

# Do Ask, Do Tell: Talking to Youth About Sexuality



Expanding our Experience and Expertise: Implementing  
Effective Teenage Pregnancy Prevention Programs

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**Cardea**

*Training, Organizational Development and Research*

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# Learning Objectives

- Identify areas of personal discomfort when discussing sexuality with youth and strategies to overcome discomfort
- Gain strategies to work with program staff to increase comfort with sensitive topic areas

# Group Agreements

- Respect confidentiality
- Be respectful of others
- Use “I” statements when talking
- We may not always agree
- Step up/Step back

# Know Thyself: Characteristics to be qualified to teach on an emotional level

## 1. Joyful affirmation of being sexual

- Sees sexuality as a gift
- Happy with own sexual feelings and attitudes
- Sexuality is healthy and good



# Know Thyself: Continued

## **2. Accepts sexual lifestyles different from one's own**

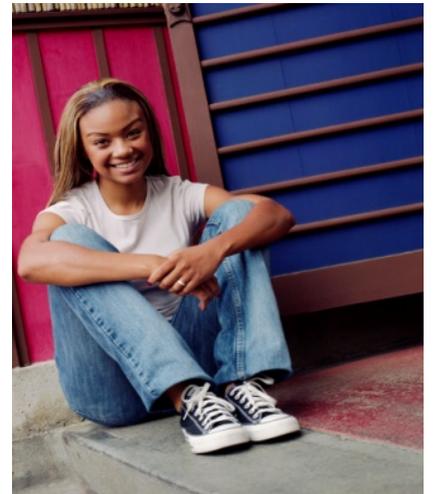
- Accepts variety of behaviors that are not destructive and have no victims
- Respects choice to grow and make own decisions

# Know Thyself: Continued:

- 3. Expresses sexuality in sharing, non-exploitive ways**
  - Acts in congruence with who we are
  - Able to sexually relate to self and others in positive sharing ways
  
- 4. Able to differentiate between what we believe about sex and what we were taught to believe**

# Know Thyself: Continued

- 5. Can withstand being thrown off-balance when you discover something new about yourself**
- 6. Accepts language about sex without embarrassment**



# Underlying Principles

- Adolescent Sexual Health Working Group  
Core Competencies

<http://www.californiateenhealth.org/download/ASHWGcorecompetencies2008.pdf>

- Sexuality Information and Education Council of the U.S. (SIECUS) <http://www.siecus.org/>

# What do you think?

- Talking to young girls about sex and sexual pleasure will only encourage them to have sex.
- In my culture, talking about sex and sexuality is taboo.
- Talking to youth about sexuality should be a routine part of reproductive health care.
- I am comfortable talking about sexuality.



