open these discussions and conduct them comfortably.

### Promoting Healthy Sexual Development and Sexuality: Adolescence—11 to 21 Years

Experiences with romantic relationships, exploration of sexual roles, and self-awareness of sexual orientation commonly occur during adolescence. Decisions that are associated with sexual development in the adolescent years often have important implications for health and education, as well as current and future relationships.

**Health care professionals should address upcoming stages of sexual development as part of their anticipatory guidance because children and their parents can be reluctant to ask questions about normal physical development or the differences noted in their child's development compared to that of the child's peers.**

### Key Data and Statistics

#### PARENTS AND ADOLESCENT SEXUAL DECISION MAKING

A National Campaign to Prevent Teen Pregnancy survey conducted in 2004 demonstrated that:

- Adolescents aged 12 to 19 years report that parents are the greatest influence regarding sexual decision making and values (37% compared to 33% for friends, 6% for siblings, and 5% for the media).<sup>4</sup>
- Ninety-four percent of adolescents and 91% of parents believe that adolescents should be advised that they should not have sex before completing high school.<sup>4</sup>
- Nearly 87% of adolescents agree that “it would be easier for adolescents to postpone sexual activity and avoid adolescent pregnancy if they were able to have more open, honest conversation about these topics with their parents.”<sup>4</sup>

Data from the National Longitudinal Study of Adolescent Health, sponsored by the National Institutes of Health, demonstrate that a strong parental relationship is related to an adolescent’s decision to delay sexual initiation.<sup>5</sup> A report released by the National Campaign to Prevent Teen Pregnancy found that a strong parent-child relationship and parental supervision are associated with reduced risk of teen pregnancy. Adolescents who have a close relationship with their parents are more likely to be abstinent than those who do not, and, of those who are sexually active, are more likely to have fewer partners and to use contraception.<sup>6</sup> Other protective factors that are related to delayed sexual initiation include strong community support, youth who are connected to their schools and faith communities, and youth who report strong personal values or religious beliefs. Adolescents report that their own morals and values are as influential as health information in their decision to delay sex.<sup>4</sup>

#### PERCENTAGE OF YOUTH WHO REPORT HAVING HAD SEXUAL INTERCOURSE

The 2002 National Survey of Family Growth (NSFG) released by the Centers for Disease Control and Prevention in 2004, contains the following data about adolescent sexual activity<sup>7</sup>:

- Forty-six percent of never-married male and female adolescents aged 15 to 19 years reported that they have had sexual intercourse. This represents a significant decline in sexual involvement for male individuals from 55% reported in 1995.
- Approximately 30% of female and male adolescents aged 15 to 17 years reported having intercourse in 2002, compared to 38% for female and 43% for male adolescents in 1995.
- African American males aged 15 to 17 years reported the most remarkable decline in sexual intercourse. Their rate of sexual initiation changed from nearly 76% in 1995 to 53% in 2002.
- Older female adolescents (aged 18 to 19 years) reported stable rates of sexual intercourse at approximately 69% in 1995 and 2002, while male adolescents declined significantly from 75% (1995) to 64% (2002).

Adolescents aged 12 to 19 years report that parents are the greatest influence regarding sexual decision making and values...



- Young adolescents (younger than 15 years) also are delaying sexual intercourse. Between 1995 and 2002, the percentage of young adolescents who reported sexual intercourse dropped from 21% to 15% among males and from 19% to 13% among females.

#### ONSET OF INTERCOURSE

- In 2005, according to the Youth Risk Behavior Surveillance System, the percentage of students who had sexual intercourse for the first time before the age of 13 years was 6.2% (8.8% for boys and 3.7% for girls)<sup>8</sup> compared to 1995, in which it was 9.0% (12.7% for boys and 4.9% for girls).<sup>9</sup>
- Early age of onset of sexual intercourse is associated with an increased number of partners during adolescence.<sup>10</sup> Young women who first had sex before age 14 years were about twice as likely to have had multiple partners than those who first had intercourse at age 16 years or later.<sup>11</sup>

Two thirds (66%) of the sexually experienced adolescents (aged 12 to 19 years) who participated in the 2004 National Campaign to Prevent Teen Pregnancy survey said they wished they had waited longer before having sexual intercourse.<sup>4</sup>

#### CONTRACEPTION

Data from the NSFG<sup>7</sup> show that education about contraceptive use may be reaching the adolescent population. Its studies report the following:

- Along with an overall decline in the percentage of sexually active adolescents, contraceptive use at first intercourse for women is much higher for those who had first intercourse between 1999 and 2002 (79%) compared to those who initiated sexual activity before 1980 (43%).
- Although the birth control pill and condoms are the most frequently used

methods of contraception, use of injectable contraception and other methods is increasing.

