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INFANCY AND BEYOND: PARENTS SUPPORTING THE HEALTHY SEXUAL
AND EMOTIONAL DEVELOPMENT OF THEIR CHILDREN

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
in
Psychology:
Child Development

by
Jennifer Anne Newman
September 2012




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AND EMOTIONAL DEVELOPMENT OF THEIR CHILDREN

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September 2012

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ABSTRACT

The topic of early childhood sexual development is often ignored to the detriment of a healthy, life-long developmental process. Therefore, the purpose of this project is to bring parental awareness to the subject matter, expand their knowledge base, and increase the parenting skill set related to childhood sexual development. Being that parents are the greatest sphere of influence in a young child's life, they are intended to serve as educator and interpreter of their child's developing sexuality. In service of this goal, parents are to participate in a three-part workshop series designed to guide and shape best practice parenting. The workshops serve to disseminate sound, research-based facts on the normative sexual expressions during early childhood. Additionally, parents are to learn specifics on how they can most aptly address these behaviors. Providing parents with the knowledge to foster the healthy sexual development of their children is the ultimate goal, however, the cornerstone of the series focuses on the quality of the parent-child relationship itself. The response of participants to the series was overwhelmingly favorable regardless of any differences in background variables.

Parents reported benefiting from the workshop series, finding the information gleaned to be not only of value to their child's developing sexuality but their child's overall development.

ACKNOWLEDGEMENTS

I would like to thank CSUSB for the scholarship and grant money that assisted me in the attainment of my academic goals. I want to also extend appreciation to the financial aid department, psychology department, and my professors for their compassion and understanding that sometimes life presents unexpected and difficult circumstances. I would like to especially acknowledge and thank my committee members, Dr. Eugene Wong, Dr. David Chavez and Dr. Laura Kamptner for their time, effort, and open mindedness. With additional regard to the participants who were dedicated enough to attend all sessions of the workshop series with me - thank you for making it a fun and enjoyable experience.

Most importantly, thank you to my wonderful family. Without their love, encouragement, and support I would not have been as successful throughout my school years, the graduate program, or life in general. I could not have done this without you - my accomplishment is just as much yours.

DEDICATION

To all those that helped, encouraged, supported, and
prodded me to "get this thing done".

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CHAPTER ONE

INTRODUCTION

Defining Terms

As an important note when discussing children in any kind of sexual light, one must not cast an adult sense of understanding upon the subject matter, but rather view childhood expressions of sexuality as the rudimentary bud of what is later to become healthy adult expressions. A child's sexuality does not have the same drive, goal, or intent as that of an adult, with an adult frame of reference and understanding. Their developing sexuality revolves around exploration and is motivated by curiosity and sometimes pleasure, but is far removed from the mindset of the sexually mature adult. These qualitative differences must always be kept in mind when discussing the topic of sexual development in relation to children and when discussing the subject matter directly with a child - ensuring it is age appropriate and age specific. Thus, a child referenced as a sexual being will henceforth be operationalized with such multi-dimensional considerations.

Parental Scope

Parents need to be the ones setting the tone for the values placed upon sexuality, not external sources (Nolin & Peterson, 1992). As discussed in Kilbourne and Levin (2008), sex in the media has become increasingly pervasive and children are passively exposed to more sexual content, thereby gaining earlier sexual awareness than generations past - awareness they may not be psychologically or emotionally capable of understanding. Such media content can even be disturbing and frightening. Furthermore, children are great mimics and may perform reflections of this adult world they do not yet comprehend, which can lead to unexpected and unintended consequences (Kilbourne & Levin, 2008).

This creates the urgency to empower today's parents with the skill set to control, filter, and interpret these external realities for their child. In order to accomplish this objective, the establishment of a healthy, nurturing, age appropriate, and open dialogue between parent and child at an early age is being called upon. This will better equip parents to address the immediate needs of their child while also setting the tone for the future parent-child relationship during the critical teen years.

Despite widespread misconception, risky sexual behavior and unintended pregnancy are not influenced by knowledge about sexuality, but the lack of accurate knowledge (Santelli, 2006). Sexually liberal countries such as Sweden and the Netherlands have the lowest rates of unintended teen pregnancy of all industrialized nations, i.e., it is six to nine times lower than that of the United States (United Nations, 2008). Coincidentally, parents in these countries have a very liberal attitude toward sexuality and begin talking to their children at very young ages regarding the subject matter; they are very open and matter-of-fact (Friedrich, Sandfort, Oostveen, & Cohen-Kettenis, 2000). In the United States however, there is a very different societal landscape and approach toward the sexual education of children, i.e., mainly avoidance, or the push toward abstinence only education (Levine, 2002). The result is that the United States has the highest rate of unintended teen pregnancy of all industrialized nations and very high sexually transmitted infection (STI) rates (Pazol, 2011).

In order to counteract this, we propose that parents serve as the primary figure in their child's sexual development as both role-model and educator. It is a parent

who can provide their child with accurate information - as opposed to the disinformation they will receive from peers (DiIorio, Kelly, & Hockenberry-Eaton, 1999). It is the parent who can address the type of sexuality portrayed in the media which is devoid of attachment, emotion, and even consequences. It is a parent who first demonstrates for a child how to appropriately show affection, touch and be touched, as well as how to love and be loved (Constantine & Martinson, 1981). This nurturing parent-child relationship is the foundation of sexual development in which everything else builds upon and which has far-reaching and significant influence well beyond that of early development (DiIorio, Kelly, & Hockenberry-Eaton, 1999).

Guiding Theoretical Model

Perhaps the greatest influence on a child's psychosexual well-being is the parents' attitude toward the child's burgeoning sexuality (Constantine and Martinson, 1981). In a systems approach, parents are a primary influence, whereby sexuality can best be interpreted as an environmentally constructed phenomenon mediated by the parent's behavior, attitude, and beliefs (Bronfenbrenner, 1998; Thigpen & Fortenberry, 2009). This makes focusing on

the immediate familial context, especially the quality of parenting, of significant inquiry.

If one considers the long-term and rippling effects of development, through the lens of a dynamic systems approach, then one can better appreciate how early childhood invariably influences later outcomes. Within dynamic systems theory the long-term behavior of the system depends on its initial conditions. Small changes in the beginning state of the system correspond with amplified changes later in time, therefore future evolutions can be predicted from this beginning state (Witherington, 2007). In short, input predicts output. Theoretically then, initial conditions of development (i.e. early childhood) should be useful in predicting later outcomes regarding a child's sexual development. This provides the rationale to entreat parents as to the important role their parenting serves in shaping these ideal early conditions for correspondingly optimal developmental outcomes.

Project Overview

Many do not see sexuality as a developmental process spanning the lifetime, having a reluctance to acknowledge infants, toddlers, and pre-school aged children as

manifesting sexual interests and intent (Levine, 2002). As discussed in Constantine and Martinson (1981), even the field of child development overwhelmingly ignores discussions of sexuality until adolescence, particularly later adolescence. The developmental field has placed their focus on key areas such as cognition, language acquisition, and attachment, to name a few, overshadowing any formal discussion of childhood sexual development. Overlooking this important maturational process would seem to only serve in hampering an indelible part of the human experience (Tobin, 2001).

At present, an open dialogue regarding the subject is limited; historically, however, this has not been the case - sexual development as it pertains to early childhood is not newly discovered but rather forgotten (Constantine & Martinson, 1981). Moral panics and anxieties influenced by hysteria over sexual abuses have driven the discussion underground (Northcraft, 2004). Although, until the early 1970s, the topic and the theories and theorists associated with it, were part of common sense knowledge within the field and readily found in developmental curriculums and literature (Constantine & Martinson, 1981).

Considering the subject is not being readily discussed

within developmental circles, it is of no surprise it additionally is not being addressed as a relevant topic of concern in parenting workshops; parenting workshops tend to predominantly focus on established and accepted truths, as well as current trends within parenting theory. The subject of childhood sexual development is overwhelmingly ignored, if not non-existent, giving keen insight to the lack of importance or value placed upon the subject matter. Therefore, this project serves to address the oversight by drawing parental attention toward a subject where access to such information is not readily available, although it is one in which many parents may be interested yet embarrassed to broach (Tobin, 1997).

Lack of access to available information will be alleviated through a three-part parenting workshop series designed to shape parental attitudes, beliefs, and behaviors via sound, research-based facts as to what constitutes normative sexual expressions during early childhood. This objective will ameliorate the tendency for normal and commonly occurring behaviors from being met with undue alarm - leading to overreaction on part of the ill-informed parent. Moreover, the workshop will address how parents can best foster the healthy sexual development of

their child. In service of this goal, parental knowledge, self-awareness, and comfort with the subject matter are key.

CHAPTER TWO

REVIEW OF LITERATURE

Introduction

Two notable figures within the field of psychology, Sigmund Freud and Alfred Kinsey, shed light on a somewhat taboo subject matter and helped challenge the notion of children as asexual: Freud with his emphasis on infantile sexuality and his psychosexual stages of development (Freud, 1962), and Kinsey who developed the first statistical reports of childhood masturbation (Kinsey, Martin, & Gebhard, 1948). Although Kinsey has been widely discredited for his research methods and Freud's drive theories have fallen to the wayside, these researchers nonetheless directed attention toward an oft ignored and rejected subject matter (Vern, 1998; Felluga, 2003). These two prominent figures introduced their ideas, research, and theories over half a century ago but far too many people are still reluctant to acknowledge infants and toddlers as inherently sexual beings.

Despite the evolutionary, biological, developmental, and cross-cultural evidence to the contrary, expression of

behaviors deemed sexual through the lens of adulthood is still routinely met with concern, and thusly pathologized (Levine, 2002; Dixon, 1993). Even amongst certain researchers, there is a predominant portrayal of childhood sexuality as clinically problematic - evidenced in the language utilized: framing infantile masturbation as a gratification disorder, instances of infantile masturbation as "attacks", and the diminished displays of such behavior as "recovery" (Nechay, Ross, & Stephenson, 2004; Casteels, Wouters, Van Geet & Devlieger, 2004). A normal and commonly occurring behavior is discussed and referenced as if it were a disease in need of remedy.

Additionally, and of further concern, current discourse on the subject narrowly focuses on childhood sexuality in relation to sexual abuse and trauma. As discussed in Hanneke (2011), 99% of articles on PsychINFO focused on childhood sexuality in relation to, or as result of, sexual abuse. Cultural fervor over the prevalence of sexual abuse has superseded the need for an exploration of what *does* constitute healthy sexual functioning (Northcraft, 2004). Focus on maladaptive behavior and ties to sexual abuse are needed, however not at the expense of a discourse on health, but rather in addition. This narrow

focus paints a grossly inadequate portrayal of a multi-nuanced aspect of development.

In light of this approach and these maligned messages, it is of no surprise many parents have been primed to view any sexual displays by their child as atypical, and are hyper-vigilant to the signs of sexual abuse; these reactionary notions are further solidified by our anxiety driven culture, and fueled by an overly zealous media (Northcraft, 2004). A shift in paradigm is needed where the sexual displays of a child are no longer immediately viewed as symptomatically problematic and are rather viewed as a normal, healthy, and necessary part of the developmental experience (until clinically proven otherwise). Albeit few, there are researchers heeding this call, highlighting and drawing attention toward these normative truths.

Sexual Development in Early Childhood

The scope of healthy sexual development has been narrowed to that of early childhood for two reasons. First, sexual expressions occur, or rather, are observed more frequently during these younger ages; overt sexual behaviors among both sexes drop off markedly by age five when the child begins to censor his/her actions with age,

maturity, familial expectation, and socialization (Friedrich, Grambsch, Broughton, Kuiper, & Beilke, 1991). Second, focus is placed on early childhood because the core material of our adult sexuality is constructed during this formable age (Levin & Kilbourne, 2009); research commonly notes the developmental importance of the age range zero to five (Moore, 2006).

