Positive and Protective
Preparing for puberty

Department of Communities, Child Safety and Disability Services – Foster and Kinship Carer Training
Course Outline

Introduction
Defining healthy sexuality
Social learning
Values and attitudes
Communicating about relationships and sexuality – What are the barriers?
Puberty

break

Supporting and addressing relationships and sexuality education needs
Answering questions
Conclusion
What is sexuality?
“Sexuality is an integral part of life and it influences personality. It may be denied, repressed or used effectively but it is part of our selves. Sexuality is a process commencing at birth and ending only with death. Sexuality is culturally defined and thus influenced by family, peers, religion, economics, school, media, law and science.”

The Clarity Collective (1990)
What is sexuality?

“Sex is what do
Sexuality is who we are”

Anna Freud
Reference unavailable
Sexuality Components

**Spiritual**
- Religion
- Feelings
- Values
- Beliefs

**Social**
- Personal background
- Friendships
- Marriage/partnerships
- Culture
- Legal aspects

**Physical**
- Reproduction
- Birth control
- Pregnancy
- Sexual response
- Growth and development

**Emotional**
- Learned behaviour
- Attitudes
- Education
- Expression
- Feelings
- Body image

How do children and young people learn about sexuality and relationships?
Ecological model of behaviour

Based on work by U. Bronfenbrenner
Young people in care

May experience/d:
- Sexual victimisation
- Abuse, neglect or exploitation
- Lack of positive socio-sexual role models
- Limited socio-sexual skills and knowledge
- Difficulty expressing emotions and needs
- Low self esteem
- Significant others denying sexualised behaviours
How do you manage your personal values and beliefs in your professional role?

What are my personal values and beliefs about sexuality?
Guidelines for values discussions

- Be accepting and non-judgmental
- Encourage diversity
- Respect the individual’s right to pass
- Respect the individual’s response without commenting or probing unnecessarily
- Encourage individuals to respond honestly
- Model effective listening
- Avoid questions which may excessively threaten or limit choices
- Raise questions of broader social issues as well as personal concerns
Whose job is it anyway?

Children and young people in care have poorer sexual health outcomes than their peers not in care.

... care providers and service providers experienced a great deal of confusion, fear and lack of power with regards to whose responsibility it was for helping young people to access sexual health services.

Trauma experienced in childhood and in early adulthood is increasingly being recognised as one of the primary social determinants of health and wellbeing. This is because violence and abuse experienced by young people can have severe, pervasive and lifelong effects on their health, ‘identity, relationships, expectations of self and others, ability to regulate emotions and view of the world’

Elliott et al. 2005; as cited in NSW Kids and Families (2014, pg. 97)
Principles of Trauma Informed Practice

1. Providing a physically and emotionally safe environment
2. Sharing power with the young people of the service, maximising their choice and control
3. Providing training and education for practitioners about the impacts of trauma and developing safety and crisis plans
4. Providing ongoing supervision and support for practitioners to mitigate the impacts of vicarious trauma
5. Providing a culturally safe and gender-sensitive service
6. Ensuring communication is open and respectful
7. Supporting young people’s goals and interests
8. Referring young people to trauma-specific services and interventions

Hopper et al. 2010; Cusack et al. 2008; Fallot and Harris 2006; Hummer et al. 2010 as cited in NSW Kids and Families (2014, Pg. 101)
So what does this mean for relationships and sexuality?

• Consider the potential for resilience in children and young people.

• Important to recognise and focus on the individual strengths of children and young people without denying their potential for healthy sexualities and positive self-concepts.

• Children and young people with trauma backgrounds can, and do, still engage in sexual behaviours that are healthy and age appropriate.

Fava, N.M & Bay-Cheng, L.Y (2012)
TRUE OR FALSE?

Males and females reach puberty at the same time.

As bodies change during puberty, feelings change too.
TRUE OR FALSE?

Everyone wants to have a boyfriend/girlfriend when they reach puberty.

Boys sometimes experience some breast development at puberty.
TRUE OR FALSE?