- Between 1995 and 2002, reported condom use increased for 15- to 19-year-old sexually active, never-married males (from 64% to 71%) and females (from 38% to 54%).

#### PREGNANCY RATES

- The adolescent pregnancy rate in 2000 was the lowest since 1976; it declined by 27% among female adolescents aged 15 to 19 years since 1990. In 2000, the rate of pregnancy among female adolescents aged 15 to 17 years was 54 per 1,000, compared to 67 per 1,000 in 1996.<sup>12</sup>
- Santelli et al<sup>13</sup> analyzed the decline in adolescent pregnancy. Approximately 53% of the decline can be attributed to decreased sexual experience, and 47% can be attributed to greater contraceptive use.

#### SEXUALLY TRANSMITTED INFECTIONS

- An estimated 9 million young people (aged 15 to 24 years) develop infections that are spread primarily by sexual contact.<sup>14</sup> Common STIs for people in this age group are human papillomavirus (HPV), trichomoniasis, Chlamydia, herpes simplex virus, and gonorrhea.<sup>14,15</sup> Each type of infection has the potential for both short- and long-term consequences.
- Female adolescents are more likely than older women to become infected when exposed to STIs because their vaginal and cervical tissues are not completely mature.<sup>16</sup>
- An estimated 1,991 15- to 24-year-olds were newly diagnosed with acquired immunodeficiency syndrome (AIDS) in 2003, bringing the cumulative number of 15- to 24-year-olds with AIDS to 37,599 in the United States that year.<sup>17</sup>

**The adolescent pregnancy rate in 2000 was the lowest since 1976; it declined by 27% among female adolescents aged 15 to 19 years since 1990.**

### ***Role of the Health Care Professional***

Clinical care for adolescents and young adults is commonly related to concerns about sexual development, contraception, STIs, and pregnancy. Clinical encounters for acute care, health maintenance visits, or sports physicals all provide opportunities to teach adolescents and their families about healthy sexuality. Health care professionals can discuss sexual maturation, family or cultural values, communication, monitoring and guidance patterns for the family, personal goals, informed sexual decision making, and safety.

The American Academy of Pediatrics (AAP) policy statement, *Sexuality Education for Children and Adolescents*,<sup>1</sup> advises health care professionals to integrate sexuality education into the longitudinal relationship they develop through their care experiences with the preadolescent child, the adolescent, and the family. Confidential, culturally sensitive, and nonjudgmental counseling and care are important to all youth, including youth with special health care needs and nonheterosexual youth. The American College of Obstetricians and Gynecologists has a similar statement that supports the same approach.<sup>18</sup>

To address this issue in ways that respect values and meet the adolescent's needs, health care professionals must learn about the family's values and attitudes. Parents and health care professionals should be partners with youth in supporting healthy adolescent development and decision making. The rewards are long-term. Health care professionals, however, cannot assume that the family's values are the adolescents' values. In addition, although parents of most adolescents are concerned and available, health care professionals also must offer the best care possible to adolescents whose parents are absent or disengaged.

Counseling adolescents should include stating the advantages of delaying sexual involvement, suggesting skills for refusing sexual advances, providing information about

drug and alcohol risks, and expressing encouragement for healthy decisions. Adolescents with and without sexual experience may welcome support for avoiding sex until later in their lives. Health care professionals also should support adolescents in how to have healthy relationships. In addition, health care professionals should screen for, as well as counsel against, coercive and abusive relationships for adolescents who are involved with intimate partners.<sup>19</sup>

Information about contraception, including emergency contraception and STIs, should be offered to all sexually active adolescents and those who plan to become sexually active. Each contraceptive method has instructions for correct use, effectiveness for preventing pregnancy, potential side effects, and long-term consequences (eg, potential bone density concerns with depot medroxyprogesterone acetate). Hormonal contraception does not protect against STIs. Emergency contraception is available to prevent pregnancy after intercourse.<sup>20</sup> The latex condom is the only method available to prevent the spread of HIV and can reduce the risks of some other STIs, including Chlamydia, gonorrhea, and trichomoniasis.<sup>21</sup> Condoms also can reduce the risk of genital herpes, syphilis, and HPV infection when the infected areas are covered or protected by the condom.