Earliest Signs of Sexual Inherency

The notion of John Locke's *tabula rasa* and infants coming into the world as blank slates has been widely discredited (Hammock, 2011). For example, temperament, affinity for language development, and the ability to recognize faces are all innately present at birth (Bornstein & Lamb, 2005). Sexuality is no different - the building blocks are present from day one. Sexuality does not suddenly manifest during puberty or adolescence; it is a process, like every aspect of development, incrementally building upon itself over time (Constantine & Martinson, 1981).

From the very beginning, both male and female infants are capable of sexual response - erection in males and lubrication in females (Reinisch, 1990). Both males and females equally engage in self-stimulating behaviors during

the first year of life with self-touching behaviors as one of the most fundamental forms of pleasurable bodily sensation (Roiphe & Galenson, 1981).

Infants of both sexes have also been observed to display reflexive actions, such as pelvic thrusting (Dixon, 1993). Thrusting movements have been reported as early as eight months of age (Lewis, 1965). More surprisingly, Allgeier and Allgeier (1988), found that some infants even display what appears to mimic "orgasmic-like response" (i.e., muscle tension followed by release). Galenson (1990) reported that toward the end of the first year genital touching becomes more direct, occasionally resulting in the accompaniment of changed facial expression, flushing, and increased respiration. Although these observations may be surprising, an infant lacks the requisite cognitive ability for conscious awareness or eroticism to accompany such behaviors, thus at this stage of development any sexual displays are simply inherent and biologically reflexive responses (Cavanagh, 1999).

Sexual Behaviors of Early Childhood

Before exploring common sexual behaviors during the period of early childhood, it is best to reiterate that when discussing children and sexuality, a child's sexual

expressions differ radically in quality and motivation from the behavior and mindset of the adolescent or sexually mature adult. While the vast majority of children do not become sexually active in an adult sense until adolescence, Borneman (1994) suggests that children may become "autoerotically awake" beginning as early as the third year of life. This coincides with the ability to consciously form and recall memory - as soon as there is conscious awareness, there is the ability to knowingly associate self-stimulation with pleasurable response (Cavanagh, 1999).

Self-stimulation, body exploration, and mutual explorations with similarly aged peers are behaviors which many young children commonly display (Larsson & Svedin, 2002; Larsson & Svedin, 2001; Kellogg, 2009; Okami, Olmstead & Abramson, 1997; Thigpen & Fortenberry, 2009). Curiosity about others' private parts, showing one's own genitals and looking at another child's genitalia is found to be the most common sexual behaviors (Larsson & Svedin, 2001). Further norms include the child's attempt to touch peer's genitals, their attempt to view adult, sibling, or peer nudity, and the attempt to mimic adult sexual behaviors (Kellogg, 2009; Rosenfeld, 1986). These behaviors

vary depending upon the gender of the child, with boys tending to openly masturbate, show their sex parts, and touch their privates more often than girls (Ramsey, 1943; Sannaba, Santtila, Wannas, & Krook, 2003).

Forms of sex play with similarly aged peers, such as "playing doctor" (i.e., the removal of clothes and examining of bodies) are common (Davies, Glaser, & Kossoff, 2006). In one study, all those interviewed working closely with pre-school aged children said they had witnessed some form of doctor/nurse/patient games, with 65% of respondents reporting having observed this often (Lindblad, Gustafsson, Larsson, & Lundin, 1995). Sexual features during the play, such as genital manipulation and body exploration, were observed by half of those interviewed (Larsson & Svedin, 2002). These sex play behaviors evidence the role, function, and importance of play activity in development; play serves an important role in the early stages of the developmental learning process (Piaget, 1962). Play can also be thought of as preparation for future adult roles (Dixon, 1993).

Comparison with Norms

As is often the case, comparisons of that which is normative to that which is deviant can be useful in

providing clearer focus to a subject matter. For the purposes of clarification, the following will highlight atypical sexual behaviors of early childhood (in contrast to those found to be common and unproblematic). Such comparisons will better enable parents to decipher norms.

As was outlined in the previous section, children display a wide variety of sexual behaviors. As a child reaches four to five years of age, differentiating their bodies from others becomes more prevalent, such as "you show me yours, I'll show you mine" play activities (Okami, Olmstead, & Abramson, 1997). The children are acting out of a healthy curiosity about their own bodies as well as that of others. When parents address one of these common sexual behaviors the child will likely respond by stopping or decreasing the frequency of the behavior, or the child will become more adept at hiding it, and only engage in the activity privately (Chrisman & Couchenour, 2002). Less common reactions of a child would include anger, frustration, anxiety, and/or an undeterred persistence (Johnson, 2000).

It is a problematic indicator when the child persists in displaying sexual behaviors on a frequent and overt basis, especially after already being told to stop

(Johnson, 2000). Concern over commonly occurring sexual behavior is only warranted when additional problematic features are also present. The frequency, intensity, and compulsivity of the act should be taken into consideration (Johnson, 2000). For example, problematic and excessive masturbation to the point of interference with other interests is of particular concern (Ryan, 2009; Lopez, Campo, & Guijo, 2002) and this type of repetitive behavior can be indicative of other underlying issues that may need further exploration (Albertini et al., 2006).

In trying to assess norms, the manner and talk accompanying the behavior, as well as levels of aggressiveness/coerciveness should be considered (Johnson, 1998). The following variables are useful guides when differentiating typical sex-play behaviors from those which are more problematic and thus more cause for concern. Age difference between sex-play participants is important to note, with differences of more than four years being of issue unless the children are close in cognitive age (Johnson, 2000). Differential size and status must be considered - due to the possible coercive features of the play activity (Chrisman & Couchenour, 2002). Other markers are disruption to others, the type of activity, and

dynamics of the sex-play (i.e. the affective quality attached to the sexual act). When children engage in mutual sex-play, both children should find it to be a fun and enjoyable experience (Borneman, 1994). Any degree of coercion, threat, or dominance accompanying the play may lead to feelings of shame, guilt, and/or anxiety which can be further complicated by a parents' over-reactive response or harsh disapproval (Richardson & Schuster, 2003).

As discussed in Heiman et al. (1998), behaviors found on a less common basis, and considered more deviant, should be met with the most concern by parents (these rarer behaviors are outlined extensively in Appendix G). The child who has endured sexual abuse, particularly on an ongoing basis, will more often display deviant sexual behaviors, and at higher frequencies, typically in a more coercive fashion (Larsson & Svedin, 2002). Although rare behaviors are of concern, they can still be seen in children who have not been sexually abused - one possible explanation explored is exposure to an overly sexualized environment (Melby, 2001). As a relevant consideration, an overly sexualized environment in and of itself could be deemed a form of sexual abuse (Levin & Kilbourne, 2009).

Importantly, a wide variety of sexual behaviors is

observed in both abused and non-abused children making it difficult, if not impossible, to categorize a single sexualized act as a definitive marker of sexual abuse (De Graff & Rademaker, 2006). Thus, parents should refrain from jumping to immediate conclusions when attempting to discern problematic behavior, and the severity, first considering the multitude of factors previously outlined.

Parents Influencing Future Outcomes

Introspection has long been held as the crux for lasting change; the musings of Carl Jung illuminates this when he writes, "Your visions will become clear only when you can look into your own heart. Who looks outside, dreams; who looks inside, awakes". A deeper self-understanding allows for the possibility to choose one's behavior and opens the self up to change (Siegal & Hartzell, 2003). Furthermore, the notion discussed in Ryan (1970) that it is conscious awareness and goals which affect action, the goal being the aim of such action, has relevance for this project. One cannot create goals if they do not have direction. Therefore, parents made aware of the lasting and extensive influence of their behavior and communication style on their child's long-term well-being

may be motivated to change maladaptive parenting patterns, ideally, supplanting them with a more developmentally appropriate means of parenting.

Parenting Styles, Attachment, and Sexual Development

The developmental trajectory becomes more difficult to modify as children grow older, consequently the early years are critical for a child's future social, emotional, and cognitive health (Feldman, 2010). These early years are strongly influenced by first attachments - the attachments formed with parents or primary caregivers set the tone and create a script for a child's future intimate relationships (McCarthy, 2010). Sexual development is intrinsically tied to social-emotional development and attachments, making it imperative parents take the early steps necessary to ensure healthy, warm, and nurturing bonds with their young children (Reinisch, 1990).

Different parenting styles create these different types of attachment relationship patterns, with attachment patterns tending to be stable over time (Bowlby, 1988). It is theorized that these differing attachment styles create an internal working model which influences and affects future adult relationships (Bretherton, 1999). The links between attachment and marital satisfaction have been well

established (Fuller, 1995; Feeney, 1994). Attachment has also been linked to sexual satisfaction in adulthood (Feeney, 1990). It is attachment which prepares children to exchange affection and establish intimate bonds (Anderson, 2000).

According to Diana Baumrind (1967) and her highly influential theory of parenting, there are two essential elements of quality parenting: degree of demandingness/expectation and nurturing attunement to a child's needs. The following outlines the different parenting styles resulting in different forms of attachment. The attachment styles developed by Mary Ainsworth include: secure, avoidant, and ambivalent (Ainsworth, Blehar, Waters, & Wall, 1978). A fourth attachment type, disorganized attachment, was later contributed by Mary Main (Main & Solomon, 1986).

Authoritarian Parents. These parents are highly demanding of their children but are not emotionally responsive (Baumrind, 1967). This parenting style tends to correlate with an avoidant attachment style where the child does not feel as if the parents can meet their emotional needs (Anderson, 2000). These children tend to develop a low self-esteem (Siegal & Hartzell, 2003) and low self-

esteem among adolescents has been found to correlate with unsafe sexual practices such as not advocating effectively for contraceptive use (Kalina et al., 2011; Lou, Chen, Li, & Yi Yu, 2011). Additionally, the communication dynamic in this relationship is unidirectional and the children have not had the opportunity to think for themselves, which can lead to a deficit in moral reasoning ability in comparison to similarly aged peers; if moral reasoning is less developed, adolescents may be more susceptible to the influence of peers and peer pressure (Richardson & Schuster, 2003). As discussed in Butzer and Campbell (2008), the avoidantly attached individual is more likely to have sex in order to impress their peer group. They also tend to have higher numbers of casual, uncommitted sex partners (Gentzler & Kerns, 2004; Schachner & Shaver, 2004). This sexual promiscuity is seen equally in both males and females (Walsh, 1995). Such behaviors point to the discomfort these avoidantly attached individuals have with close sexual relationships or intimacy; there is a desire to avoid closeness (Mikulincer & Shaver, 2007).

Permissive Parents. According to Diana Baumrind (1967), this style of parenting is marked by high degrees of warmth and responsiveness however, the parent is not

demanding of their children. These parents set very few rules or boundaries but tend to be intrusive. With high degrees of intrusiveness, children may become reactive, i.e., responding to overbearing, intrusive parenting with rebellions such as alcohol/drug abuse and sexual promiscuity (Zimmer-Gembeck & Helfand, 2008). Furthermore, with few rules and/or boundaries in place, the adolescent will more likely follow the norms and influences of his/her peer group (Richardson and Schuster, 2003).

This parenting style tends to correlate with an ambivalent attachment style (Anderson, 2000). With an ambivalent attachment style, the child develops anxiety about whether he/she can depend on parents to meet needs, which translates into viewing the world as an emotionally unreliable place (Siegal & Hartzell, 2003). Ultimately, this results in the "hyperactivation" of their attachment system, and causes chronic dependence on others for approval and leads to concern about abandonment and rejection (Mikulincer & Shaver, 2007; Richardson and Schuster, 2003). The anxiously attached individuals report more often having sexual relationships to reduce their insecurity and establish an intense closeness as opposed to entering an intimate relationship for romantic purposes

(Feeney, Peterson, Gallois, & Terry, 2000; Schachner & Shaver, 2004).