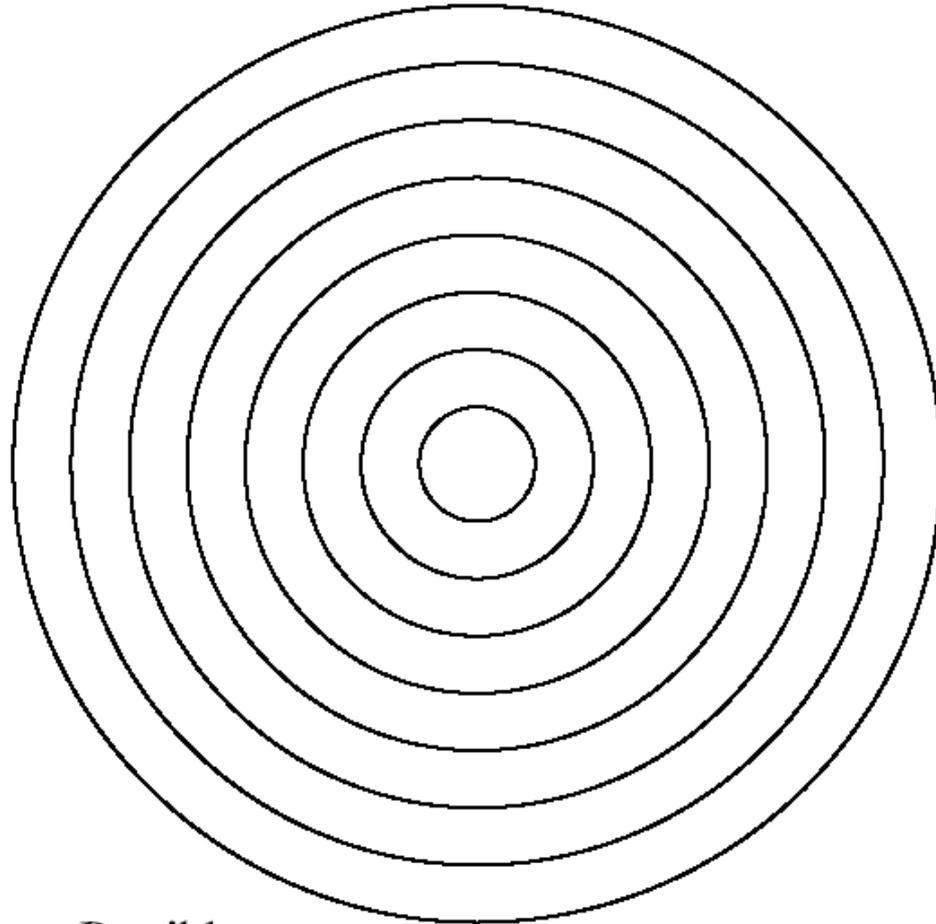
# Personal Meets Professional



**VS**



# Privacy Circles



**Possible**

**Categories:**

self  
partner  
friends  
family

co-workers  
acquaintances  
strangers  
professionals

# Healthy Sexuality - Essential Ideas

- It's the facilitator's responsibility to be comfortable with introducing the subject
- Assure confidentiality in classroom or other setting; explain mandated reporter role
- Explain that they can opt out of activities/discussion

# Sex Redefined: The Reclassification Of Oral-Genital Contact

- 477 university students participated in a survey - the majority of respondents indicated that penile-vaginal intercourse and penile-anal intercourse constitute sex (98% and 78%, respectively), but only about 20% believed the same was true of oral-genital contact.
- The proportion classifying oral-genital contact as sex in 2007 was about half that as in 1991.
- This difference was consistent for both sexes and for both giving and receiving oral-genital stimulation. Responses did not vary by respondents' sexual experience or demographic characteristics.

Source: *Perspectives on Sexual and Reproductive Health*, 2010, 00(0):00–00, doi: 10.1363/4207410† Jason D. Hans,; Martie Gillen and Katrina Akande

# Sex Redefined: The Reclassification Of Oral-Genital Contact - Conclusions

Sociocultural conceptualizations of oral-genital contact have shifted in a way that may leave people who engage in this activity unmindful of its potential health risks.

Sex education programs, which generally focus on penile-vaginal contact, could help STD prevention efforts by explaining the risks associated with oral-genital stimulation, and the measures that can be taken to minimize those risks.

Source: *Perspectives on Sexual and Reproductive Health*, 2010, 00(0):00–00, doi: 10.1363/4207410 Jason D. Hans, Martie Gillen and Katrina Akande

# The Kinsey Scale

- 0 – Exclusively heterosexual
- 1 – Predominantly heterosexual, incidentally homosexual
- 2 – Predominantly heterosexual, more than incidentally homosexual
- 3 – Equally heterosexual/ homosexual
- 4 – Predominantly homosexual, more than incidentally heterosexual
- 5 – Predominantly homosexual, incidentally heterosexual
- 6 – Exclusively homosexual

The Kinsey Scale is based on Past, Present  
& Ideal Perceptions of:

**Sexual Attraction**

**Sexual Behavior**

**Sexual Fantasies**

**Emotional Preference**

**Social Preference**

**Self-Identification**

**Heterosexual/Homosexual Lifestyle**

# Difficult Issues Related to Sexuality

- History of trauma, sexual abuse, intimate partner violence
- Reproductive Coercion- birth control sabotage
- Sexual dysfunction
- Bad communication
- Health conditions

