



**CHILD SEXUAL DEVELOPMENT  
&  
HARMFUL SEXUAL BEHAVIOURS**  
presented by  
**SIMONE ROBINSON**

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**UNDERSTANDING THE SEXUAL  
DEVELOPMENT OF CHILDREN**

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**UNDERSTANDING THE SEXUAL  
DEVELOPMENT OF CHILDREN**

**♥ WHY?** It's important we understand the "normal" development so we can identify the "inappropriate" or "harmful" sexual behaviours

**♥ WE NEED TO SEE THESE AS STAGES** Some children will develop quicker, some will be slower

**♥ UNDERSTANDING OVER JUDGEMENT** We, as social workers, sometimes feel shocked at hearing these things but they are necessary.

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**THE FOCUS SHOULD BE ON THE MAGIC**



- It's not giving a manual or a how-to
- We need to focus on the positive because it provides the framework and in RSA we often do the negative

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**0-3 YEARS**



- They are curious and explore their own body and other's bodies
- Experience an erection or vaginal lubrication
- May touch their genitals for pleasure
- Talk openly about their bodies and others too
- The appropriate names for body parts, be able to say and understand when taught

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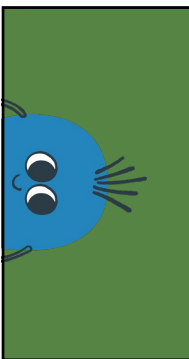
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**4-5 YEARS**



- Experience vaginal lubrication or erection
- Touch their genitals for pleasure
- Feel curiosity about everything and ask about where babies come from and how they were born
- Feel curiosity about bodies and may play games like doctor
- Feel sure of their own gender and have the ability to recognize males and females
- Begin to recognize traditional male and female gender roles and to distinguish these roles by gender
- Become conscious of their own body, how it appears to others and how it functions

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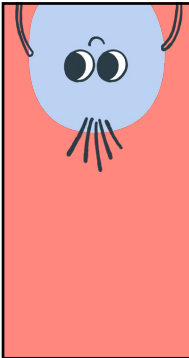
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### 6-8 YEARS

- Prefer to socialize with their own gender almost exclusively and maintain a fairly rigid separation between male and females
- Recognize the social stigmas and taboos surrounding sexuality, especially if parents are nervous about the subject and will be less open about asking questions
- Understand more complex ideas with regard to sexuality and begin to understand intercourse apart from making a baby
- Look to peers, media and other sources for information about sex
- Understand gender role stereotypes as such
- May engage in same-gender sexual exploration
- Have a stronger self-concept in terms of gender and body image

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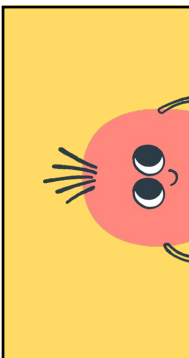
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### 9-12 YEARS

- Have an emerging sense of self as a young adult
- Feel conscious of their sexuality and how they choose to express it
- Understand jokes with sexual content
- Feel concerns about being normal, such as whether it is normal to masturbate, have wet dreams, etc
- Feel anxious about puberty, when it will happen, how it will occur, how to be prepared, etc.
- Feel shy about asking questions of caregivers, especially regarding sexuality, and may act like they already know all the answers
- Value privacy highly

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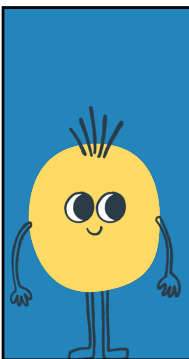
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### 13-18 YEARS

- Understand that are sexual and understand the options & consequences of sexual expression
- Choose to express their sexuality in ways that may or may not include sex
- Recognise the components of healthy and unhealthy relationships
- Have a clear understanding of pregnancy and of HIV and other sexually transmitted infections and the possible consequences, have the ability to make reasoned choices
- Recognize the role media play in propagating views about sex
- Have the capacity to learn about intimate, loving, long-term relationships
- Have an understanding of their own sexual orientation

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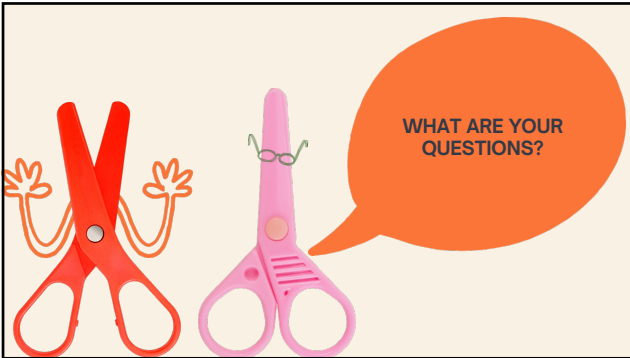
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**CHILD SEXUAL ABUSE ACCOMODATION SYNDROME**

Child sexual abuse is a complicated and dynamic process, not an event. It is only by appreciating this, that social workers can understand how children get trapped in abusive relationships and how their efforts to survive the abuse may lead to further isolation, helplessness and re-victimisation.

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**STAGE ONE: SECRECY**

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### STAGE ONE: SECRECY

- The offender tells the child that this is their secret and leads the child to believe that the situation is dangerous. The sort of threats given to the child may be:
- this is our secret, no-one else will understand
- nobody will believe you
- Don't tell your mother: (a) she will hate you, (b) she will hate me (c) she will kill you, (d) she will kill me, (e) it will kill her, (f) she will send you away, (g) she will send me away, (h) it will break up the family and you'll end up in a children's home.
- If you tell anyone (a) I will not love you anymore, (b) I will beat you, (c) I will kill your dog, (d) I will kill you.




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### STAGE TWO: HELPLESSNESS




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### STAGE TWO: HELPLESSNESS

- As an adult one assumes that if something happens to a child they will immediately disclose. This ignores the fact that within relationships with adults children are helpless as the adults are authoritarian.
- Children cannot stand up to adults in any way, especially if those adults are members of the family or 'trusted' adults
- The grooming process is also something that makes the relationship even more confusing. The perpetrator starts the abusive relationship by making the child feel special and different from their sibling or peers e.g. gives them extra attention, buys them gifts, gives their parents financial assistance if they are struggling etc. This then further increases the imbalance of power.




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**STAGE THREE:  
ENTRAPMENT AND  
ACCOMMODATION**



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**STAGE THREE:  
entrapment and accommodation**

Davis and Blass (1988) look at the various ways in which people cope with abuse in order to survive:

- Minimising – what happened was not really so bad
- Rationalising – to explain it away “he couldn’t help it, he was drunk”
- Denying – pretending it did not happen
- Forgetting – to repress any memory of the abuse

Splitting:

- Lack of integration – on the outside being happy, but having nightmares and hallucinations
- Leaving your body – numbing your body so you do not feel what is happening to it

Control:

- Chaos – by creating chaos in your life you force those around you to focus their attention on you and thus you call the shots

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**STAGE THREE:  
entrapment and accommodation**

Davis and Blass (1988) look at the various ways in which people cope with abuse in order to survive:

- Mental illness – the lines between fantasy and reality begin to blur
- Self-mutilation – instead of the abuser hurting you, you hurt yourself
- Suicide attempts
- Addiction and Isolation:
- Lying – this is part of the skills learned through years of keeping secrets
- Safety at any price:
- Avoiding intimacy – if you do not let anyone close to you, no one can hurt you.
- Religion – safety can be found in attaching yourself to a belief system that has clearly defined rules and boundaries
- Compulsively seeking or avoiding sex

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**STAGE FOUR: DISCLOSURE**



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**STAGE FOUR: DISCLOSURE**

- Disclosure is usually the result of escalating family conflict, accidental discovery by a third party, or sensitive outreach and community education by child protective agencies.
- This may also be together with the beginning of adolescence where the child becomes more independent. The father may at this stage become more controlling and jealous, and this often leads to severe fighting, where the child's anger finally pushes her to let go of her secret.
- Any child risks a disbelieving audience when she discloses, even more so for the rebellious teenager.