Neglectful Parents. These parents display very little warmth or responsiveness toward their children, as well as having minimal expectations of them, which in turn leads to the least positive child outcomes (Maccoby & Martin, 1983). This parenting style is correlated with a disorganized attachment (Anderson, 2000). These uninvolved and often abusive parents create in a child poor social adjustment, poor emotional regulation, and often cognitive disturbance (Surcinelli, Rossi, Montebanocci, & Baldaro, 2010).

An abusive environment induces the release of stress hormones which have been found to have a deleterious impact upon brain development and functioning, and negatively affects emotional regulation (Perry, 2002). With poorly integrated brain development and emotional regulation, these children will more often display poor decision-making and impulsivity which can lead to reckless decisions about their health and well-being (de Witt, 2009; Messman-Moore, Walsh, & DiLillo, 2010). Children who have a disorganized attachment are also more likely to eventually become abusers of drugs and alcohol, further endangering themselves and their bodies with impaired, intoxicated

decision-making (Peterson, 2010); drug use results in the higher tendency to engage in unprotected sex (Anderson & Mueller, 2008).

The type of impulsivity and volatility associated with this attachment type is characteristic of the abusive partner in adult relationships (Riggs, Cusimano, & Benson, 2011). It is children who experienced abusive home environments and neglectful parenting which are more likely to become abusive themselves in adulthood (Whitaker, 2011). Also, it is of no surprise the children who have been reared in an environment which displays little concern for their mental, emotional, or physical health and well-being do not ensure their own safety, health, and well-being in future romantic or sexual partnerships with victims of abuse often accepting victimizing relationships, recreating the abusive patterns in which they were raised (Kerley, Xu, Sirisunyaluck, & Alley, 2010). Therefore, those who experienced this type of parenting and developed a disorganized attachment are more likely to become either the abused and/or the abuser in future romantic partnerships.

Authoritative Parents. This parent is demanding of his/her child but also responsive and attuned to the

child's needs; authoritative parents are loving, consistent, reliable, and possess high expectations for their child (Baumrind, 1967). Authoritative parenting characteristics are cited as having optimal child outcomes across all areas of development, including sexual development (Richardson & Schuster, 2003). Authoritative parenting leads to a secure attachment, the desired attachment style (Anderson, 2002). A securely attached child is able to turn to parents in times of need because there is an established trust and bond - the parent is dependable and therefore the child feels secure (Ainsworth, 1978). This has lasting implications for connectedness with others (Bowlby, 1988).

The securely attached child will also less frequently become an abuser of drugs or alcohol and engage in higher frequency of contraceptive use once they do become sexually active (Zimmer-Gembeck & Helfand, 2008). Lower substance abuse rates correlates with safer sexual practices - with judgments intact, there are fewer unintended pregnancies and lower incidence of STI contraction (Anderson & Mueller, 2008).

Children of authoritative parents have higher self-esteem, which results in delaying sex until later ages

(Karavasillis, Doyle, & Markiewicz, 2003). As discussed in Richardson and Schuster (2003), there is a mutually respectful relationship between parent and child thusly the child is more inclined to please parents, avoiding their disappointment which may play a role in delaying sex. The maturity that comes with delaying sex until later ages is a likely factor for the higher rate of contraceptive use amongst older adolescents (Richardson, & Schuster, 2003).

Adolescents typically lack a sufficient level of cognitive development required for effective sexual decision making since executive functions are not fully developed and they may underestimate risk (Huizenga, Crone, & Jansen, 2007). As discussed in Karavasillis, Doyle, and Markiewicz (2003) this highlights the importance, and desired goal, of delaying sex until the adolescent is better equipped to deal with the responsibilities and consequences that come with it, both physically and emotionally.

Once securely attached individuals do become sexually active, they tend to have more positive sexual experiences and more sexual satisfaction in their relationships (Schachner, & Shaver, 2004). The securely attached individuals tend to be more comfortable with their

sexuality, (Feeney, et al., 2000) and are more likely to have sex within intimate partnerships as opposed to casual or promiscuous sex (Kilbourne & Levin, 2008; Feeney & Raphael, 1992).

Parental Guidelines: Directly Addressing Early Childhood Sexual Development

It is easier for parents to comfortably provide their child an appropriate sexual education if they have a well-established and repeated history of doing so (Melby, 2002). Which is why, for purposes of this project, parents are placed in the role as educator from the very beginning of their child's sexual development and continuing through adolescence. Particularly, since public and private educational institutions cannot be relied upon to effectively do so (Waxman, 2004). The schools have an extensive history of relying upon abstinence only sex education, even though it has not been effective in reducing HIV or unintended pregnancy (Campos, 2002). Furthermore, "sex education" in the schools typically begins in fifth or sixth grades, coinciding with the onset of puberty - this creates an impression that sexuality is irrelevant before this developmental time point (Campos, 2002). Informing this asexual notion, Freud deemed the

period from age five to puberty the latency period, where all sexual urges are suppressed (Freud, 1962). Although, modern research has well established that there is no latency period and sexual development is fluid. Many parents, however, are still seemingly highly influenced by the latter and inaccurately pervasive notion (Borneman, 1994). This is best demonstrated by parents' widespread reliance upon what is colloquially referred to as, "the talk", i.e., a singular discussion about sexuality occurring in early adolescence (Wilson, Dalberth, Koo, & Gard, 2010).

This approach has been shown to be least efficacious; it is rather sustained intervention over time that is ideal, not an intervention occurring at a single time point (Moore, 2006). Studies of quality early intervention programs have shown the earlier the intervention begins (and the longer it lasts), the more effective it is likely to be (Moore, 2006). Therefore, it is best for parents to begin "educating" their children earlier as opposed to later. Adolescence is far too late to begin such an important discussion since 13% of teens have already had penetrative sex by age 15 and more than half of teens ages 15-19 have engaged in oral sex (Guttmacher Institute,

2012). Therefore, to deter parental procrastination and avoidance, the following outlines suggestions for best practice parenting beginning in the earliest years of the child's sexual development - setting a healthy, early precedent in the parent-child relationship. Parents are being encouraged to take a proactive role in guiding and shaping their child's sexual development.

Being "Askable". As discussed in Roffman (2001), an askable parent is a parent characterized by approachability and openness to communication; a key characteristic of askable parenting is listening. They will stop what they are doing, giving attention to their child's important question, carefully considering their response. If they do not have an immediate answer to the child's question, they will tell them a specific time in the near future in which they will better be able to respond (Cavanagh, 1999). They are not overly reactive to questions, situations, or displays of a sexual nature; these parents share their values on sexuality positively and not only in response to problematic behavior (Cavanagh, 1999). When a child feels comfortable talking with their parents, it makes them accessible to discuss other important related issues (Richardson & Schuster, 2003).

Calm Response. Highlighting the normalcy of sexual behavior in early childhood, Sandfort and Cohen-Kettenis (2000) found that 77% of mothers reported their child had engaged in some form of sex play with self or others prior to age six. Normal and commonly occurring behaviors should be treated as such; if parents react in a harsh manner to normal sexual displays, or become visibly uncomfortable in their response to them, the child sensing the parents' unease may internalize feelings of guilt or shame (Chrisman & Couchenour, 2002). Furthermore, the child indirectly receives the message that they should not talk, ask about, or explore their sexuality because it is "bad" and they are bad for doing so (Richardson & Schuster, 2003). An attitude of secrecy is reinforced which is counter to askable parenting.

Self Reflection. To better ensure their child's healthy sexual development, parents should ideally be capable of responding to sexual matters in a calm, relaxed, and natural manner (Cavanagh, 1999); this ideal response requires self-reflection, integrating their own early sexual thoughts and experiences with current values on sexuality (Roffman, 2001; Siegal & Hartzell, 2003). Most parents however raise their children in the same manner in

which they were raised (El-Shaieb & Wurtele, 2009).

Therefore, generations of sexually conservative parents are raising equally sexually conservative children. Parents need to break this cycle, going beyond personal comfort levels in which they were raised, deciding upon the basic message they want to actively convey to their child about sexuality (Richardson, & Schuster, 2003).

Directness and Openness. Parents should be proactive and not passively wait for their child to ask them questions pertaining to sex, the child may never do so (Roffman, 2001). The "wait and see" approach is problematic for many intuitive reasons, although this is the path many parents choose to rely upon (Wilson et al., 2010). Furthermore, as discussed in Cavanagh (1999), parents should be directing this discussion, guiding their child's sexual education - a child should not be in charge of dictating the terms of something as important.

Teachable Moments. When real life situations provide the opportunity for parents to naturally address a child's sexuality, they should take advantage of their opportunity to do so (Roffman, 2001). If not, they miss the chance to casually share core family values on sexuality and provide their child with essential information (Richardson, &

Schuster, 2003). Furthermore, it is easier for children to grasp concepts with immediate and real world application (Piaget, 1952). Utilizing teachable moments sends an indirect message of availability and openness - this makes it easier for a child to approach their parent with related questioning in the future (Kilbourne & Levin, 2008).

Age Appropriateness. A parent should first explore what the child already knows about a sexual topic, this serves as the basis for where to begin the discussion (Roffman, 2001). The discussion should ideally be at the child's cognitive level or just slightly above (Vygotsky, 1978). Furthermore, the conversation or explanation should be concrete, since abstract concepts for young children, such as conception, can be confusing (Piaget, 1952). Parents should also ensure that his/her child understands what was just explained by asking the child to clarify what had been discussed (Cavanagh, 1999). Above all, parents must remember not to share with their young children anything they are not developmentally ready for - ensuring the conversation is not overly detailed or advanced for the child's cognitive ability or maturity level (Roffman, 2001).

Proper Names. It is developmentally appropriate to

focus on fact-based instruction in early childhood - introducing children to their body parts by giving them the proper names for their genitalia; at minimum this includes, penis, testicles, and anus for boys, vagina, vulva, and anus for girls (Richardson, & Schuster, 2003). It is especially important for girls to have specific names for their privates since there are few alternate words for the vagina in comparison to names for the penis - this may convey the message that they are somehow less and lacking (Richardson & Schuster, 2003). Also, since the vaginal opening is very near the anus, distinguishing the two is important to avoid any confusion that they are one and the same wishing to avoid her associating the vagina with feces and waste. Additionally, the distinguishing of the two is important for practical reasons such as wiping direction in order to avoid infection (Richardson, & Schuster, 2003). Discussing genitalia, as you would any other part on their body, lends an approving message: all body parts are good and lovable (Roffman, 2001). The goal is to engender positive and loving regard toward their bodies.

Addressing Masturbation. As discussed in Johnson (1998), rules about nudity and masturbation are less important than the way a parent chooses to convey them.

Scolding a child about modesty can be confusing; therefore, it is best for parents to fully explain the rationale for the imposed modesty as opposed to harshly reprimanding and shaming them (Chrisman, & Couchenour, 2002). Parents should clearly separate his/her positive attitude toward the child's body from their disapproval on the appropriateness of the setting (Richardson, & Schuster, 2003). Parents want to be careful, as they do not want to negatively affect their child's developing attitude toward their body or sexuality. This is especially important since initial healthy attitudes toward sex have lasting outcomes (Neal & Frick-Horbury, 2001; Feeney, 1992; Feeney, 1994). If parents give their children the tools to value their bodies, they ultimately give their children the tools to value and protect themselves (DiIorio, Kelly & Hockenberry-Eaton, 1999; (Cavanagh, 1999).

Addressing Sex-Play. As discussed in Chrisman and Couchenour (2002), when a parent finds their child engaging in sex play behaviors with a similarly aged peer, they should address it in calm tone of voice and in short sentences or simply divert the children's attention to another play activity. If the play is not problematic for either child the parent can alternatively allow the play to

continue, ignoring it altogether if deemed appropriate to do so (Cavanagh, 1999). Knowing *how* and *when* to appropriately intervene are important parenting skills - the main objective of a parent in this situation is to avoid shaming the child (Richardson, & Schuster, 2003); confusion can often accompany sex play and an intervening parent does not want to magnify or reinforce these feelings (Roffman, 2001).