Health care professionals who care for adolescents may encounter some adolescents who are gay, lesbian, bisexual, transgendered, unsure, or uncomfortable with their sexual orientation or gender identity. Many of these youth remain unidentified and secretive because they are not comfortable enough to identify themselves and their sexual concerns. They may fear rejection or stigmatization from disclosure of their sexual orientation or gender identity issues to health care professionals. The goals for these youth are the same as for all adolescents—to promote healthy development, social and emotional well-being, and optimal physical health.<sup>22,23</sup>

**Parents and health care professionals should be partners with youth in supporting healthy adolescent development and decision making.**



Supportive, quality health care for adolescents means that adolescents must feel welcomed as individuals, regardless of social status, gender, disability, religion, sexual orientation, ethnic background, or country of origin. The health care professional must create a clinical environment in which the adolescent believes that sensitive personal issues, including sexual orientation and expression, can be discussed.<sup>1</sup> According to an AAP clinical report on sexual orientation and adolescents, “Sexual orientation refers to an individual’s pattern of physical and emotional arousal toward other persons.”<sup>22</sup> The health care professional must help the adolescent understand that same-sex interest and behaviors can occur at this age and that they do not define sexual orientation.<sup>22</sup> Clinic and practice materials, as well as personnel, can convey a nonjudgmental and safe environment for care and confidentiality for adolescents who may be experiencing same-sex attractions.<sup>1,22,23</sup> Nonheterosexual adolescents are sensitive to jokes, attitudes, and comments regarding their sexual orientation, and they may not feel comfortable discussing significant health history or concerns. If the health care professional cannot ensure a safe environment for these adolescents because of personal feelings or other barriers, the

adolescent should be referred to another practice or clinic with appropriate services.

As with all other patients, the adolescent should be assured that confidentiality will be protected and also should be told of the conditions under which it can be broken. In those situations of serious concern, the health care professional should help the adolescent discuss the issue with her parents or family and, if necessary, obtain additional services with mental health professionals or other health care professionals. The health care professional also should offer advice to guide these adolescents in avoiding sexual and other health risk behaviors.

Adolescents with special health care needs and their families can benefit from knowledgeable, personalized anticipatory guidance.<sup>24</sup> Education about normal puberty and sexuality can be augmented with information that is germane to adolescents with physical differences, especially those that directly affect sexual functioning, as well as youth with cognitive delays. The risk of sexual exploitation and the protection of youth are always critical. A focus on youth access to accurate and complete information and support for healthy decision making is key for all youth who are transitioning to adulthood.

**Supportive, quality health care for adolescents means that adolescents must feel welcomed as individuals, regardless of social status, gender, disability, religion, sexual orientation, ethnic background, or country of origin.**