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**STAGE FIVE: RETRACTION**




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**STAGE FIVE: RETRACTION**

- The child also comes to realize that the threats the adult used in order to ensure that she keeps the secret, are in fact true
- The child is now once again faced with the responsibility of preserving or destroying the family.
- Very few children retract their initial disclosure, despite theory telling us it is so (my personal experience)
- If the child were to recant, this is usually done with severe emotional pressure from family members, or the perpetrator's supporters



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**what is sexual abuse?**

- Having sex with a child or deliberately having sex in front of a child.
- The child does not give consent, may be forced, manipulated or bribed.
- The child is exposed to pornography or is used for sexual or pornographic photos or activities.
- Touching a child's genitals or penetrating genitals using body parts or objects
- The child is made to touch stimulate the perpetrator.
- Flashing, masturbating in front of a child or exposure to voyeurism



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### what is sexual abuse?

- Any sexual act without consent
- Is frequent, repeated and compulsive, indiscreet and indiscriminative
- Occurs too often and between children who do not know each other well
- Is between children of same and different ages, sexes and development level
- Use manipulation to lure the victim (Bribery & trickery)
- Is aggressive, Forced or coerced
- Does not decrease after the child is told to stop the behaviour and given consequences
- Causes harm to the child or others
- Secretive behaviour (manipulation and planning)




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### sexual play vs sexual abuse

<ul style="list-style-type: none"> <li>•Is exploratory and spontaneous</li> <li>•Occurs after being exposed/ witnessing sexual material/behaviors (e.g. exposure to media or sexual activities)</li> <li>•Occurs once or twice and by mutual agreement</li> <li>•Occurs with children of similar age, image size or development level</li> <li>•Is not associated with fear, anxiety or anger</li> <li>•Decreases when redirected by an adult</li> <li>•Can be controlled by increased supervision</li> <li>*Although it is normal, it requires parents to come in to teach and help with the learning</li> </ul>	<ul style="list-style-type: none"> <li>•Is frequent, repeated and compulsive, indiscreet and indiscriminative</li> <li>•Occurs too often and between children who do not know each other well</li> <li>•Is between children of same and different ages, sexes and development level</li> <li>•Use manipulation to lure the victim (Bribery &amp; trickery)</li> <li>•Is aggressive, Forced or coerced</li> <li>•Does not decrease after the child is told to stop the behaviour and given consequences</li> <li>•Causes harm to the child or others</li> <li>•Secretive behaviour (manipulation and planning)</li> </ul>
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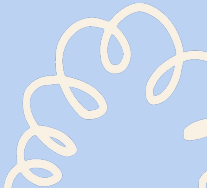
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### problematic sexual behaviour

- Not balanced with other aspects of the child's life
- Adult sexual knowledge & behaviours
- Behaviours are significantly different in comparison to children from same age group
- Complaints from other children
- Distorted ideas about the rights of others
- Progression in frequency or intensity over time
- Feelings of fear, anxiety, shame or intense guilt
- Problematic Sexual Behaviours with animals
- Sexualises objects
- Causing physical or emotional pain




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According to Hackett, Holmes and Branigan (2016:12)

**"SEXUAL BEHAVIOURS ARE BEHAVIOURS EXPRESSED BY CHILDREN AND YOUNG PEOPLE UNDER THE AGE OF 18 YEARS OLD THAT ARE DEVELOPMENTALLY INAPPROPRIATE, MAY BE HARMFUL TOWARDS SELF OR OTHERS, OR BE ABUSIVE TOWARDS ANOTHER CHILD, YOUNG PERSON OR ADULT".**



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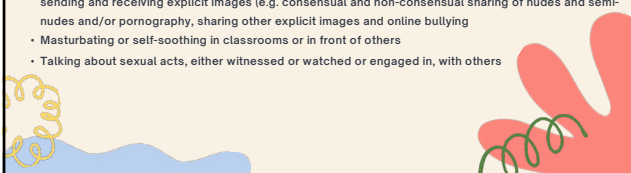
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### SO WHAT IS IT?

- Watching pornography or making others watch it
- Peer to peer pressure
- Children posing as adults or young adults with the intention to groom or exploit for sexual, criminal, financial or other purposes'
- Personal online behaviour that increases the likelihood of, or causes, harm; for example, making, sending and receiving explicit images (e.g. consensual and non-consensual sharing of nudes and semi-nudes and/or pornography, sharing other explicit images and online bullying
- Masturbating or self-soothing in classrooms or in front of others
- Talking about sexual acts, either witnessed or watched or engaged in, with others



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### SO WHAT IS IT?

- abuse in intimate personal relationships between children (sometimes known as 'teenage relationship abuse');
- sexual violence, such as rape, assault by penetration and sexual assault (this may include an online element which facilitates, threatens and/or encourages sexual violence);
- sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be stand-alone or part of a broader pattern of abuse;
- causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party;
- consensual and non-consensual sharing of nudes and semi nudes images and or videos (also known as sexting or youth produced sexual imagery);
- up-skirting, which typically involves taking a picture under a person's clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm,
- initiation/hazing type violence and rituals (this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element).