Maintaining Balance. It is important to balance the values a parent is trying to instill in their child with regard to sex positivism and the values of the larger society (Richardson, & Schuster, 2003). Although parents may want children to freely express themselves, it cannot impinge on the comfort and rights of others. Thusly, parents need to set boundaries for their child, outlining for them acceptable and unacceptable locations to engage in sexual behavior (Johnson, 1998). As discussed in Richardson and Schuster (2003), this divide can be a difficult concept for young children to grasp; therefore, parents need to be careful how they approach setting these boundaries.

When setting boundaries in public, parents should never scold the child or grab the child's hand away from touching themselves (Cavanagh, 1999). Rather, the parent

should explain why the circumstance is inappropriate and remind the child where would be more appropriate - such as the privacy of their bedroom or during bath time if previously allowed (Richardson, & Schuster, 2003). If the child is not old enough to appreciate an explanation, then his/her attention should be redirected to another activity or engaged in a competing response such as playing with a toy instead (Johnson, 1998). However, as discussed in Richardson and Schuster (2003), if sexual behavior occurs in a private setting, where the behavior had been previously endorsed by the parent, parents should not dissuade the child from engaging in the activity. When a child is older, and better able to understand situational boundaries, parents can then explain the appropriateness of self-touching in privacy, when alone.

Summary

Children display a wide range of sexual behavior; in early childhood these behaviors mostly revolve around exploration, curiosity, and pleasure. In addressing these behaviors, the parent-child relationship along with parental reaction, attitudes, and openness, are highly influential factors. However, the implicit and explicit

messages sent by many parents are inhibitory at best and shaming at worst. Furthermore, the discussions parents are having with their young children, or lack thereof, are both delayed and ineffectual. Being that the highest frequency of a young child's sexual behaviors occurs in the family home, parents are duly placed in the role of educator. However, research has demonstrated that parents are overwhelmingly ill-equipped in fulfilling this role. They struggle in discussing issues related to sex and sexuality with their young child while it has been shown that open communication strengthens the parent-child relationship and bond.

Purpose of Project

As discussed in Cavanagh (1999), far too many children have been shamed into a very complex relationship with their sexuality whilst one of the greatest gifts parents can provide for their child is a healthy attitude toward their sexual development and body. It is the children from sexually liberal homes who are significantly more likely to possess these views/qualities (Heiman et al., 1998).

Good parenting and sex positivism have many beneficial outcomes, such as delaying sexual onset and protecting

children from STIs and unintended pregnancy (DiIorio, Kelly, & Hockenberry-Eaton, 1999). These factors can even inadvertently protect children against sexual abuse since a loving parent will have demonstrated for their child appropriate intimate touch, explained to their child the boundaries of their body, and presented themselves as open to discussions of a sexual nature without angering (Cavanagh, 1999). Sex positivism also has significant implication for a child's future ability to maintain healthy relationships and take pleasure in their adult sexuality (Neal & Frick-Horbury, 2001; Richardson, & Schuster, 2003; Feeney, 1992; Feeney, 1994).

Therefore, the underlying intent of this project's undertaking is not subversiveness but rather a call for a return in attention and awareness toward this important subject matter. The goal is to shed light on childhood sexual development in service of best practice parenting, ultimately leading to optimal child outcomes. Workshops can be an effective tool in the attainment of these goals as there is support that structured, standardized, evidenced-based approaches to working with parents can be useful (Whitaker et al., 2011). However, mainstream parenting workshops tend to dismiss the subject of childhood sexual

development as a topic of credibility or relevance, even though there is a demonstrated need for its inclusion (Jerman & Constantine, 2010).

Parents are left to struggle alone, lacking sufficient facts to guide and the skill-set to be effective. Additionally, they lack an appreciation as to the true value and importance of childhood sexual development and their critical role in shaping it. Consequently, the purpose of the current project, and creation of the workshop series outlined in the following chapter, is to address these needs which overwhelmingly are not being met.

CHAPTER THREE

METHODS

Participants

Parents and primary caregivers were asked to voluntarily participate in a three-part parenting workshop series entitled, "A Parents' Guide to Understanding and Supporting Childhood Sexual Development". Parents recruited to participate were those who had in their care a child between the ages of zero and five. Parents of children in early childhood were recruited because the early years of sexual development are highly influential. It is best to establish healthy parenting patterns early on, as this formative period paves the way for the subsequent stages of development. Additionally, sexual behaviors can manifest unexpectedly, even as early as infancy, highlighting the importance of early preparation and priming parents as to what can be developmentally expected.

The workshop sessions ran approximately one and a half hours each, with each night focused on a different topic relating to childhood sexual development. The participants were recruited from the California State University, San Bernardino (CSUSB) student body via flier advertisement and

a listing placed on SONA. There were two male participants and four female participants who ranged in ages from 22 to 37; the average age was 31 years. Originally, there were seven participants however one participant chose to discontinue after the first workshop for unknown reasons.

The majority of participants were Caucasian while two participants were of Hispanic decent. All participants considered themselves to be non-religious. The political makeup of the group tended toward liberalism as only one participant self identified as Republican. No participants were born outside of the United States and nearly all participants came from a home where at least one parent was a college graduate or had "some college" (only one had indicated that both parents did not graduate high school).

Data Collection and Instruments

Participants were asked to fill out a demographic questionnaire (see Appendix C) which included questions regarding race, ethnicity, socio-economic status, education level, political affiliation (i.e. Liberal, Conservative), etc. An extensive background questionnaire was utilized because background variables were thought to correlate with participants' response to the workshop series - positive,

negative, or neutral. It was believed the ultimate success or failure of the workshop would rest upon the openness of participants to the subject matter, with openness likely varying dependent upon personal background characteristics. The overall response to the workshop series was assessed by the information gathered from feedback questionnaires which were completed on the last night of the workshop series (see Appendix D). Responses from the feedback questionnaires were analyzed qualitatively for themes that emerged in response patterns and quantitatively utilizing a five-point Likert scale rating system.

Procedure

During the span of a three-week period, participants met every Thursday evening on the CSUSB campus in an assigned room in the Social and Behavioral Sciences building. Each one and a half hour workshop had a different topic for discussion - the first session was entitled, "An Introduction to Childhood Sexual Development" (see Appendix E), the second session was entitled, "Influence of Parenting and Attachment on Sexual Development" (see Appendix H), and the last night's session was entitled, "Approaching Your Child's Developing Sexuality" (see

Appendix K).

Although the topics discussed in relation to childhood sexual development differed nightly, the basic structure of how each night's session unfolded did not. The participants were offered snacks and refreshment upon arrival, and the evening's topic was introduced utilizing a brief power point presentation lasting approximately 25 minutes (see Appendix F, I, and L). Power point presentations were based on information culled from books and research articles. Each night's introductory power point was followed by guided activities which were interactive between presenter and participants, and participants with one another. The activity portion would last between 30-40 minutes. The goal of the activities was to engage parents in a lively, entertaining discussion, maintain and/or create interest, consolidate the material covered, and encourage self-reflection. At the end of each night's session, 10-15 minutes were set aside for questions and answers thus concluding the evening's discussion. Relevant questions were encouraged during the presentation and elaborated upon in greater depth during the final discussion the last 10-15 minutes of the evening.

Parenting Workshop Sessions

Upon initial arrival for the first workshop, participants were asked to read and sign an informed consent form (see Appendix A); they were then provided a very brief overview of the workshop series and given introduction to the presenter. Parents were asked to complete a questionnaire regarding their demographic background. The first night of the series focused on introducing parents to the subject of childhood sexual development. Participants were given rationale for the need of such a discourse with the goal of establishing an understanding as to the necessity of the present discussion. Additionally, the first workshop focused on engendering participant comfort with the subject matter as well as providing parents with a base of knowledge for the ensuing sessions.

The second night focused on the important influence of parenting, the effect of their actions and reactions on the child's developmental trajectory. The goal was to instill awareness as to the important role they, as parents, serve in their child's sexual development. This session discussed how parenting style influences attachment and how these factors can affect a child's sexual development, as well as

attachment patterns in adolescence/adulthood and future outcomes concerning sexual decision-making. Suggestions were given on how parents can best foster healthy attachments/bonds with their child for optimal outcomes.

The last night of the series focused on specific, research based, parenting practices that would aid and support their child's sexual development. Information was provided on how parents could best talk with their young child about issues relating to sexuality, when to bring up the discussion, and when to allow the child to do so. Parents were given suggestions on how to send and establish a sex positive message and be a parent the child could feel comfortable opening up to and asking questions.

After the last session's concluding discussion, which integrated and summarized information from all of the workshops, participants were asked to complete a feedback questionnaire created by the examiner to evaluate the success or failure of the workshop as a whole. The questionnaire contained open ended questions, yes/no questions, and Likert Rating scales (see Appendix D). The presenter stepped out of the room while participants completed the survey; this was done so that participants could feel most comfortable responding honestly without the

presenter's presence in the room as a biasing factor. As parents left the final session, and handed in their feedback questionnaire, they were thanked for their participation and provided with a debriefing statement (see Appendix B).

CHAPTER FOUR
PROJECT EVALUATION

Introduction

Overall response to the workshop series was assessed through both qualitative and quantitative means. This included: observations/interpretations made by the workshop facilitator, direct quotes from parents, and feedback questionnaires completed by participants on the last night of the series. Parent responses were evaluated by tally and analyzed to identify any patterns that may exist in their response sets.

Presentation of Findings

Qualitative Evaluation

Session One: Observations and Interpretations. On the first night of the workshop series, parents entered a little hesitant as they did not what they could expect. This quickly dissipated once some familiarity was established amongst the group. This familiarity was more readily established due to the intimate setting in which the groups were run; there were only seven participants, who were seated around a table in a small conference room.

This type of environment encouraged interaction, which was an important element of the workshop.

Toward the end of the introductory workshop, if they were comfortable, parents were asked to share some of their early experiences and memories of how sexuality was discussed or addressed in their own home environments with their parents. Some participants were more vocal and elaborative than others but all either agreed verbally, or by physically nodding, that their parents had not discussed sex or sexuality with them in any direct, meaningful way. Two participants mentioned that the subject matter had actually been addressed in a manner that can best be described as harsh and shaming. After the first session it was clear parents were not discussing sexuality; it is an issue that is tangentially talked about or ignored completely. The need for this type of workshop was immediately obvious.

Session Two: Observations and Interpretations. When discussing parenting practices, participants more readily shared stories about the ineffectiveness of their parents in this regard, but none were as open about their own ineffectiveness as parents in addressing sexuality with their children. It was an evening marked notably with less

conversation and interaction. This was also due to the fact that the majority of the exercises for that evening encouraged self reflection and internal thought.

The exercises included were quizzes and open ended questions requiring their written response. For example, participants were asked to consider: "Do you share your values in a positive way with your children", "Think about that legacy - how has it influenced your past, present, and future?", "Are there things you may want to do differently while raising your own children? The same?". This night's format did not necessarily lend itself as readily to an open discussion. However, parents were still intent on the subject matter and readily participated in the exercises, seemingly putting much thought into their responses.

Session Three: Observations and Interpretations. This last session extended past the evening's allotted time frame but participants seemed to not notice. Parents stayed, asking more questions, and talking amongst themselves. The evening's focus was on ideal responses when addressing childhood sexual development and how they as parents could best cultivate it. The Power Point presentation introducing the night's topic included how to be an "askable" parent, how to utilize teachable moments,

and how to set boundaries in relation to self touching behaviors, amongst many other topics that were presented and explored that evening. During the Power Point presentation there were more interruptions, hand-raising, and the asking for clarification. This demonstrated the participants' genuine interest in making important changes in their parenting, and developing the skills that will meaningfully impact their children's sexual and emotional health and development.