## References

1. American Academy of Pediatrics: Committee on Psychosocial Aspects of Child and Family Health and Committee on Adolescence. Sexuality education for children and adolescents. *Pediatrics*. 2001;108:498-502
2. Carver PR, Yunger JL, Perry DG. Gender identity and adjustment in middle childhood. *Sex Roles*. 2003;49:95-109
3. Herman-Giddens ME, Slora EJ, Wasserman RC, et al. Secondary sexual characteristics and menses in young girls seen in office practice: a study from the Pediatric Research in Office Settings network. *Pediatrics*. 1997;99:505-512
4. Albert B. *With One Voice 2004: America's Adults and Teens Sound Off About Teen Pregnancy*. Washington, DC: National Campaign to Prevent Teen Pregnancy; 2004. Available at: <http://www.teenpregnancy.org/resources/data/pdf/WOV2004.pdf>. Accessed September 5, 2007
5. Resnick MD, Bearman PS, Blum RW, et al. Protecting adolescents from harm. Findings from the National Longitudinal Study on Adolescent Health. *JAMA*. 1997;278:823-832
6. Miller BC. *Families Matter: A Research Synthesis of Family Influences on Adolescent Pregnancy*. Washington, DC: National Campaign to Prevent Teen Pregnancy; 1998
7. Abma JC, Martinez GM, Mosher WD, Dawson BS. Teenagers in the United States: sexual activity, contraceptive use and childbearing, 2002. *Vital Health Stat*. 2004;1-48
8. Eaton DK, Kann L, Kinchen S. Youth Risk Behavior Surveillance - United States, 2005. *MMWR Surveill Summ*. 2006;55:1-108
9. Kann L, Warren CW, Harris WA, et al. Youth Risk Behavior Surveillance—United States, 1995. *MMWR Surveill Summ*. 1996;45:1-84
10. Coker AL, Richter DL, Valois RF, McKeown RE, Garrison CZ, Vincent ML. Correlates and consequences of early initiation of sexual intercourse. *J Sch Health*. 1994;64:372-377
11. Santelli LS, Brener ND, Lowry R, Bhatt A, Zabin LS. Multiple sex partners among US adolescents and young adults. *Fam Plann Perspect*. 1998;30:271-275
12. U.S. Department of Health and Human Services. Family Planning. In: *Healthy People 2010: Understanding and Improving Health*. Vol 1. 2nd ed. Washington, DC: U.S. Government Printing Office; 2000:9-3-9-34
13. Santelli JS, Abma J, Ventura S, et al. Can changes in sexual behaviors among high school students explain the decline in teen pregnancy rates in the 1990s? *J Adolesc Health*. 2004;35:80-90
14. I Am Sexually Active. Life Care Pregnancy Center Web site. Available at: <http://www.pregnancylifecare.org/sexuallyactive.html>. Accessed March 1, 2006
15. Centers for Disease Control and Prevention. CDC Fact Sheet. *Trichomoniasis* Web site. Available at: <http://www.cdc.gov/std/trichomonas/trich.pdf>. Accessed September 5, 2007
16. Shrier LA. Bacterial sexually transmitted infections: gonorrhea, chlamydia, pelvic inflammatory disease, and syphilis. In: Emans SJ, Laufer MR, Goldstein DP, eds. *Pediatric & Adolescent Gynecology*, 5th ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2005:565-614
17. Centers for Disease Control and Prevention. *HIV/AIDS Surveillance Report, 2003*. Vol 15. Atlanta: Center for Disease Control and Prevention; 2003. Available at: <http://www.cdc.gov/HIV/topics/surveillance/resources/reports/2003report/pdf/2003SurveillanceReport.pdf>. Accessed August 18, 2007
18. American College of Obstetricians and Gynecologists. Appendix A. In: *Health Care for Adolescents*. Washington, DC: American College of Obstetricians and Gynecologists; 2003:107-108
19. National Council on Crime and Delinquency and the National Center for Victims of Crime. *Our Vulnerable Teenagers: Their Victimization, Its Consequences, and Directions for Prevention and Intervention*: Oakland, CA, and Washington, DC: National Council on Crime and Delinquency and the National Center for Victims of Crime; 2002
20. Klein JD, American Academy of Pediatrics, Committee on Adolescence. Adolescent pregnancy: current trends and issues. *Pediatrics*. 2005;116:281-286
21. Centers for Disease Control and Prevention Web site. CDC Fact Sheet. *Male Latex Condoms and Sexually Transmitted Diseases*. Atlanta, GA: Centers for Disease Control and Prevention; 2003. Available at: <http://www.cdc.gov/condomeffectiveness/condoms.pdf>. Accessed August 16, 2007
22. Frankowski BL, American Academy of Pediatrics, Committee on Adolescence. Sexual orientation and adolescents. *Pediatrics*. 2004;113:1827-1832
23. American College of Obstetricians and Gynecologists. Primary Care of Lesbians and Bisexual Women in Obstetric and Gynecologic Practice. In: *Special Issues in Women's Health*. Washington, DC: American College of Obstetricians and Gynecologists; 2005:61-73
24. American College of Obstetricians and Gynecologists. Access to Reproductive Health Care for Women With Disabilities. In: *Special Issues in Women's Health*. Washington, DC: American College of Obstetricians and Gynecologists; 2005:39-59



### **Our Family's Safety Plan**

This agreement is designed to keep everyone safe in this family. These are our rules for living together safely, for respecting the rights of others, and for ensuring the personal safety of everyone. Our signatures on the bottom acknowledge that we have discussed these rules, that we understand m, that we will follow them and help each other follow them.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_
6. \_\_\_\_\_  
\_\_\_\_\_
7. \_\_\_\_\_  
\_\_\_\_\_
8. \_\_\_\_\_  
\_\_\_\_\_
9. \_\_\_\_\_  
\_\_\_\_\_
10. \_\_\_\_\_  
\_\_\_\_\_

Signed:

_____	Date _____
_____	Date _____
_____	Date _____
_____	Date _____
_____	Date _____





Have questions?