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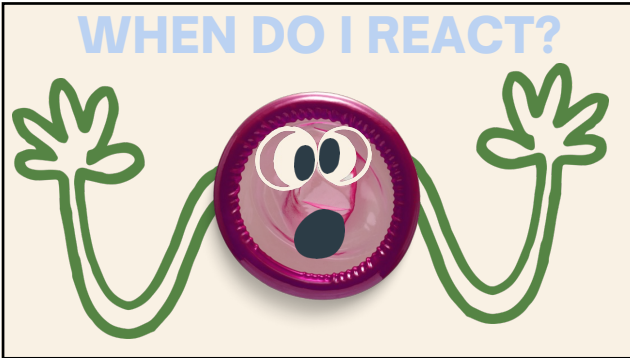
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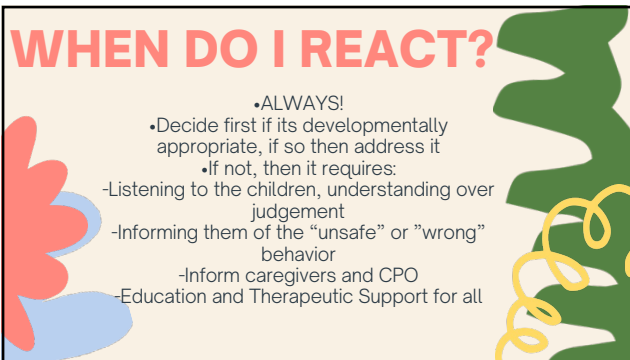
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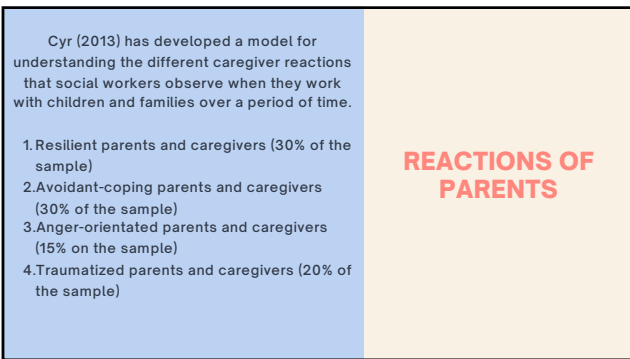
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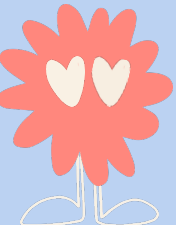
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### RESILIENT PARENTS

- Tend to believe their children's disclosures and take steps to protect their children from the perpetrator.
- They provide emotional support to the child
- Supervise and discipline the child appropriately
- Anger is expressed towards the perpetrator of the abuse, but not towards the child.
- Resilient parents and caregivers tend to have a higher family income, general absence of psychological symptoms and lower levels of life stress at the time of the disclosure of the abuse.
- Actively seek help for their children and themselves. They tend to follow through with therapeutic interventions and are active participants in the child protection process.

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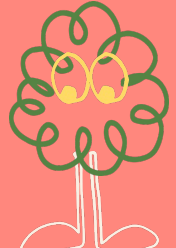
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### AVOIDANT- COPING PARENTS

- Avoidant-coping parents and caregivers tend to be adults who had themselves been abused as children in some way and who had themselves not always had the opportunity to access help or support.
- Their own PTSD experiences, which would impact negatively on their parenting.
- Tend to disbelieve the child's disclosures of abuse
- Often fail to protect children from further abuse and exploitation by the perpetrator.
- Less likely to seek therapeutic services for their children and tend to be less supportive of their children.
- Children who meet with a dismissive, disbelieving, unsupportive, hostile, or non-protective response are re-traumatized and may suffer long-term mental health problems

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### ANGER-ORIENTATED PARENTS

- Anger oriented parents and caregivers tend to believe their children's allegations and protect them from the perpetrator
- But show high levels of anger towards their children.
- They report more behavioural and psychological problems in children.
- They tend to be in conflict with the child more often
- Are less emotionally supportive and more punitive.
- Blame their children for the abuse on some level.
- These children blame themselves for the abuse and even engage in further risk- taking behaviours and acting out behaviours.
- These children often express that they regret having disclosed the abuse

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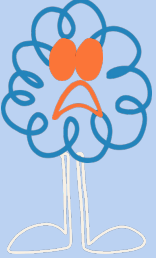
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### TRAUMATIZED PARENTS

- The traumatized group of parents and caregivers are often single mothers who experience high level of current life stress and have limited finances. They may be unemployed or in low-paying jobs.
- Sometimes in abusive relationships.
- Generally have little support.
- These mothers are generally supportive and believing of their children and seek help for themselves and their children.
- However, they themselves appear to have suffered the highest levels of own abuse (often sexual).

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### SOME IMPORTANT REGULATIONS JUST TO BE AWARE OF

- South Africa has a very progressive legal framework which provides that adolescents have a right (largely) from the age of 12 to access a range of sexual and reproductive health services including contraceptives, treatment for sexually transmitted infections and termination of pregnancy.
- However, consensual but underage sex was a criminal offence that had to be reported to the police.
- These conflicting approaches between the various branches of law placed practitioners working with adolescents in an invidious position where they had a duty to provide adolescents with services but were required to report all sexual acts (including consensual 'offences') against children.
- In terms of the Sexual Offences and Related Matters Amendment Act, consensual sex or sexual activity with children aged 12 – 15 (before their 16th birthday) was a crime, and as such had to be reported to the police.
- This was challenged in court in the Teddy Bear case, which held that it was unconstitutional and caused more harm than good.
- Reporting obligations for professionals changed

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This means that it is no longer a criminal offence for adolescents to engage in consensual sex with other adolescents aged 12 – 15 years.

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It will also not be a criminal offence if the one adolescent is between the ages of 12 and 15 and the other is 16 or 17, provided that there is not more than a 2-year age gap between the parties.

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**SOME IMPORTANT REGULATIONS JUST TO BE AWARE OF**

- In section 1 of the Sexual Offences Act many forms of sexual expression and experimentation, including kissing, mutual masturbation, or touching of genital organs, breasts, or any part of the body resulting in sexual stimulation, are considered to be a form of sexual violation.
- These acts will no longer be a criminal offence, provided that both adolescents are between the ages of 12 and 15 years or one adolescent is aged between 12 and 15 and the other is 16 or 17, and there is not more than a 2-year age gap between them.

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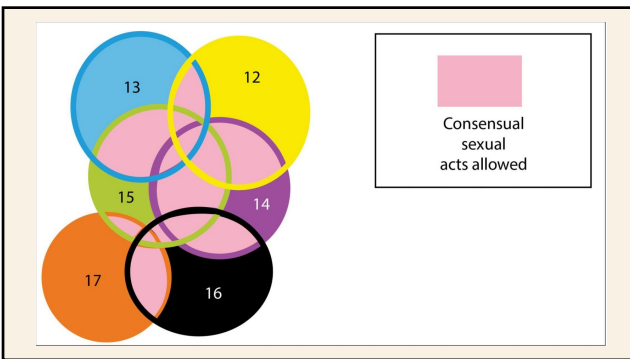
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**Let's get your brain moving**  
challenging your thoughts