Participants during this session were more talkative than previous workshops; they had seemingly grown very comfortable with one another and comfortable with the subject matter over the course of the three sessions - even those who were most reserved during the first workshop. Parents added to what other parents were saying, contributing their own parenting experiences. One brave parent shared with the group a personal story regarding her twin daughters which spurred and emboldened the other parents to discuss their own children's behaviors. The discussion revealed that they all had children who displayed some form of self touching, sex play, or interest in sex that they had found surprising. It is the opinion of the facilitator that the parents who self selected to

participate did so because of this shared commonality - they all had young children who were already displaying some form of sexual behavior in the home. Had they not all had this in common, their likelihood of signing up to participate is believed to have been greatly diminished due to the amount of time and the commitment being requested of them.

Participant Quotes. After the last session completed, parents were asked to fill out a feedback questionnaire where any additional comments and/or input they may have would be appreciated. The following commentary volunteered by parents is used to further illustrate the perception of participants toward the workshop series and its effectiveness.

One parent described the workshop as both "interesting and informational". Another commented that he/she felt more prepared to deal with "awkward situations". Three parents reported some variation of the sentiment that every parent should be knowledgeable of this information, and one indicated the need regardless of a child's age. Another appreciated the fact that the series emphasized the importance of open communication with one's child and the importance of good parenting. Whilst one acknowledged the

lack of open communication with his/her own parents regarding sex/sexuality and that he/she would like to have a different approach/relationship with his/her own child.

Quantitative Evaluation

Four of the six participants cited this subject matter as being of past interest to them. When rating past interest, responses were mixed with individual ratings ranging from "Low Interest" to "High Interest". However, after the workshop series was completed, all participants cited that their interest in the subject had increased. Of those who expressed a past interest, participants were asked if the information they had sought was readily available; four of the six parents responded that it was not.

As a means of gauging the effectiveness of the workshop, participants were asked if they had gained anything that they would be able to apply immediately to their parenting - all participants indicated that they had. When asked if these changes in their parenting would have any lasting or positive effect upon their child's future development, one-hundred percent responded favorably. All six parents reported that they would recommend this workshop to a friend and when asked if this subject was of

value for today's parents, again, every participant endorsed, "YES".

		LOW —————> HIGH				
Yes	No	1	2	3	4	5
Please rate your enjoyment of this presentation:						
						III I
Has this subject matter been of interest to you in the past (i.e. before this presentation)? Yes or No						
	III	II				
Please rate past interest:						
		I	I	II	II	
Is this subject of more interest to you now after hearing all workshops in the series? Yes or No						
	III I					
Please rate newfound interest:						
					III	III
If this subject was previously of interest, was there information readily available to you? Yes or No						
	II	III				
Please rate availability of information:						
		I	II		II	
Did you gain anything from the workshop series you might be able to apply to your parenting? Yes or No						
	III I					
Please rate usefulness:						
						III I
Is this a topic you would <u>choose</u> to sign up for if you were to attend a parenting workshop and given a choice of workshop topics to attend? Yes or No						
	III I					
Would you recommend this kind of parenting workshop to a friend? Yes or No						
	III I					
Please rate how strongly you would recommend:						
						III I
Do you feel this topic/discussion is of value or relevance for today's parents?						
	III I					
Please rate how valuable:						
						III *
Do you feel any changes you might make in your parenting after this series will have any lasting, positive impacts on your child in the future?						
	III I					

* reflects a questionnaire not filled out in its entirety

Figure 1. Feedback Questionnaire Response Set

CHAPTER FIVE

DISCUSSION

Interpretation of Findings

An extensive background questionnaire was utilized as a part of this project since background variables were thought to correlate with participants' response to the workshop series, either positively or negatively. It was initially theorized that the success or failure of the workshop would rest upon the openness of participants to the subject matter, with openness likely varying dependent upon personal background characteristics such as religiosity, political view point, socio-economic status (SES), etc. However, what was found was a rather homogeneous response to the workshops regardless of any differences in background (although such background differences were slight). Overwhelmingly, participants responded favorably to the series.

All parents cited the workshops as contributing positively to their parenting. This stands in opposition to the original premise, and would seemingly indicate that no matter the participant socio-political background, this type of workshop and its subject matter could be of

benefit. This falls in line with the general assumption that most parents want the best for their children - they want their child to be healthy and happy - something this universal and instinctual apparently crosses arbitrary dividing lines.

What became apparent, superseding the differences amongst parents, were the similarities amongst them. Beside a general concern for their children's well being, all parents prior to participation had in their care a child who was already displaying some form of sexual behavior in the home. It was this unexpected commonality that became the most relevant background demographic factor and which was initially unaccounted for. Therefore, what becomes a relevant concern is how to recruit parents *before* they are confronted with such matters; early preparations to address sexual behavior in the home would help the parent and child avoid any unnecessary stress and/or anxiety.

Importance and Relevance

As previously established, parental reaction, attitude, and openness toward a child's developing sexuality is highly influential. Additionally, the highest frequencies of sexual behaviors occur in the family home,

placing the parent in the primary position to address the behaviors (Schoentjes, Deboutte, & Friedricf, 1999). Many parents do not meet this opportunity (or rather, obligation). As discussed in Kilbourne and Levin (2008), the discussions parents are having with their young children, or lack thereof, are not adequate. It has been said that it is need that drives invention, whereby, this project was created as a means of addressing that which is seemingly lacking within the field of child development.

The parental approach toward a child's developing sexuality has a long lasting influence while parents are struggling to discuss issues relating to sex and sexuality with them. What happens in early childhood does not invariably determine later development although these early experiences do set children on a developmental trajectory that becomes progressively more difficult to modify as they grow older (Peterson, Buser, & Westburg, 2010). For example, it has been found that generations of sexually conservative parents have equally sexually conservative children (El-Shaieb & Wurtele, 2009). Additionally, many patients treated by a therapist for sexually-related dysfunction reported a history of being strongly warned or punished for self touching behaviors (Reinisch, 1990). This

has important implications because it further supports the basis for this project - initial attitudes toward sex, as conveyed by parents, have long lasting outcomes. This guiding principle is the foundation on which the current project is based; changing the developmental trajectory changes future outcomes.

Whilst, how does one, as a parent, positively influence that trajectory? When one becomes a parent he/she will inevitably bring issues from the past which will influence parenting (Siegel, 2003); this can result in their being ineffectual and stifled in that regard. Therefore, to break the generational cycle of sexual conservatism, parents must address and examine any issues they may have regarding their own sexuality and their level of comfort with the subject matter. The workshops encouraged parents to do just that, and with a successful outcome. This self-awareness could go a long way toward their making the permanent changes necessary in setting their child on a positive trajectory toward a well actualized sexual self.

The well actualized sexual self has numerous implications for a child's future. Sexual self-concept, as described by Murray et al. (2005) and discussed in Lou,

Chen, Li, and Yi Yu (2011), is a combination of sexual attitudes, behaviors and feelings, as well as beliefs about one's attractiveness and self-worth. It has a positive influence on sexual risk taking, influencing decision making. Consequently, the more positive the adolescents' sexual self-concept, the more important they perceive knowledge about safe sex and the higher they perceive the risk of unprotected sex. It was revealed that if parents provide more safe sex messages prior to adolescence, then adolescents would be more likely to have internalized the important concepts of sex and abstinence.

Limitations

As with any research, the small number of participants in this project does not allow for sweeping conclusive statements. Specific factors such as who would be the target population/demographic for the workshops or who would most likely be receptive to its message cannot be readily determined. Therefore, and of further interest, would be an in depth exploration into the parents who are more likely to sign up for this type of workshop and the implications for this self selecting target population. A much larger sample of parents would allow the researcher to

tease apart these variables, providing a richer understanding of the need for such discourse.

Furthermore, a small sample of participants taken from a college campus fails to represent the "typical" population of parents. Additionally, the majority of participants were Caucasian which does not accurately reflect the composition of the CSUSB campus in which participants were recruited from. This lack of representation of the general population calls into question the generalizability of the findings.

Furthermore, being that the participants were self-selected volunteers, and willingly signed up for the workshop, they were more likely to already be invested in the subject matter and open to its message. This could be interpreted to mean that there was an inherent likelihood of their enjoying/benefitting from the workshop series which ultimately biases the feedback received. For a more reliable and accurate evaluation of the workshops, its utility and effectiveness, participants should be randomly selected and assigned.

A Step in the Right Direction

A puritanical holdover has influenced our country's

discourse on sexuality (Danielle & Hawkes, 2007). Sexually liberal countries, such as Finland, and other Scandinavian nations (where much of the research on childhood sexuality has originated), are actually shocked by our sexual conservatism (Melby, 2001). As discussed in Danielle and Hawkes (2007), considering that not too far removed in American history the pervasive message in regard to masturbation was "you will go blind", or that it will cause some form of mental dysfunction, it is of no surprise that an open, healthy dialogue on sexuality, particularly sexuality in childhood, is almost non-existent.

Childhood sexual development needs to be removed from the dark peripheries of public consciousness and discussed plainly and openly as the normal developmental process that it happens to be. It is imperative to continue efforts in reframing the narrative on childhood sexuality - moving the discussion away from a focus on that which is deviant to that which is considered a healthy, normal, and necessary part of the developmental process.

This project serves as an attempt to help shift that focus, since the parent who lacks access to sound facts to guide will allow personal and potentially biased attitudes and beliefs to affect responses and cloud judgment.

Furthermore, the possibility does exist where parents will under-react, minimizing problematic sexual behavior as normal experimentation, or overreact, pathologizing typical behavior as deviant (Heiman et al., 1998). More research is needed to aid parents in the effective promotion of their child's healthy sexual development.

Although, there are many impediments to such research, ranging from the social taboos regarding sex that still exist, to difficulties getting funding and approval for a controversial research topic, as well as methodological difficulties (e.g., society's difficult admittance and acknowledgement of the existence of childhood sexuality). These types of obstacles have greatly reduced the opportunity to examine this developmental subject. There is a divide between the need for such data and its absence (Okami, Olmstead, & Abramson, 1997). In order to stimulate research, what must develop first is a broader interest in the subject by those both inside and outside the field of child development. Broader interest may be established when more parents are made aware the value, importance, and relevance of this developmental area. One means of disseminating this awareness is through the establishment of such workshops, as developed in this project, in

mainstream settings such as hospitals, college campuses, public schools, and/or public health programs.

Summation

Childhood sexual development is an essential maturational process with rippling influence into adolescence and beyond. Strong attachment is the critical emotional bond providing the foundation for the child's ability to form healthy, intimate attachments with others. Thus, the attachments formed early in development influence a child mentally and emotionally later in life. It would be remiss for a parent to ignore such an indelible part of the human experience; it is a parent's responsibility to aide his/her child in expressing sexuality in a responsible and healthy manner. Small changes in the way we parent can have significant and amplified outcomes.

"The seeds of sexuality germinate in the first few years of life under the warm sun of a parents love" - unknown

APPENDIX A
INFORMED CONSENT

Informed Consent

This study, led by graduate student Jennifer Newman and supported by faculty advisor, Dr. Eugene Wong, has been approved by the Department of Psychology Institutional Review Board Sub-Committee of the California State University, San Bernardino, and a copy of the official Psychology IRB stamp of approval should appear on this consent form. The University requires that you give your consent before participating in this study.

The project in which you are being asked to participate is designed to address different topics relating to the healthy sexual development of young children. The workshop series is intended to expand parental knowledge as to what constitutes healthy, normative sexual expressions in early childhood and the parents' important role in shaping it. Due to the sensitive nature of the topic, it is requested that you please be respectful of others' opinions and not share outside of the workshop what other attendees' have volunteered to discuss.