The changes that happen to our bodies at puberty are caused by hormones.

It is ok to touch the private parts of your body if you are in a private place.
Female puberty changes

Draw the puberty changes on the body.
Female physical puberty changes

- growth spurt (height)
- breast budding and growth
- hips broaden
- pubic hair appears
- slight vaginal secretions
- genitals become fleshier and darker
- menstruation/period
- underarm hair
- thicker hair on arms and legs
- slight voice changes
- development of reproductive organs (including uterus & ovaries)
- sweat gland secretion
- acne
- fat deposited around hips and thighs.
Male puberty changes

Draw the puberty changes on the body.
Male physical puberty changes

- growth spurt (height)
- scrotum enlarges
- breast knots
- penis enlarges
- pubic hair appears
- voice changes
- sperm production
- underarm hair
- facial hair
- sweat gland secretion
- acne
- wet dreams
- ejaculations
Puberty emotional and social changes

• Extreme mood swings
• Question identity
• Risk taking behaviour common
• Preoccupation with rapid body changes
• Start to assert independence from parent/carer
• Express need for privacy
• Establish strong bonds with peer group
• Look to peer group for behaviour code
• Test ability to attract boyfriend/girlfriend
Periods and hygiene

- Pad or tampon choice depends on comfort, activities or time of day
- No physical reason why young girls cannot use tampons
- Reinforce need to change pads/tampons regularly
  - tampons 2-4 hours
  - pads overnight
- Important to wash hands before changing pads or tampons and bathe each day
- Pad/tampon disposal in bin or specialised receptacle – do not flush
- Period preparation –
  - keep supply of pads and underwear in school bag
  - know where to access pads and tampons at school and who to ask for help
  - practice wearing a pad
A positive approach

• Start practising before the first period arrives
• Speak positively about periods & growing up
• Encourage understanding of what happens to the body during a period
• Normalise leaks and develop strategies
• Pre-prepared underpants and pads
• Mark the occasion with a special treat
• Celebrate the anniversary each year
• Identify people it is ok to talk to about periods
• Feel good about being a woman
Periods and young women with disability

- Some evidence suggests girls with ASD will start their period slightly later than average
- Children with cerebral palsy may start puberty earlier but end later
- Can be a high level of parental/ carer anxiety
- Hygiene and menstrual irregularities
- Heightened sensory awareness
- May not be physically able to change pad
- Difficulty in communicating about menstrual cycle
- Provide plenty of opportunities for practice
- Reminders and support to level that is required
- Encourage maximum level of independence
- Education before hormonal or other interventions
Erections

• Boys experience erections from birth
• More frequent when puberty is reached
• Can happen for no reason or at an inappropriate time
• Reassure that while embarrassing, it is unlikely anyone will notice
• Preparation – discuss strategies for managing unwanted erections
  • think of something boring
  • wear clothing that makes erections less noticeable
  • sit down
  • ignore and continue with current activity

• First ejaculation: at approximately 12-14 years
Wet dreams

• A wet dream is when a male ejaculates semen while asleep
• Happens in response to the body making sperm
• All boys will have a wet dream at some time, with most beginning at about 13 or 14 years

• Preparation –
  • reassure that wet dreams are normal
  • reassure they have not wet the bed
  • the amount of semen is approximately 5 mls, so won’t make much of a mess and is cleaned up easily
Masturbation

- Nearly all boys and many girls masturbate at some time during adolescence
- An adolescent’s sex drive can be very strong
- It is one way to gain sexual pleasure and release of sexual tension, without risks associated with early sexual intercourse
- Healthy as long as it happens in private and without feelings of guilt
3 What’s Model

What is the behaviour?

What is the behaviour communicating?