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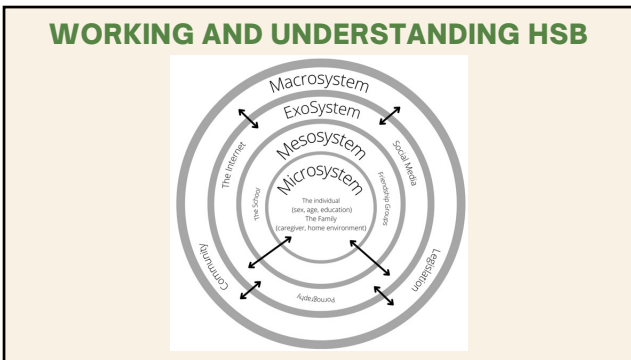
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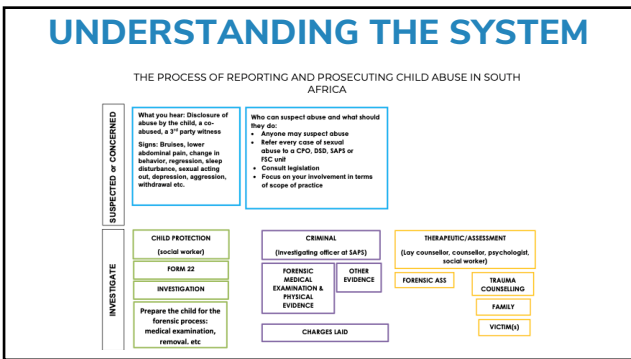
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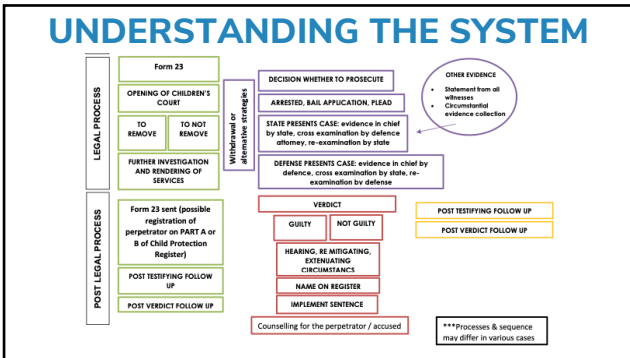
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## WHAT IS YOUR ROLE IN CONNECTING WITH THE CHILD

### Social Worker vs Forensic Social Worker

Therapeutic interviews	Forensic interviews
Assumes the child is telling the truth	Is a fact-finding procedure
The interviewer is an advocate	The interviewer has a neutral stance
Subjective reality is expected	Alternative explanations are explored
The general idea of abuse is enough	Details are imperative
The way information is obtained is not very important	The way information is obtained is strictly governed

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## CONTRIBUTING FACTORS

### INDIVIDUAL

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## THE INDIVIDUAL FACT OR MYTH

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<p><b>GENDER</b> ○</p> <ul style="list-style-type: none"> <li>• Males or females can be perpetrators</li> <li>• There is a stigma placed based on stereotypes</li> </ul>	<p><b>AGE</b> ○</p> <ul style="list-style-type: none"> <li>• All ages</li> <li>• Within South Africa age is important for criminal capacity</li> </ul>
<p><b>COGNITIVE ABILITY</b> ○</p> <ul style="list-style-type: none"> <li>• Belief is low cognitive ability, opposite when it comes to grooming</li> <li>• Similar thoughts when looking at victims</li> </ul>	<p><b>Social Skills</b> ○</p> <ul style="list-style-type: none"> <li>• Belief is limited social skills</li> <li>• Lack understanding of social cues</li> </ul>

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## WHY IS THIS IMPORTANT

- Sometimes you are the first person they are speaking to
- You are often the person that can give them all the answers
- You are the person who knows what information you need for court proceedings etc...
- You are the one who is going to have to refer them for counseling, children's investigations, criminal proceedings
- You want ways to help victims which require little effort and almost nothing but your time




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## HOW DO WE WORK WITH THIS?

- ★ Ask smart questions-
- ★ Do I need this information?
- ★ Go from general to specific
- ★ Explanation
- ★ Possibilities
- ★ Ways to prepare

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**PULL ON THE STRING**



**WORK WITH WHAT COMES OUT**

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**asking the questions**  
and listening for the answers

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**WHAT ARE SOME OF THE THINGS WE WANT TO ADDRESS**

- ♥ **BODY AWARENESS** Emotions and identifying them  
Where do we feel them in our body  
what do we want to do with them
- ♥ **COPING TOOLS** Managing emotions  
Looking at if they are healthy, developmentally appropriate  
and safe in all contexts
- ♥ **RELATIONSHIPS** What do I want?  
What is a healthy relationship?  
Sexual Education  
Consent  
What do you do if it goes wrong?