If you choose to participate you will be asked to fill out a brief background questionnaire and attend all workshops in the three part series. The workshops will be conducted once a week over the course of a three week period. Each session will last approximately 1.5 hours so the total time investment will be 4.5 hours. You will be asked to participate in the discussion/activities, and fill out a feedback questionnaire at the end of the three part series. Any information gathered will be used for the sole purposes of a masters culminating experience project which is the final phase in the obtainment of the Masters in Child Development degree. As no identifying information will be collected, your name cannot be connected with your responses and hence your data will remain completely anonymous. All information gathered will be stored in a password protected computer and the hard copies of all protocols will be destroyed immediately after the information has been successfully input. Hard copies in the interim will be stored in a secure, locked personal filing cabinet. All information gathered will be erased from the hard drive once the master project is completed and approved by the committee.

The benefit of participation is that you will receive exposure to new and potentially useful knowledge, which will serve in aiding best practice parenting; if you are a CSUSB student, you may receive 8 units of extra credit in a selected Psychology class at your instructor's discretion. In this case, you will be asked to provide your name and SONA ID in order to receive credit. This information, however, will be stored separately from your survey in order to protect the anonymity of your responses. There are no direct risks to participation, only the possibility of minor discomfort with the sexual subject matter. It is very unlikely that any psychological harm will result from participation in this study. However, if you would like to discuss any distress you have experienced, do not hesitate to contact the CSUSB Counseling Center (537-5040).

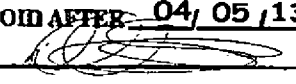
If you are interested in this project or its findings, the completed graduate project will be available for viewing or checkout in the Pfau Library after spring quarter of 2012 (i.e., June 17, 2012) or you may contact Jennifer Newman at jnewman1@coyote.csusb.edu. If you have any additional questions or concerns regarding this study, please feel free to contact Dr. Eugene Wong, Professor of Psychology, at ewong@csusb.edu. You may also contact CSUSB Department of Psychology Institutional Review Board Sub-Committee at psyc.irb@csusb.edu if you have any concerns about the workshops or study.

Your participation is entirely voluntary. You are free to withdraw your participation at any time during the study or refuse to answer any specific question(s), without losing extra credit (if applicable) or rights to review the research write-up. By signing this form, I am attesting that I have read and been informed the nature and purpose of this project. I understand the information provided and freely give my consent to participate.

I acknowledge that I have been informed of, and understand the true nature and purpose of this study, and I freely consent to participate. I acknowledge that I am at least 18 years of age. Please indicate your desire to participate by placing and "X" on the line below.

Participant's X _____

Date: _____

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
PSYCHOLOGY INSTITUTIONAL REVIEW BOARD SUB-COMMITTEE
APPROVED 04 / 05 / 12 VOID AFTER 04 / 05 / 13
IRB# H-12WI-17 CHAIR 

APPENDIX B
DEBRIEFING STATEMENT

HEALTHY SEXUAL DEVELOPMENT IN EARLY CHILDHOOD:
DISSEMINATING KNOWLEDGE IN AID OF BEST PRACTICE PARENTING

Post Study Information Form

The field of child development overwhelmingly ignores discussions of sexuality until adolescence, particularly later adolescence. The major premise behind this project is the belief that it is far too long to wait to begin such an important discussion. The approach of avoidance and ignoring only serves in hampering a key area of development. The project created is a step toward addressing that oversight. The workshop series in which you participated asked of you to attend three separate workshops in which you filled out questionnaires, engaged in workshop activities, filled out handouts, participated in group discussions, and listened to power point presentations. All this was designed to encourage self-reflection/evaluation and inform parental attitudes and behaviors via sound, research based facts as to what constitutes normative early childhood expressions of sexual behavior and how to best address them. The distinction between what is and is not normative can serve in alleviating the tendency of commonly occurring behaviors from being met with undue alarm and concern. Thank you for your participation - your input and suggestions will contribute in shaping a better parenting seminar.

It can sometimes be difficult to discuss a sexual subject matter, making your time and willingness to participate greatly appreciated. If you would like to discuss any distress you may have experienced, do not hesitate to contact the CSUSB Counseling Center (537-5040). And, if you have any further questions or concerns, feel free to contact Dr. Eugene Wong, Professor of Psychology, at ewong@csusb.edu. You may also contact CSUSB Department of Psychology Institutional Review Board Sub-Committee at psyc.irb@csusb.edu if you have any concerns about the workshops or study. If interested in this project or its findings, the completed graduate project will be available for viewing or checkout in the Pfau Library after summer of 2012, or you may contact Dr. Eugene Wong at ewong@csusb.edu.

If further interested, suggested readings include:

Johnson, J. C. (1999). *Understanding Your child's Sexual Behavior*. Oakland, CA: New Harbinger.

Richardson, J., & Schuster, M.A. (2003). *Everything You Never Wanted Your Kids to Know About Sex (but were afraid they'd ask)*. New York: Three Rivers Press.

Jennifer Newman
Child Development
jnewman1@coyote.csusb.edu

APPENDIX C
DEMOGRAPHIC QUESTIONNAIRE

Assigned Participant ID #: _____ Age: _____

BACKGROUND QUESTIONNAIRE

Please respond below by checking, circling, or filling in all applicable answers. Any information given will be used for the sole purpose of this project and will be kept confidential.

What ethnicity do you most closely identify with:

- African American
- American Indian or Alaska Native
- Asian
- Hispanic
- Native Hawaiian or Other Pacific Islander
- White

Do you practice an organized religion: yes no

If yes, which:

- Buddhist
- Christianity
- Hindu
- Jewish
- Muslim
- No Religion
- Other Organized Religion

How important is religion in your life? Not at all
Important 1 2 3 4 5 Very
Important

How many children do you have: _____

What are their ages? Child 1: _____ Child 2: _____ Child 3: _____ Child 4: _____

Please write which political party/political philosophy, *if any*, you identify with: _____

In what country were you born? _____

If not originally born in the U.S. please answer the following:

How many years have you been in the United States? _____

How old were you when you moved here? _____

What generation U.S. Citizen are you? _____

Your highest-grade level completed:

- Did not graduate high school
- High school graduate
- Some college
- College graduate
- Masters level degree
- Professional degree or higher

Educational attainment of your parents:	Mother	Father
Did not graduate high school:	<input type="checkbox"/>	<input type="checkbox"/>
High school graduate:	<input type="checkbox"/>	<input type="checkbox"/>
Some college:	<input type="checkbox"/>	<input type="checkbox"/>
College graduate:	<input type="checkbox"/>	<input type="checkbox"/>
Masters level degree:	<input type="checkbox"/>	<input type="checkbox"/>
Professional degree or higher:	<input type="checkbox"/>	<input type="checkbox"/>

What would you best estimate your yearly household income to be:

- \$0 - \$18,999
- \$19,000 - \$35,999
- \$36,000 - \$59,999
- \$60,000 - \$89,999
- \$90,000 or above

When growing up, in school did you qualify and/or receive free lunch? Yes No

*Questionnaire developed by Jennifer A. Newman

APPENDIX D
WORKSHOP EVALUATION QUESTIONNAIRE

Assigned Participant ID #: _____ Age: _____

FEEDBACK QUESTIONNAIRE

Please check, circle, or fill in all applicable answers below and use the below rating scale as a guide.

1. = strongly unfavorable/definitely no/not at all
 2. = unfavorable/probably not
 3. = undecided/maybe/somewhat
 4. = favorable/probably yes
 5. = strongly favorable/definitely yes/quite a lot
-

Did you find this presentation interesting and/or beneficial?

Please Rate? Not at all **1** **2** **3** **4** **5** Very
Interesting/Beneficial Interesting/Beneficial

Has this subject matter been of interest to you in the past (i.e. before this presentation)?

Yes No

Please rate your **past** interest in the subject matter: Low **1** **2** **3** **4** **5** High
Interest Interest

Is this subject of more interest to you now after hearing the week's presentations?

Yes No

Please rate newfound interest: Low **1** **2** **3** **4** **5** High
Interest Interest

If this subject was previously of interest, was there information readily available to you?

Yes No

Please rate availability information: Not **1** **2** **3** **4** **5** Very
Available Available

Did you gain anything from the workshop series you might be able to apply to your parenting?

Yes No

Please rate usefulness:

Not Useful 1 2 3 4 5 Very Useful

Is this a topic you would choose to sign up for if you were to attend a parenting workshop and given a choice of workshop topics to attend?

Yes No

Why or Why not?

Would you recommend this kind of parenting workshop to a friend?

Yes No

How strongly would you recommend:

Would Not Recommend 1 2 3 4 5 Highly Recommend

Why or why not would you recommend this workshop?

Do you feel this topic/discussion is of value or relevance for today's parents?

Yes No

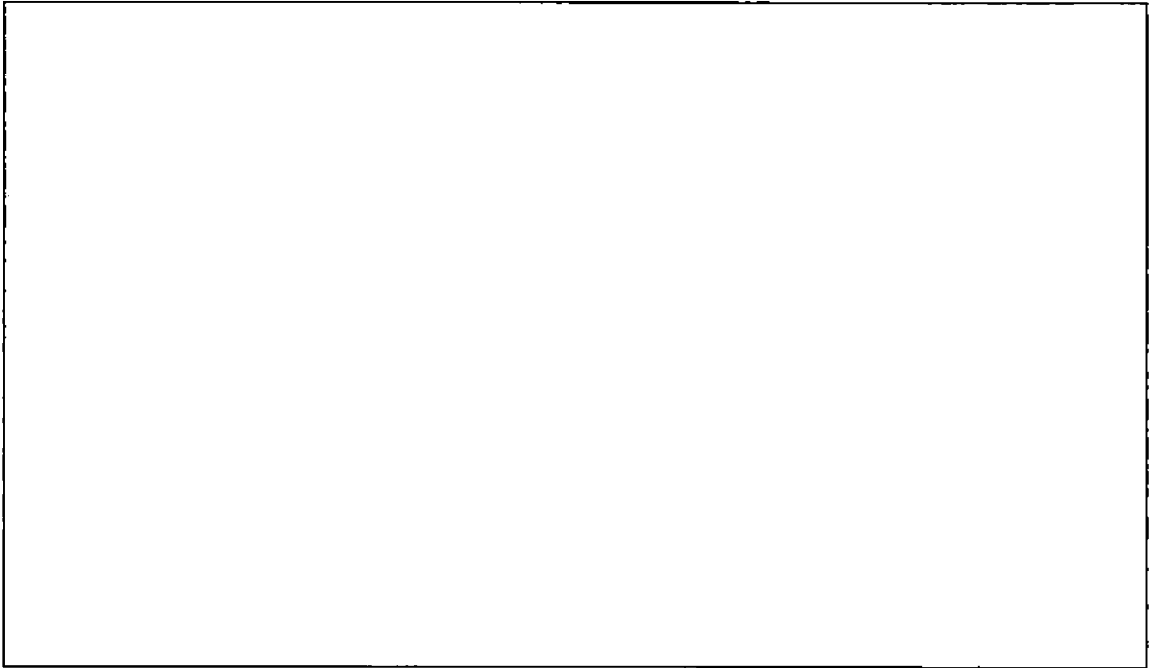
Please rate how valuable:

Not at All 1 2 3 4 5 Very

Do you feel any changes you might make in your parenting after this series will have any lasting, positive impacts on your child in the future?

Yes No

Any further suggestion(s) or comment(s) you would like to add would be very much appreciated?



Thank you for your feedback and participation!