# WHAT WE KNOW



**1 in 4** (25%) U.S. women  
and

**1 in 5** (20%) U.S. teen  
girls report ever  
experiencing physical  
and/or sexual IPV.

*CDC Morbidity and Mortality Weekly Report. February 2008.  
;Silverman et al, 2001*

# TEEN BIRTH CONTROL SABOTAGE

Among teen mothers on public assistance who experienced recent IPV:

- ❑ **66%** experienced birth control sabotage by a dating partner
- ❑ **34%** reported work or school-related sabotage by their boyfriend

Source: *Raphael, 2005*

# BIRTH CONTROL SABOTAGE

Tactics used by IPV perpetrators include:

- Destroying or disposing of contraceptives
- Impeding condom use (threatening to leave her, poking holes in condoms)
- Not allowing her to obtain or preventing her from using birth control
- Threatening physical harm if she uses contraceptives

*Source: Campbell et al, 1995; Coggins et al, 2003; Fanslow et al, 2008; Lang et al, 2007; Miller et al, 2007; Wingood et al, 1997*

# Past Sexual Abuse or Trauma Puts Individuals at Higher Risk for:

- Inconsistent use of birth control, including condoms
- Unplanned pregnancy
- STDs including HIV
- Depression
- Drug and alcohol addiction
- Unhealthy and violent relationships
- Keeping secrets related to sex and relationships

Long-term Effects of Child Sexual Abuse, Paul E Mullen and Jillian Fleming; Issues in Child Abuse Prevention Number 9 Autumn 1998; Bergman & Brismar, 1991; Coker et al, 2002; Dienemann et al, 2000; Elsberg et al, 2008; Kernic et al, 2000; Stark & Flitcraft, 1995; Sato-DiLorenzo & Sharps, 2007

# Adolescent Relationship Abuse is Prevalent

- One in four teens in a relationship report being called names, harassed, or put down by their partner via cell phone/texting
- One in five teen girls have electronically sent or posted nude/semi-nude photos or videos of themselves (12% of these girls say they felt 'pressured' to do so)



# What We Can Do or Say When Youth Have Had Difficult Experiences

- “I’m sorry that happened to you, and I’m glad you feel safe enough to share that information with me.”
- “You have shared some hard things with me and I appreciate that. I wonder if you would feel open to talk to a counselor about some of these issues?”

# You Have the Right to:

- Be treated with kindness
- Be with your friends when you want to be
- Wear what you want to wear
- Feel safe and have your boundaries be respected
- Go only as far as you want to go as far as touching, kissing, or anything sexual
- Speak up about any controlling behavior, including textual harassment (receiving too many texts, phone calls or embarrassing posts about you on social media sites)

# Other Major Influences on Sexuality:

- Culture
- Media
- Gender/Gender roles



# How Does Culture/Media/Gender & Gender Roles Affect:

- Our sexuality?
- Communication between sexual partners?
- Use and non-use of birth control methods?
- Use of condoms and prevention of STDs/HIV?

# Including Abstinence as a Valid Choice

## *Discussion:*

Who defines abstinence?

- Parents?
- Youth?
- Teachers?
- You?
- Your curriculum?

# Abstinence

## Is the definition....

- A) Refraining from sexual activity?
  - What about oral and anal sex?
  - What about masturbation/mutual masturbation?
  
- B) Refraining from sexual intercourse?
  - Until marriage, or when?
  
- C) Periodic abstinence: choosing to refrain from intercourse now? Until when?

*What happens when you make a different choice?*

# When Is A Teen “Ready”?

- For pregnancy prevention purposes, it is preferred that the teen has a contraceptive method.
- What else?



# Types of Questions

- Factual
- Beliefs or behaviors
- Am I Normal?
- Trying to shock you
- Values



# Thank You!

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