Need resources?

**Get Help Now!**

Online Help Center  
<http://GetHelp.StopItNow.org>

**Stop It Now!** prevents the sexual abuse of children by mobilizing adults, families and communities to take actions that protect children before they are harmed.



351 Pleasant Street  
Suite B-319

Northampton, MA 01060

Phone: 413.587.3500

Fax: 413.587.3505

[www.StopItNow.org](http://www.StopItNow.org)

[info@StopItNow.org](mailto:info@StopItNow.org)

HelpLine: 1.888.PREVENT

### ***Don't Wait: Everyday Actions to Keep Kids Safe***

The most effective prevention happens before a child is harmed. Kids are immediately safer when parents and caregivers take the time to learn about sexual abuse and its warning signs. Parents and caregivers who make a commitment to speak up as soon as they have a concern, instead of waiting for certain evidence of harm, play an even more crucial role in a child's safety.

Here are some things that you and your family can do to protect children from sexual abuse, right now.

#### **Set and respect clear guidelines**

- Set and respect family boundaries. All members of the family have rights to privacy in dressing, bathing, sleeping and other personal activities. If anyone does not respect these rights, an adult should clearly enforce the family rules.
- Demonstrate boundaries by showing in your own life how to say "no." Teach your children that their "no" will be respected, whether it's in playing or tickling or hugging and kissing. For instance, if your child does not want to give Grandma a kiss, let the child shake hands instead. And make sure, too, that Grandma understands why a child's ability to say 'no' is important for the safety of the child.
- Use the proper names of body parts. Just as you teach your children that a nose is a nose, they need to know what to call their genitals. This knowledge gives children the correct language for understanding their bodies, for asking questions and for telling about any behavior that could lead to sexual abuse.
- Be clear with adults and children about the difference between "okay touch" and inappropriate touch. For younger children, teach more concrete rules such as "talk with me if anyone – family, friend or anyone else – touches your private parts." Also teach kids that it is unacceptable to use manipulation or control to touch someone else's body.
- Explain the difference between a secret and a surprise. Both the adults and children in your life need to know how secrets may make kids unsafe. Surprises are joyful and generate excitement in anticipation of being revealed after a short period of time. Secrets exclude others, often because the information will create upset or anger. When keeping secrets with just one person becomes routine, children are more vulnerable to abuse.

#### **Watch out for signs**

- Watch for any inappropriate behaviors in other adults or older youth because children, especially young ones, are not as able to recognize these behaviors or to protect themselves.



- Stay on top of your children's use of technology – Internet, email, instant messaging, webcam use, peer-to-peer/social networking sites, and cell phones, including photo exchanges. The illusion of anonymity on these electronic mediums often leads to a breakdown of social rules and expectations, ones that would be assumed if the interactions were face-to-face. Whenever possible, make sure the child's interactions are visible and public. Kids, and even adults, can easily stumble into inappropriate or even dangerous situations and exchanges.

### Speak up

- Practice talking before there's a problem. Say the "difficult" or "embarrassing" words out loud so that you become more comfortable using those words, asking those questions, and confronting those behaviors. Having stress-free conversations about difficult issues with both the adults and children in your life gets everyone in the habit of talking openly and honestly. Show those people in your life that you will listen to anything they have to say, even if it's about something embarrassing or something they've done wrong.
- Speak up when you see, or are subject to, any inappropriate behaviors. Interrupt and talk with the person who is making you uncomfortable. If you feel you can't do this, find someone who is in a position to intervene. The person behaving inappropriately might need help to stop these behaviors.
- Report anything you know or suspect might be sexual abuse. If nobody speaks up, the abuse will not stop.

### Support your kids

- Make it clear that you will support your children when they request privacy or say "no" to an activity or a kind of touch that makes them uncomfortable.
- Talk to your kids about who you/they trust. Give your kids permission to talk to these trustworthy adults whenever they feel scared, uncomfortable or confused about someone's behavior toward them.