***Questionnaire developed by Jennifer A. Newman**

APPENDIX E
WORKSHOP SESSION ONE - SCHEDULE AND PROCEDURE

PARENTING WORKSHOP - SESSION ONE

TOPIC: "An Introduction to Childhood Sexual Development"

MATERIALS: Informed Consent Form (Appendix A), Demographic Questionnaire (Appendix E), Power Point Presentation (Appendix D), Self-reflection exercise (Appendix G), Norms Handout (Appendix G)

Procedure	Description	Purpose	Time
Introduction	<p>Presenter welcomes participants by offering snacks and/or refreshment. Introduce self to the group. Then, briefly explains and gives overview of the workshop series.</p>	<p>Orient participants to the classroom, the group, the presenter and the workshop. Aids participants in feeling welcomed.</p>	5 min.
Paper Work: sign informed consent & fill out demographic questionnaire	<p>Presenter asks participants to sign an informed consent form and explains main points of consent, their rights as participants. Followed by handing out the demographic questionnaire. Reinforce purpose of background info and use solely for the culminating experience project.</p>	<p>Comply with IRB regulations and gather relevant background information that will prove useful when assessing the results, utility of the series, and the target audience of the workshop</p>	10 min.
Power Point Presentation	<p>Presenter reviews power point which focuses on outlining and explaining norms of early childhood sexual development - introducing them to the subject.</p>	<p>Introduce participants to the subject - as many probably are unfamiliar with the relevant statistics and norms. The introductory power point will impart a knowledge base for the ensuing workshops and hopefully instill an interest in the subject matter as well as instill an appreciation for the subjects importance</p>	25 min.

Procedure	Description	Purpose	Time
Activity: Self Reflection Exercise	Each participant individually fills out a self reflection questionnaire regarding their sexual upbringing and what messages they plan on conveying to their child.	Parents tend to parent the way they were parented and most children are raised in sexually conservative homes - one way to counteract that legacy is through self reflection and self awareness	15 min.
Activity: Sexual Upbringing Self Reflection Sharing Exercise	As a group we will each in turn choose to share one item or story from the questionnaire (if the participant feels comfortable doing so). Response patterns will be deconstructed	To help parents become more comfortable with the sexual subject matter, and encourage self-reflection. Provides, opportunity to note the legacy and prevalence of sexually conservative parenting	15 min.
Activity: Review handout of normative & deviant sexual behaviors	Give handout on what constitutes typical and atypical sexual behaviors in early childhood	Used to further elaborate on and review the relevant information given during the power point. Highlighting and reiterating the normalcy of sexual behavior so parents can avoid over-reacting	10 min.
Questions & Answers	Remaining time reserved for final summation, questions/answers, or any additional talking points participants might want to add	Gives a summary of the evening and highlights the main points from the workshop. Consolidates understanding and clarifies any confusion.	10 min.

*Workshop developed by Jennifer A. Newman

APPENDIX F

WORKSHOP SESSION ONE - POWER POINT

An Introduction to Childhood Sexual Development

Jennifer Newman, M.A. Child Development Candidate

Remember

a child's "sexuality" differs dramatically from the adult understanding

So, what exactly is childhood sexual development?

- Revolves primarily around exploration and is motivated by curiosity and sometimes pleasure
- Biological and psychosocial changes leading to sexual maturity
 - the bud of healthy adult expressions
- Innate process which builds upon itself, beginning as early as infancy and spanning the lifetime
- Children have no concept that their behavior is "sexual in nature"; all they know is their games are fun and touching feels good
 - understanding comes from learning, the environment, and parental input

Why are we here and why is this important?

- Parents tend to ignore their child's sexual development
 - this is a major developmental process with lasting implications into adulthood
- Parents should be aware of their very important role, shaping their child's sexual development
 - many do not talk about sexual development, treating it as if it were taboo
- There are those not aware which sexual behaviors are developmentally expected - as a result they overreact, negatively addressing ALL behaviors
 - we will discuss how you as parents can best respond
- Most discussions of children and sexuality relate to sexual abuse, trauma, and abnormal behavior
 - we are here to talk about health!

Why early childhood?

- Developmental importance of the age range 0-5 is well established in developmental literature
- Core material of our being, including our sexual being, is established at an early age
- Freud's sexual drive theory is based on the idea that human beings from birth are driven by sexual instincts and urges with lasting implications for future adult life
- Even infants are capable of sexual response
 - sexuality isn't a light switch that turns on as teenager
- It is easier to provide a child an appropriate sexual education if there is an established and repeated history of doing so
- We develop a percept of ourselves at a very young age - including a percept of self as a sexual being

Which behaviors are common and considered less problematic....

- self-stimulation
- body exploration
- differentiating bodies from one another - "You show me yours, I'll show you mine"
- attempt to mimic adult sexual behavior
- touching peers genitals
- curiosity about others' privates
 - attempts to view peers, adult, or sibling nudity

Playing Doctor

- "sex play" is additionally very common amongst pre-school children
- play serves an important role in the developmental learning process
- those interviewed working closely with preschool aged children had all observed some form of doctor/nurse/patient games
 - half interviewed had observed genital manipulation and/or body exploration accompanying the play
- the play should be considered fun and enjoyable by both participants
- it should be non-coercive (i.e. amongst children of similar age, size, and status)

Then what isn't so common?

- Inserting objects or fingers into their privates or another child's
- Oral genital stimulation
- Attempted sex
- Preoccupation with genitalia
- Excessive masturbation to the point of interference with other activities
- Asking an adult to engage in a specific sexual act

What to ask yourself?

- What is the frequency and intensity of the act?
- Does the child continue to display the behavior frequently and overtly even when asked to stop?
- Is there any anger, frustration, or an undeterred persistence when the child is asked to stop the behavior or is interrupted from engaging in it?

Remember these key points...

- Don't overreact
- A wide variety of sexual behavior can be observed in any child, making it difficult to classify any single act as "problematic"
 - even rare behaviors can be seen in children who have not been abused sexually
- Must consider multiple factors when considering what is "normal"
- "Normal" differs from child to child and situation to situation - there is no black and white
- Must look at whole picture, ask yourself the important questions
 - you know your child best!

APPENDIX G

WORKSHOP SESSION ONE - ACCOMPANYING HANDOUTS

SELF REFLECTION EXERCISE: SEXUAL UPBRINGING

Being aware of your own attitudes toward sexuality is necessary before you can communicate effectively with your children about sexuality. It is important to be aware how your upbringing and experiences are currently affecting your parenting. Take a few minutes to thoughtfully reflect upon the questions below.

1. Explore your feelings and values about love and sex, including any relevant childhood memories.
2. Did your parents talk to you about sexuality?
3. What message do you want to convey to your own children about sex?
4. Were your parents open to your questions as a child regarding sex or sexuality?
5. What message did they convey to you or your siblings about sex?
6. Do you want a different relationship with your children in terms of openness to discuss this subject matter?
7. Did you feel comfortable asking your parents uncomfortable questions regarding sex? If not, whom did you ask or turn to for answers?
8. How are discussions of sex currently treated in your home, or how do you envision them being handled in the future?

* Handout developed by Jennifer A. Newman

SEXUAL BEHAVIORS OF PRE-SCHOOL AGED CHILDREN

Natural and Healthy	Of Concern	Seek Professional Help
Touches/rubs own genitals when diapers are being changed, when going to sleep, when tense, excited, or afraid	Continues to touch/rub genitals in public after being told many times not do it	Touches/ rubs self to the exclusion of normal childhood activities. Hurts own genitals by touching/rubbing
Explores difference between males and females, boys and girls	Continuous questions about genital differences after all questions have been answered	Plays male or female roles in an angry, sad, or aggressive manner. Hates own/other sex
Touches the private parts of familiar adults and children	Touches the private parts of non-family adults, an unknown child, or familiar people after being told, "no". Asks to be touched himself/herself	Sneakily touches adults. Makes others allow his/her touching, demands that others touch him/her
Takes advantage of the opportunity to look at nude people	Stares at nude people even after having seen many people nude	Asks people to take off their clothes. Tries to forcibly undress people
Asks about genitals, breasts, intercourse, babies	Keeps asking people even after parent has answered all questions at age appropriate level	Asks unfamiliar people even after parent has answered all questions. Sexual knowledge too great for age.
Likes to be nude. May show others his/her genitals	Wants to be nude in public after the parent repeatedly and consistently says, "no"	Refuses to put on clothes. Secretly shows self in public after many scolding

*Adapted from Cavanagh, T. (1999). *Understanding your child's sexual behavior: What's natural and healthy*. Oakland, CA: New Harbinger Publications.

Natural and Healthy	Of Concern	Seek Professional Help
Interested in watching people do bathroom functions	Interest in watching bathroom functions does not wane in days/weeks	Refuse to leave people alone in the bathroom, forces way into bathroom
Interested in having/birthing a baby	Interest does not wane after several days/weeks of play about babies	Displays fear or anger about babies, birthing, or intercourse
Uses "dirty" words for bathroom and sexual functions	Continues to use "dirty" words at home after parents have said to stop	Uses "dirty" words in public and at home after many scoldings
Plays doctor, inspecting others' bodies	Frequently plays doctor after repeatedly being told "no"	Forces child to play doctor, to take off clothes
Puts object in own genitals or rectum one time for curiosity or exploration	Puts something in genitals or rectum of self or other after being told "no"	Any coercion, force, pain in putting something in genitals or rectum of self or other child.
Plays house, acts out roles of mommy and daddy	Humping other children with clothes on	Simulated or real intercourse without clothes, oral sex.

*Adapted from Cavanagh, T. (1999). *Understanding your child's sexual behavior: What's natural and healthy*. Oakland, CA: New Harbinger Publications.

APPENDIX H

WORKSHOP SESSION TWO - SCHEDULE AND PROCEDURE

PARENTING WORKSHOP - SESSION TWO

TOPIC: "Influence of Parenting and Attachment on Sexual Development"

MATERIALS: Power Point Presentation (Appendix I), "Askable" Parenting Quiz (Appendix J), Askable Parenting Handout (Appendix J), Parenting Styles Handout (Appendix J), Self-Reflection Exercise (Appendix J)

Procedure	Description	Purpose	Time
Introduction	Presenter welcomes participants back for the 2 nd session, offering snacks and/or refreshment. Thank for continued participation. Brief overview of the topic	Introduce the session's topic and allow time for all participants to arrive.	5 min.
Power Point Presentation	Presenter reviews power point focusing/explaining parenting and attachment's influence on childhood sexual development. Theme of focus: establishing good parenting patterns early in development for optimal outcomes	Introducing participants to the different types of parenting and attachment styles - making clear, the important role parents' play in their child's sexual development	25 min.
Activity: "Askable" Parenting Quiz and Review	Participants each individually fill out an askable parenting quiz. The quizzes will not be rated	The quiz will be used to familiarize parents with the principles of askable parenting. Quizzes will not be graded - requiring parents to subjectively determine for them self how they rate. Encourages self-reflection and parental self-awareness	20 min.

Procedure	Description	Purpose	Time
Activity: Introduce "Askable" Parenting Handout	Review parents role in askable parenting, having parents partner up and go through the "door openers" and "door slammers" handout	Give parents specific, practical, and useful guidance on how to approach talking with their children and being open and accessible	10 min.
Activity: Review Parenting Styles Handout	Explain to group the different parenting styles outlined on the handout given	Elaborate and expand what had been discussed during the power point. Reinforce the use of positive parenting. Useful take home flyer for reference	10 min.
Activity: Parenting Self Reflection Exercise	Participants are given a handout with prompts, asking them to think about and express how they currently parent and how they were parented	Self-reflection is a valuable tool for change. Participants may adopt new parenting practices if given the tools to replace the maladaptive ones	10 min.
Questions & Answers	Remaining time reserved for final summation, questions/answers, or any additional talking points participants might want to add	Highlight the main points and consolidate participants understanding. Clarify any confusion	10 min.