What strategies will help meet the need?
Scenario 1

Betty is 10 years old and until recently she lived with her biological father and brother. Betty has been in kinship care for 3 months. Recently, Betty has been spending a lot of time in the toilet and bathroom at home. School reports that she has been going to the school nurse to get pads for when she has her periods. At home she has never talked about periods or used the pads from the bathroom cupboard.
Scenario 2

Robert is 15 years old and is currently in emergency temporary foster care. Recently he has started talking about his girlfriend Trudi (14), another young person in emergency temporary care at the same foster home. When doing the washing a few days ago a condom fell out of his pocket and into the wash. Going past his room one evening you notice his door is shut and you hear him and Trudi together.
Scenario 3

Alberto is 12 years old and has a mild intellectual disability. He has been in foster care for ten years. Alberto likes to spend a lot of time on the computer, especially surfing the internet. Recently the house received a bill for a website called xtra blu addressed to Alberto.
Scenario 4

Ben, aged 13, spends a lot of time alone in the bedroom he shares with two other foster children. He often shuts and locks the door. When the foster carer knocks on the door he tells her to go away. She has noticed lately that he is putting his sheets and pyjamas in to the washing basket to be washed every morning.
Scenario 5

Aesha, aged 12, likes to read and play the piano. She has been in care for five years with her little brother, Dano. After dinner Aesha approaches you privately and asks how she will know if she is gay. She says that sometimes she thinks she would like to kiss her best friend Suzie.
Aim to be askable

- Let children know it is always ok to ask
- Being embarrassed is ok
- Be honest if you don’t know the answer
- Be proactive if your child doesn’t ask
- Be positive, brief and factual
- Provide information at the person’s level of understanding
- Attempt to address all questions no matter how silly or confronting they may appear
- Find out what they are really asking
- Respond positively to questions
When answering questions, keep it:

- Brief
- Factual
- Positive
Positive responses to questions

• “That’s a very good question and I’m glad you asked.”

• “That’s a very good question, what made you think of that?”

• “That’s such a clever question, I’m not sure I know how to answer it. I’ll find out and I’ll tell you at (specify time).”

• “I don’t know the answer, let’s find out together.”
Strategies for answering questions

The straightforward answer
Provide an honest, straightforward answer. eg
Q. “What is a homo?”
A. “A homosexual is a person who is attracted to people from the same sex. People might also say they are gay or lesbian.”

Turning the question around
Useful for broad question or values based questions. eg
Q. “What age does puberty happen?”
A. “That’s a good question. Who thinks they know the answer?”
Strategies for answering questions

The Continuum approach
Useful for values based questions, showing that a range of values and attitudes can be held about one issue. eg
Q. “Is abortion ok?”
A. “Some people believe that abortion is never ok. Other people believe that it is the woman’s right to choose. Others believe that it depends on the circumstances.”

Referring to rules about privacy
Relevant when a student asks a personal question. eg
Q. “How old were you when you first had sex?”
A. “Since that’s a personal question, I prefer not to answer it. Remember our ground rules about respecting people’s privacy.”
Strategies for answering questions

Classroom appropriate language
Model correct language by answering questions factually using the anatomically correct word. eg
Q. “Is it normal for one ball to hang lower than the other?”
A. “Yes, one testicle is lower than the other for comfort.”

I don’t know
It is honest and acceptable to admit a lack of knowledge. eg
Q. “When a woman has IVF, how do they put the fertilised egg back into her body?”
A. “That’s a really good question, but I’m not really sure of the answer. Maybe someone could find out the answer for the next lesson.” or “I’m not sure, but I’ll find out for our next lesson.”
Communicating with children and young people

- Use consistent, clear language
- Use modelling and practice
- Break information into “manageable chunks”
- Repeat information in a variety of ways
- Use concrete materials
- Contextualise and use real life examples
- Follow up
- Respond to the person’s emotional reactions
Looking after you – it’s important!

• Be aware of your risk factors
• Attend to physical, emotional, spiritual, creative, interpersonal well being
• Seek personal counselling/therapy
• Nurture yourself
• Seek balance between work, rest and play
• Re-establish meaning and connection (with yourself, family, friends, others)
Conclusion

• advocate for the rights of all children and young people to be informed and safe
• promote an understanding of healthy sexuality
• clear policy and guidelines
• information and support for parents/carers and staff
Thank you!

For more information

www.true.org.au

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References and reading


References and reading cont.