### Be prepared

- Create a clear and easy-to-follow Family Safety Plan ([www.StopItNow.org/family\\_safety\\_plan](http://www.StopItNow.org/family_safety_plan)). Make sure that as adults, you know how to challenge each other when you see any inappropriate behaviors. Create a list noting both who to talk to when you see behavior you are unsure about and who to call if you believe you need to report sexual abuse. Teach the children about what to do and who to talk with if they are sexually threatened or touched by someone.
- Make a list of people and organizations you can call for advice, information, and help. For ideas, explore the Online Help Center at <http://GetHelp.StopItNow.org>. You can be a resource to your family and friends about how to report abuse and how to get help for everyone involved. If you know that a child has been sexually abused, be sure to get help for the child quickly, so the harm can be stopped and healed.
- Understanding the tools of sexual abuse prevention builds your confidence that you have the power and knowledge to keep your kids safe. Remember, the most effective prevention involves taking action before any abuse occurs. Prevention can start in your home today. You can start it now.



# Stop It Now!<sup>®</sup>

Together We Can Prevent the Sexual Abuse of Children

## PREVENTION TOOLS

Have questions?

Need resources?

**Get Help Now!**

Online Help Center  
<http://GetHelp.StopItNow.org>

**Stop It Now!** prevents the sexual abuse of children by mobilizing adults, families and communities to take actions that protect children before they are harmed.

### **Create a Family Safety Plan**

The guidelines below can help you create an environment to better protect your family from sexual abuse. By understanding what puts children at risk of sexual abuse, we can take actions to counter those risks. Together we can create a community safety net with information and assistance to protect children from being sexually abused.

#### **Educate everyone in the family**

- Make sure each family member knows what healthy sexual development in children is, and what sexual behaviors might be of concern.
- Learn to recognize warning signs that a child may have been sexually abused or that an adult, adolescent or child may be touching a child in a sexual way. Some abusive behaviors may not involve touching; for example showing pornography to a child is abusive, even if the child is not touched.
- Teach children the proper names for body parts and what to do if someone tries to touch them in a sexual way.
- Make sure young children know that no one has the right to touch their private parts (unless for medical reasons) and that they should not touch anyone else's private parts.

#### **Start talking with your family about sexual abuse**

- Adults need to take the lead by opening discussion about what is healthy sexual behavior and what is abusive sexual behavior.
- Talk more than once with all family members—children, teenagers and adults—about appropriate and inappropriate sexualized behaviors to ensure that they understand and remember the information.
- Let everyone in the family know they can ask questions during the discussion, or talk further about any of these issues in private, at a later time.

#### **Set clear family boundaries**

- Set clear family guidelines for personal privacy and behavior. Discuss them with all members of your family and model respecting these guidelines.
- Discuss these guidelines with any other adults who spend time around or supervise the children (e.g., if a child does not want to hug or kiss someone hello or goodbye, then he or she can shake hands instead).
- Let children know that if they are not comfortable being around a particular adult or older child, then you or another adult will let that person know this (e.g., tell him or her that you don't want your child to sit on his/her lap).
- As a child matures, boundaries may need to change (e.g., knock on the door before entering the room of an adolescent).

351 Pleasant Street  
Suite B-319  
Northampton, MA 01060  
Phone: 413.587.3500  
Fax: 413.587.3505  
[www.StopItNow.org](http://www.StopItNow.org)  
[info@StopItNow.org](mailto:info@StopItNow.org)  
HelpLine: 1.888.PREVENT





### Get safe adults involved

- Identify one or more support person for each member of the family to talk to if there is a concern. Be sure that no one in your family is isolated. Research shows that having someone to talk with and confide in plays a key role in how well a child will bounce back from stressful events. Having a safe, responsible and consistent adult for a child or adolescent to turn to is critical.
- If someone is “too good to be true,” ask more questions. Even a close friend or relative may not be a safe person to trust with your child.

### Know your local resources and how to use them

- Learn about the agencies in your area. Know who to contact to make a report if you know or suspect that a child has been sexually abused.
- Make a list of resources you can call for advice, information and help and include the phone numbers. Start with our list of helpful resources ([www.StopItNow.org/help](http://www.StopItNow.org/help)).

### Care enough to reach out for help

- If you are concerned about the sexualized behaviors in a parent, cousin, sibling or other family member, care enough to talk with them. Read our Let’s Talk guidebook ([www.StopItNow.org/guidebooks](http://www.StopItNow.org/guidebooks)). If you are concerned about your own thoughts and feelings towards children, help is available (<http://GetHelp.StopItNow.org>)
- Make sure everyone knows that they can talk with you about any inappropriate behavior that may already have occurred; that you love them and will work to get them help.

*Original content by Joan Tabachnick*