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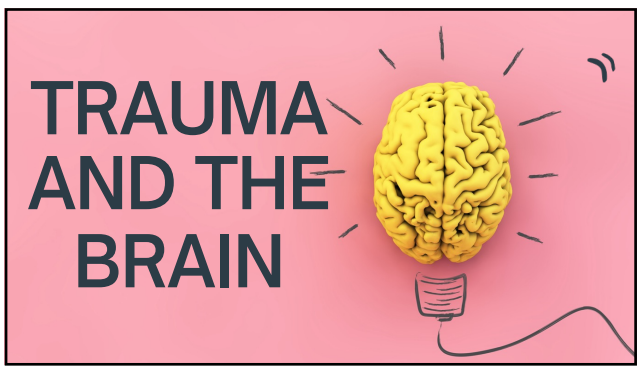
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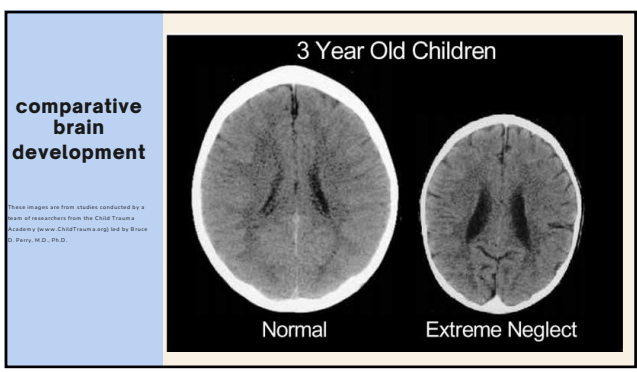
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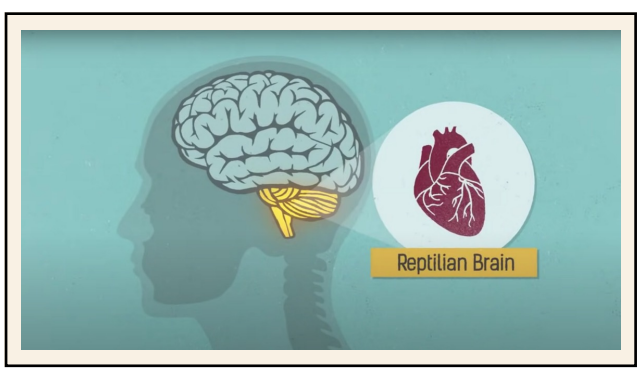
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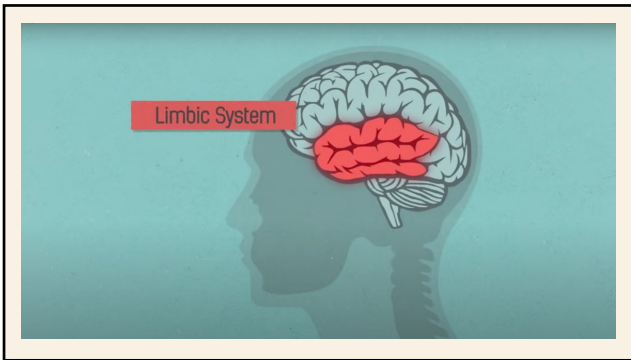
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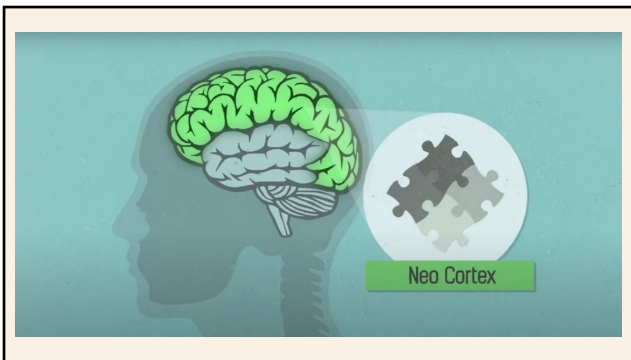
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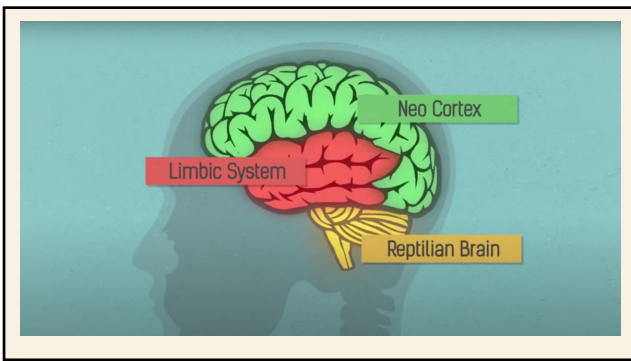
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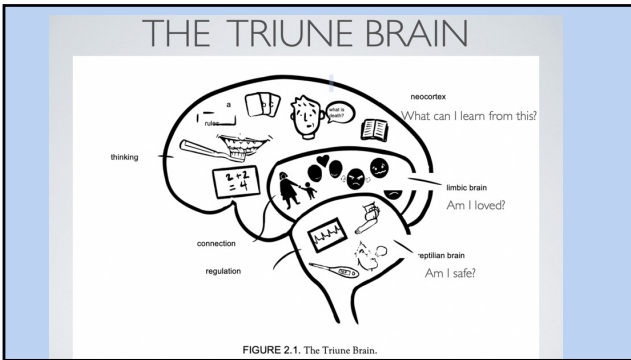
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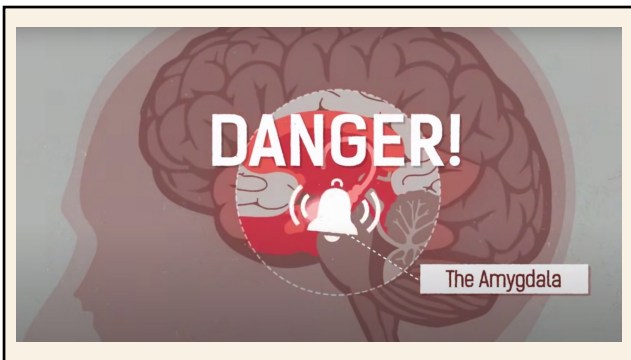
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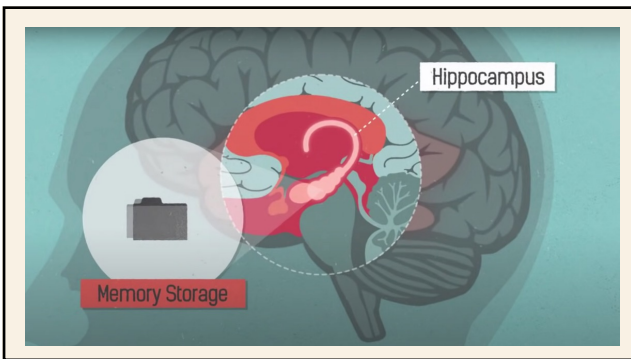
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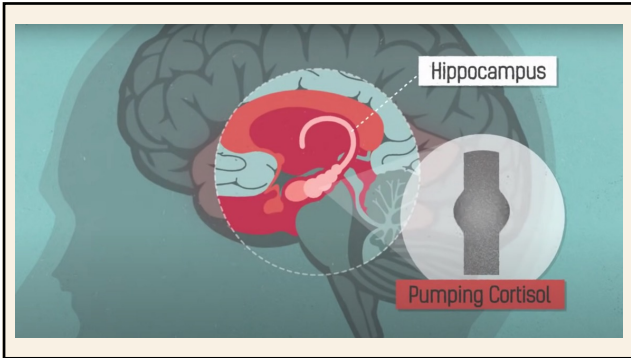
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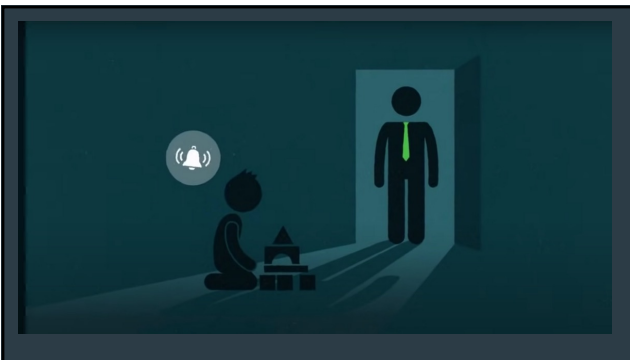
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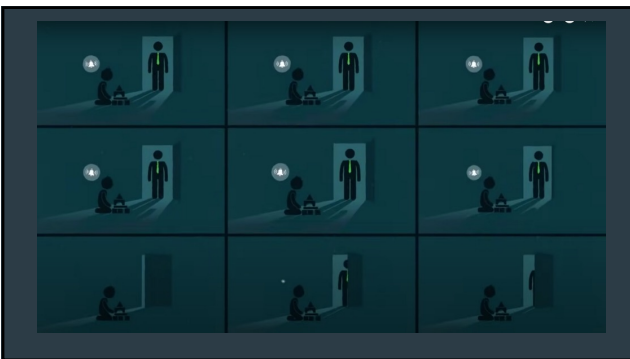
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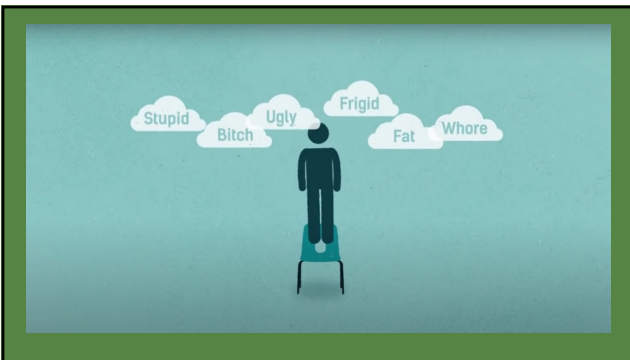
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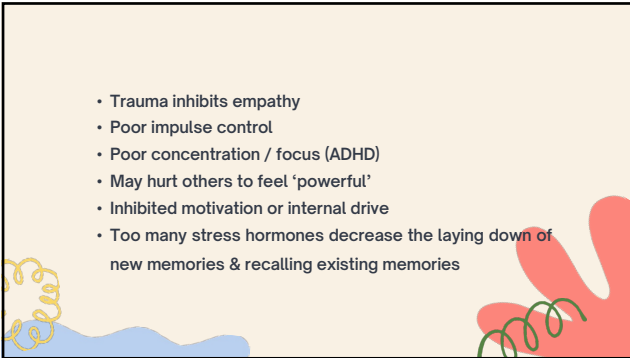
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- Trauma inhibits empathy
- Poor impulse control
- Poor concentration / focus (ADHD)
- May hurt others to feel 'powerful'
- Inhibited motivation or internal drive
- Too many stress hormones decrease the laying down of new memories & recalling existing memories

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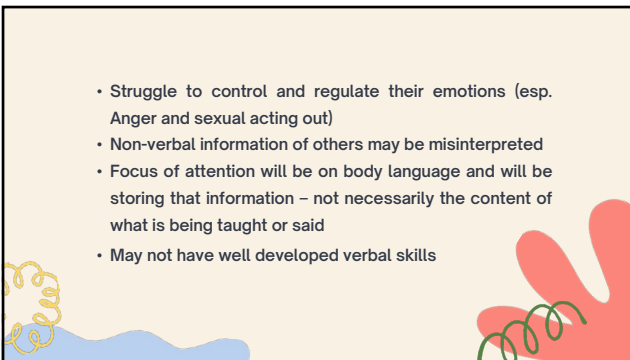
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- Struggle to control and regulate their emotions (esp. Anger and sexual acting out)
- Non-verbal information of others may be misinterpreted
- Focus of attention will be on body language and will be storing that information – not necessarily the content of what is being taught or said
- May not have well developed verbal skills

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- Hypervigilant
- Will find it difficult to reason and come up with rational solutions

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**Only when children feel  
safe can the thinking  
'brain' be in charge**

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 **is there hope?**

- The more we practise something, the better we become with it (this is true for the brain – both positive and negative)
- Infancy is a critical period for brain growth
- Caregivers have a critical role to play in how the brain develops, and this will influence the child's emotional life in the long term

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
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**How do we work with this?**  


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- \* Not with expensive tools or equipment
- \* Not with crazy techniques or weird and wonderful ways of working
- \* You must try and give them what they have not had in their traumatic situation
- \* Put yourself in the neuroscientist's shoes



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How do we work with this?



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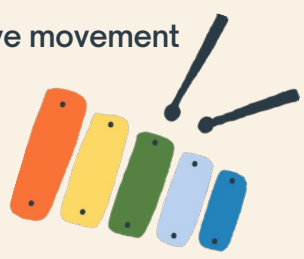
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- Regular repetitive movement
- Song
- Rhythm
- Sensory
- Play
- Mastery



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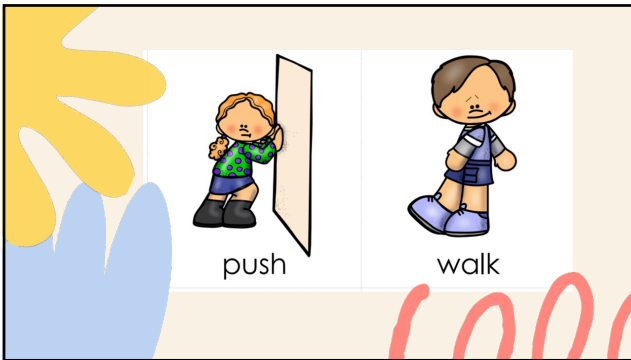
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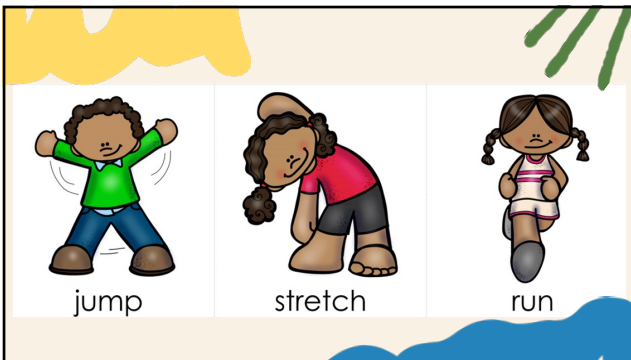
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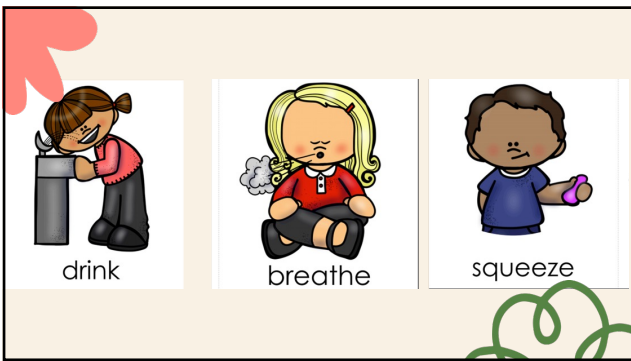
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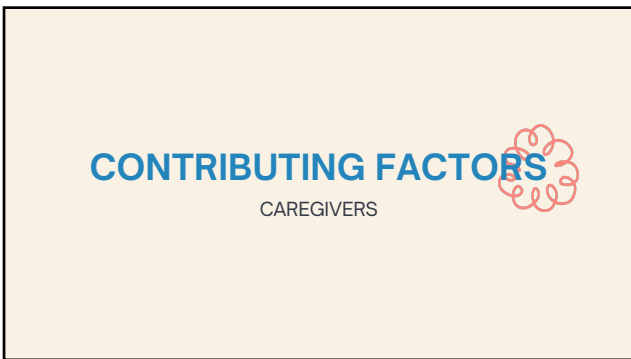
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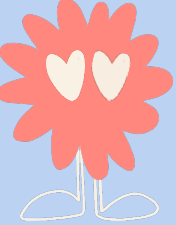
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### RESILIENT PARENTS

*Tend to believe their children's disclosures and take steps to protect their children from the perpetrator. They provide emotional support to the child. Supervise and discipline the child appropriately. Anger is expressed towards the perpetrator of the abuse, but not towards the child. Resilient parents and caregivers tend to have a higher family income, general absence of psychological symptoms and lower levels of life stress at the time of the disclosure of the abuse.*

- Actively seek help for their children and themselves. They tend to follow through with therapeutic interventions and are active participants in the child protection process.
- They get support but be careful of over-therapizing
- Help them understand the importance of being the parent and not the "fixer"
- Explain all roles and the way children may react
- They may become frustrated with the system so work on what is best for the child

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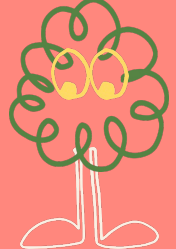
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### AVOIDANT- COPING PARENTS

*Avoidant-coping parents and caregivers tend to be adults who had themselves been abused as children in some way and who had themselves not always had the opportunity to access help or support. Their own PTSD experiences, which would impact negatively on their parenting. Tend to disbelieve the child's disclosures of abuse. Often fail to protect children from further abuse and exploitation by the perpetrator. Less likely to seek therapeutic services for their children and tend to be less supportive of their children. Children who meet with a dismissive, disbelieving, unsupportive, hostile, or non-protective response are re-traumatized and may suffer long-term mental health problems.*

- The importance of therapy and the various types of therapy
- The ways we can assist them to "move on as quickly as possible"
- Ensuring the parents receive support too
- They will think the system not working is further proof the child was lying

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### ANGER-ORIENTATED PARENTS

*•Anger oriented parents and caregivers tend to believe their children's allegations and protect them from the perpetrator. But show high levels of anger towards their children. They report more behavioural and psychological problems in children. They tend to be in conflict with the child more often. Are less emotionally supportive and more punitive. Blame their children for the abuse on some level. These children blame themselves for the abuse and even engage in further risk- taking behaviours and acting out behaviours.*

- Importance of getting therapy, creating a support network for the child
- Communication on parents saying things "we have to do this because of you and what happened to you"
- Monitoring of child
- Coping mechanisms

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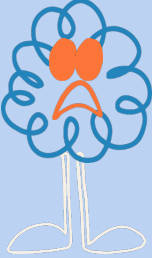
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### TRAUMATIZED PARENTS

The traumatized group of parents and caregivers are often single mothers who experience high level of current life stress and have limited finances. They may be unemployed or in low-paying jobs. Sometimes in abusive relationships. Generally have little support. These mothers are generally supportive and believing of their children and seek help for themselves and their children. However, they themselves appear to have suffered the highest levels of own abuse (often sexual).

- Parents need support and care
- Free resources but explain the waiting time
- Look at how to best manage it in terms of time
- System may not be suitable because of wait and understand those risks e.g. missed wages, time and unpredictability

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### DIFFERENT PARENTS

- Education on abuse and "how this can happen",
- Alleviate Guilt
- Understanding next steps
- Sexual education, understanding it's empowering not providing a "how-to"



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### DIFFERENT PARENTS

- Importance of protecting children, change the "it happened to me and I am fine"
- Continuous supervision and communication
- Open door policies and understanding over judgement



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**CONTRIBUTING FACTORS**  
HOME



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**HOME ENVIRONMENT**

Understanding the factors present

- Lack of different rooms/ privacy
- Inappropriate exposure to activities
- Supervision
- Separated family, divorced parents (DISCLAIMER)\*



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**HOME ENVIRONMENT**

- Ensure privacy within the home
- Safe spaces for children to be when not at home
- Supervision is there and explained
- Communication between separate parents or homes, rules are rules at both



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**CONTRIBUTING FACTORS**  
SCHOOL




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**SCHOOL**



- Setting
- Lack of teachers in classroom
- Overcrowded classrooms
- Unidentified resources within the community or not explained
- Sex Education

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**SCHOOL INTERVENTION**



- Setting**  
Having an open-door policy and having classroom doors with windows in them so people can easily see what takes place inside the classes, are ways of increasing visibility to create a safe environment free from sexual abuse
- South Africa Specific**  
The Optimus study conducted by Aritz et al. (2016) in South Africa found that a high portion of child sexual abuse (CSA) cases occurred within the school setting, where the perpetrators were schoolmates or friends
- Sex Education**  
Inconsistent depends on the teacher and their level of comfort  
Very little engagement with parents

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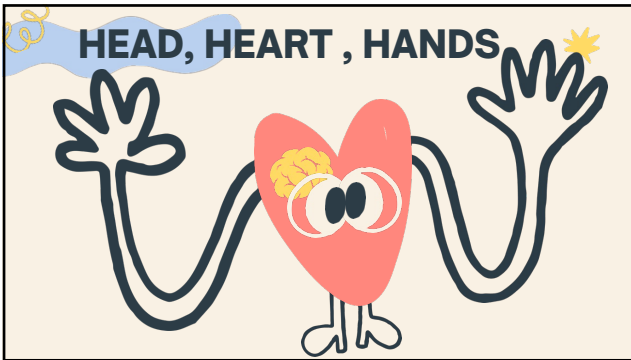
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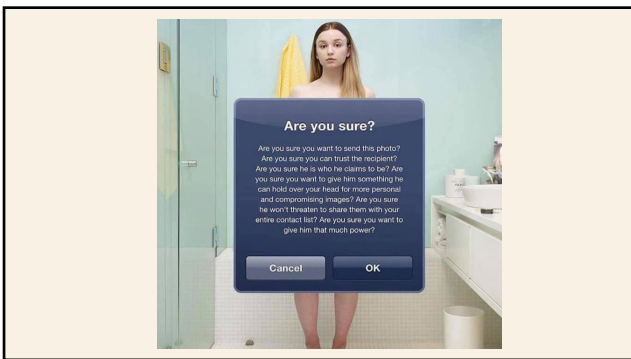
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**PORNOGRAPHY AND THE BRAIN**

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**UNLIKE OTHER ADDICTIONS**  
there is no kill switch



- Researchers have found that internet porn and addictive substances have similar effects on the brain
- porn activates the "reward center" triggering the release of chemicals that give you a "buzz"
- Over time, excessive levels of these chemicals cause the brain to develop tolerance
- if these pathways aren't reinforced they disappear, so it can be overcome
- They can be so embedded into the brain you will remember them for the entirety of your life
- You will seek out more extreme versions to get the "buzz again"

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**HOW DO WE INTERVENE?**

<p><b>TALK ABOUT SEX</b></p> <p>Children may go to pornography for the answers</p>	<p><b>WEB MONITORING</b></p> <p>While not ideal, you want to ensure young ones don't stumble on something they aren't even looking for</p>	<p><b>IT'S NOT ABOUT IF, IT'S WHEN</b></p> <p>Understanding it will happen and prepare them for what to do</p>
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**HOW DO I EXPLAIN THIS (SCHOOL)**

- ♥ Meeting as a need
- ♥ Explain the teacher what are their concerns, what are they comfortable with answering
- ♥ Permission Slips
- ♥ Any concerns that need to be addressed Before holidays, then after and again

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**HOW DO I EXPLAIN THIS (PARENTS)**

- ♥ Meeting as a need
- ♥ Mom and dad have a meeting with you, maybe a presentation
- ♥ Permission Slips
- ♥ Before holidays
- ♥ After holiday mom and dad are there
- ♥ Six weeks time I come back and we do questions

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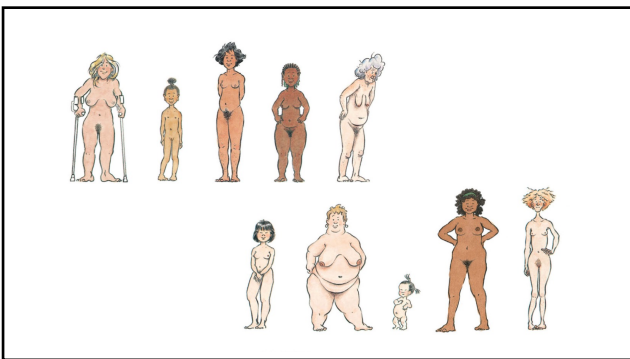
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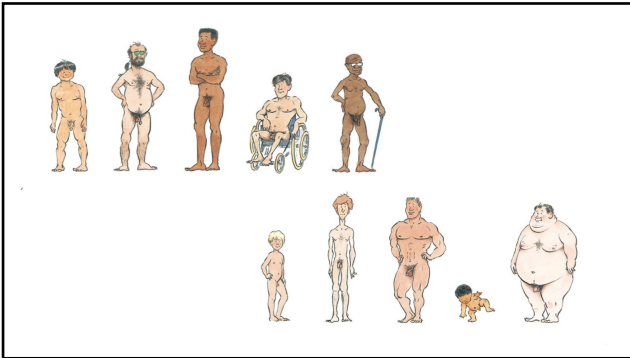
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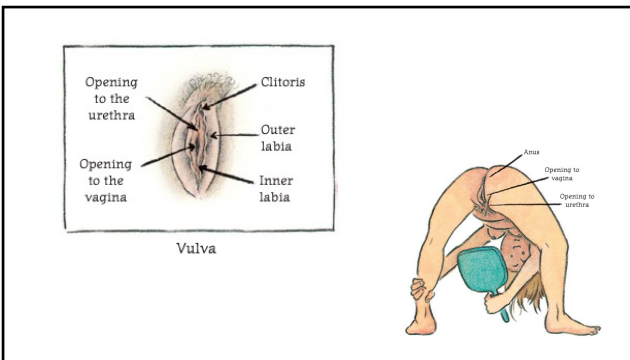
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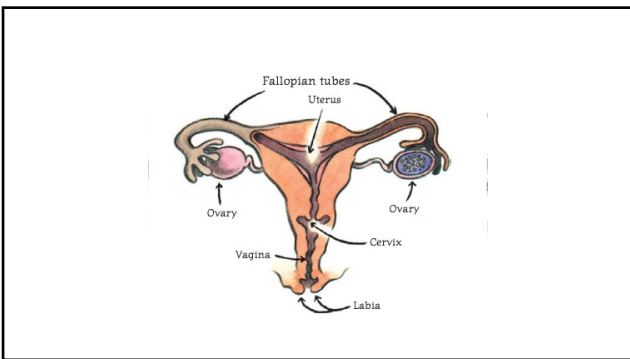
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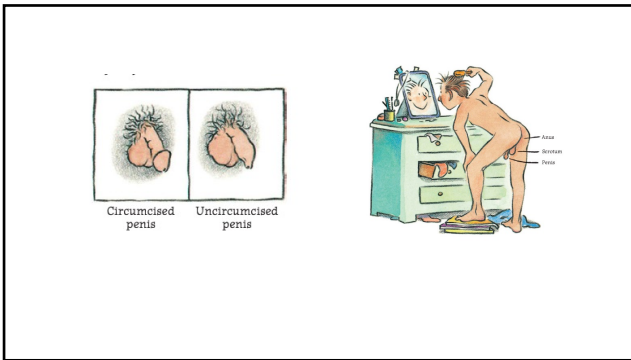
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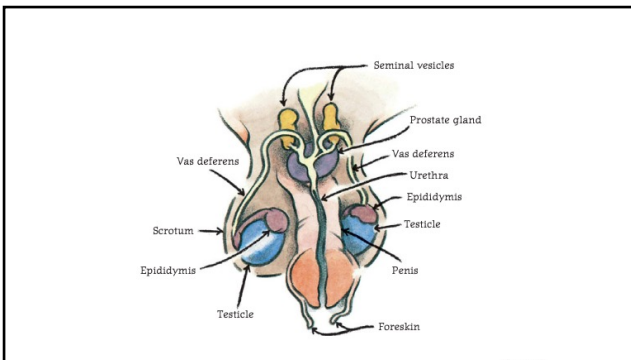
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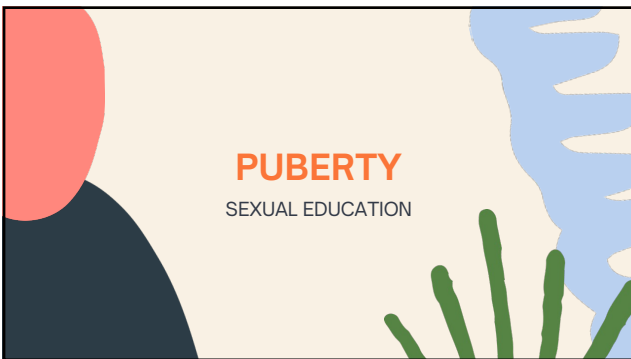
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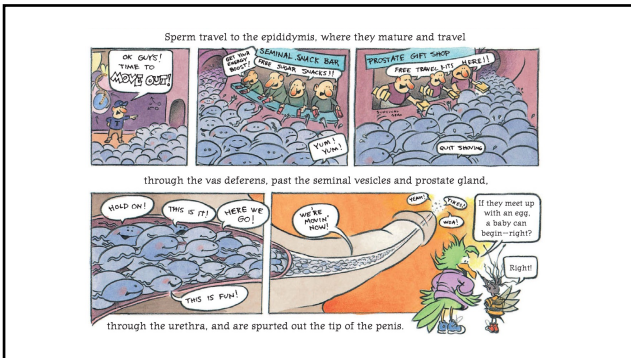
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Sexual intercourse happens when two people—a female and a male or two females or two males—feel very sexy and very attracted to each other and want to be very close to each other in a sexual way. When a female and a male are so close that the male's penis goes inside the female's vagina, the vagina stretches in a way that fits around the penis.

possible for a female and a male—once their reproductive organs have grown up—to make a baby.

This is what I thought it was about. I'd rather not think about it.

Most people don't have sexual intercourse only when they want to have a baby.

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Most often, people have sexual intercourse because it feels good. People have sexual intercourse well into old age.

People also call sexual intercourse "making love" or "love-making" because it's a way of expressing love. But sexual intercourse is only one way of expressing love.

Hugging, cuddling, holding hands, kissing, and touching are other ways of expressing love. So is just being with someone you like a lot and telling that person, "I love you."



Horizontal lines for writing.

121

THE FURTHER ADVENTURES OF THE EGG AND SPERM: Pregnancy



Each egg waits in the Fallopian tube to be fertilized by a sperm.



Sperm leave the penis, swim up the vagina, through the uterus.

Horizontal lines for writing.

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and into a Fallopian tube, where an egg may be waiting to unite with a sperm.



If one sperm enters the egg, they become one cell and pregnancy can begin.

Horizontal lines for writing.

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There are some things about sex and sexual intercourse that are important to know and remember:

- It makes sense to wait to have sexual intercourse until you are old enough and responsible enough to make healthy decisions about sex.

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- Every female and every male has the right to say no to any kind of touching—even when one person is older, or a lot older, or stronger, or a lot stronger than the other person.
- A relationship that includes sexual contact often comes with complicated feelings.

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- A relationship that includes sexual contact often comes with complicated feelings.
- Sexual intercourse—“having sex”—can involve the penis and the vagina, or the mouth and the genitals, or the penis and the anus.

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• After sexual intercourse that involves the vagina and the penis, the female can become pregnant. But there are ways that people can help protect them from having a baby



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• During sexual intercourse, serious infections—such as HIV, the virus that causes AIDS—as well as other infections that are less serious, can be passed from one person to the other. However, there are ways in which people can help protect themselves from getting or passing on these infections.

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**SIMONE ROBINSON**  
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