*Workshop developed by Jennifer A. Newman

APPENDIX I

WORKSHOP SESSION TWO - POWER POINT

Influence of Parenting and Attachment on Sexual Development

Jennifer Newman, M.A. Child Development Candidate

Early Childhood and Attachment

- attachment is a term describing the emotional bond and type of relationship formed between a child and the primary caregiver(s)
- the early years are most strongly influenced by first attachments
- attachment affects all aspects of development including brain development, self esteem, childhood stress/anxiety, etc
- these attachment styles tend to be stable over time
- healthy sexual development is intrinsically tied to the social-emotional development
- parents must ensure they create healthy, warm, nurturing bonds with their young children for optimal outcomes

Good Parenting = Good Attachment

- Different parenting styles create different kinds of attachments
- The attachments formed help children learn to exchange affection and establish intimate bonds - this impacts future adult relationships
- "The seeds of sexuality germinate in the first few years of life under the warm sun of a parents love" - unknown
- Good parenting involves two key components:
 - demandingness/expectations: children are expected to follow rules and parents expect mature, responsible behavior and self-control
 - nurturing attunement: parent attends to the child's needs and are empathic, warm, and loving

Attachments can be used to predict long-term outcomes...

small differences in the beginning can result in very large differences in the end when dealing with very complex systems

SUCH AS DEVELOPMENT



Authoritarian Parent

- highly demanding
- not emotionally responsive - little warmth in interaction with the child
- results in a child with Avoidant Attachment
 - child does not feel parent can meet their emotional needs so avoids seeking their interaction
 - emotional distance

Outcome

- may be quiet and obedient but lacks self esteem
- low self esteem amongst adolescents correlates with unsafe sexual practices
- less experience solving their own problems - lack moral reasoning ability
- more susceptible to influence of peer pressure
- seeks warmth lacking in parent child relationship through sexual attentions of peers

Indulgent Parent

- high degree of warmth and responsiveness
- few expectations or rules
- will withdraw their love and affection as discipline
- inconsistent parenting
- results in a child with ambivalent attachment
 - the child develops anxiety whether parent can meet their needs
 - views world as an emotionally unreliable place

Outcome

- clingy and over dependent
- views world as an emotionally unreliable place
- adolescents who view world as emotionally unreliable may separate emotions from sex
- few boundaries set by parents - alcohol, drug use, sexual promiscuity
- as an adult, worries about becoming close with others Cassidy and Berfin 1994

Neglectful Parent

- very little warmth or responsiveness
- minimal expectations
- uninvolved and often abusive
- results in a child with disorganized attachment
 - child becomes socially withdrawn
 - avoids parent who is a source disorientation and fear
 - poor social adjustment, poor emotional regulation, and cognitive disturbance

Outcome

- poor decision making and impulsivity
- reckless decision making affecting sexual health and well being
- more likely to abuse drugs and alcohol
- drug use can result in higher tendency to engage in unprotected sex
- re-create future relationships and home environments in which they were raised
 - victims of abuse often accept victimizing relationships

Authoritative Parent

- demanding of the child - high expectations
- loving, consistent, and reliable
- results in a child with secure attachment - the desired attachment style
- child can turn to parent in time of need, rely upon parents to meet needs
 - there is an established trust which leads to feelings of security
- lasting implications for connectedness with others

Outcome

- less frequently abuse drugs and alcohol
- higher frequency of contraceptive use once they do become sexually active
- higher self esteem which results in delaying sex until later ages
- adolescent wants to please parent and avoid disappointing them, which plays a role in delaying sex
 - greater maturity = greater sexual responsibility and better decision making
- lower substance abuse rates correlates with safer sexual practices
 - less unintended pregnancies and STD contraction rates

APPENDIX J

WORKSHOP SESSION TWO - ACCOMPANYING HANDOUTS

PARENTING QUIZ: ARE YOU AN "ASKABLE" PARENT?

Question 1: Do you stop all you are doing and give your child your attention when they ask you a question?

- Yes.
- No.
- Mostly yes.
- Mostly no.

Question 2: Is your first reaction to bad news from your child to yell or make a fuss?

- Yes.
- No.
- Mostly yes.
- Mostly no.

Question 3: Do you lecture your child?

- Yes.
- No.
- Mostly yes.
- Mostly no.

Question 4: Do you feel your child is too young to ask certain questions?

- Yes.
- No.
- Mostly yes.
- Mostly no.

Question 5: Do you share your values in a positive way?

- Yes.
- No.
- Mostly yes
- Mostly no

Question 6: Do you wait to answer your child until you fully understand the question?

- Yes.
- No.
- Mostly yes.
- Mostly no.

Question 7: Can you say correct names of your child's body parts with relative ease?

- Yes.
- No.
- Mostly yes.
- Mostly no.

Question 8: Do you give your child accurate answers or deflect their question for someone else to answer?

- Yes.
- No.
- Mostly yes.
- Mostly no.

*Quiz developed by Jennifer A. Newman

ASKABLE PARENTING: BEING APPROACHABLE AND OPEN



Door Openers

"What do you think?"

"Would you like to share more about that?"

"That's a good question."

"I don't know, but I'll find out"

"I'm interested in what you are saying."

"Do you know what that means?"

"That sounds important to you."

"Do you want to talk about it?"

Door Slammers

"You are too young to understand."

"If you say that again, I'll..."

"That's none of your business."

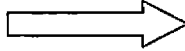
"We'll talk about that when you need to know."

"That's just for boys/girls"

"Why are you asking me that?"

"You don't need to know about that."

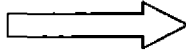
AUTHORITARIAN PARENTING



In this style of parenting, children are expected to follow the strict rules established by the parents. Failure to follow such rules usually results in punishment. Authoritarian parents fail to explain the reasoning behind these rules. If asked to explain, the parent might simply reply, "because I said so." – they expect their orders to be obeyed without explanation.

Authoritarian parenting generally leads to children who are obedient and proficient, but who rank lower in happiness, social competence and self-esteem.

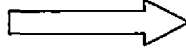
AUTHORITATIVE PARENTING



Like authoritarian parents, those with an authoritative parenting style establish rules and guidelines that their children are expected to follow. However, this parenting style is much more democratic. Authoritative parents are responsive to their children and willing to listen to questions. When children fail to meet expectations, these parents are more nurturing and forgiving rather than punishing. They are assertive, but not intrusive and restrictive. Their disciplinary methods are supportive, rather than punitive.

Authoritative parenting styles tend to result in children who are happy, capable and successful. Also, results in secure attachment.

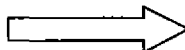
INDULGENT PARENTING



Indulgent parents sometimes referred to as permissive, have very few demands of their children. These parents rarely discipline their children because they have relatively low expectations of maturity and self-control. They are more responsive than they are demanding. They are nontraditional and lenient, do not require mature behavior, allow considerable self-regulation, and avoid confrontation. Permissive parents are generally nurturing and communicative with their children, often taking on the status of a friend more than that of a parent.

Indulgent parenting often results in children who rank low in happiness and self-regulation. These children are more likely to experience problems with authority and tend to perform poorly in school.

NEGLECTFUL PARENTING

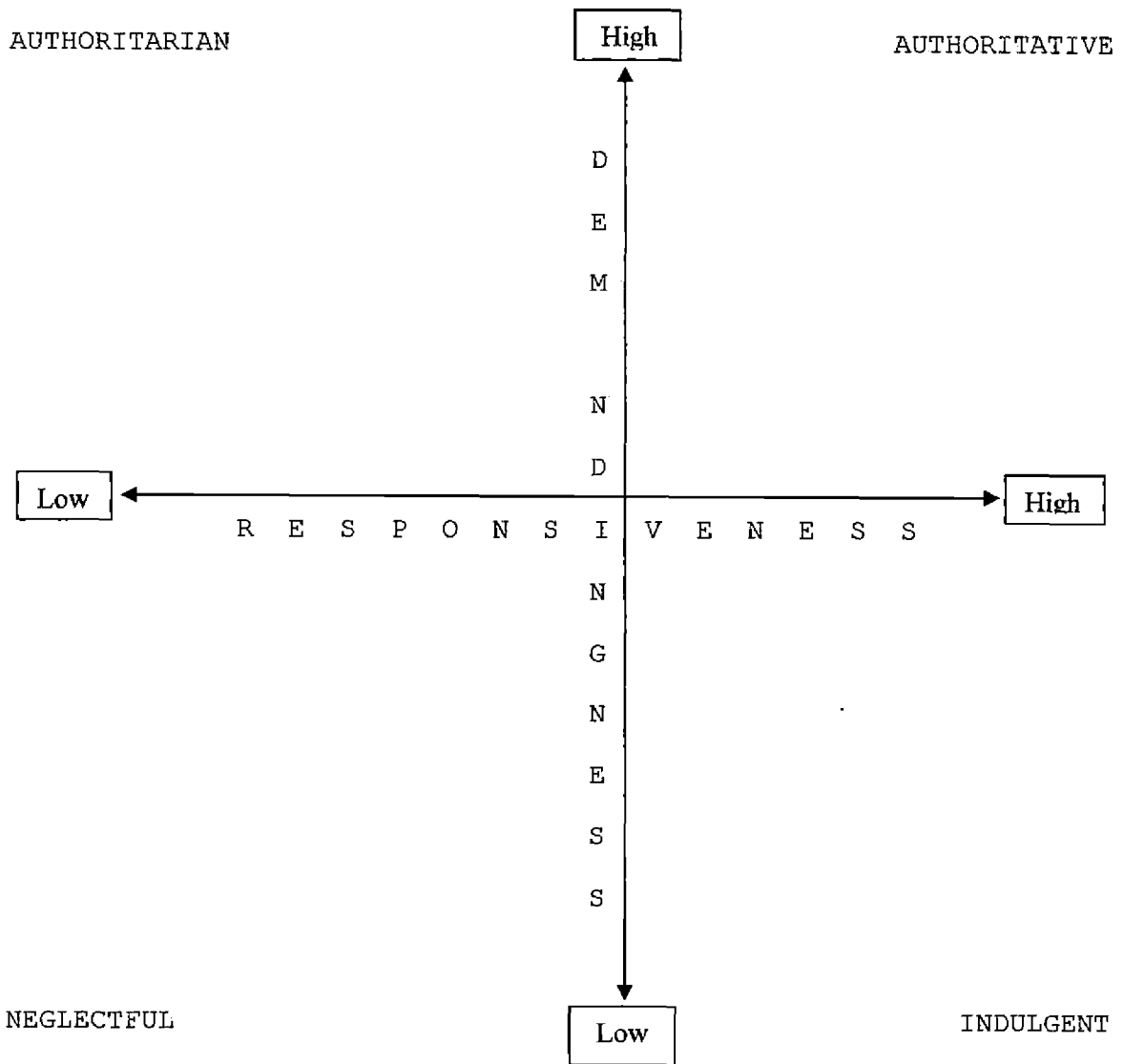


An uninvolved parenting style is characterized by few demands, low responsiveness and little communication. While these parents fulfill the child's basic needs, they are generally detached from their child's life. In extreme cases, these parents may even reject or neglect the needs of their children or are abusive.

These children rank lowest across all life domains. They tend to lack self-control, emotional regulation, have low self-esteem and are less competent than their peers.

Handout developed by Jennifer A. Newman based on the work of MacCoby and Martin (1983) and Baumrind (1967)

PARENTING STYLES



*Handout developed by Jennifer A. Newman based on the work of Baumrind (1967)

SELF REFLECTION EXERCISE: PARENTING STYLE

How we were raised influences how we relate to others – reflecting on these experiences can help us make sense of the past so we can make changes in the present and future.

1. Think about the different parenting styles, what style most closely resembles your parenting?
2. What might you do to improve your relationship with your child, encouraging or enhancing a secure attachment?
3. Studies show, we tend to parent the way we were parented, think about that legacy - how has it influenced your past, present, and future?
4. Are there things you may want to do differently while raising your own children? The same?
5. Think about the pattern of communication in which you were raised and how it influences your parenting and how you may wish to change that pattern?

APPENDIX K

WORKSHOP SESSION THREE - SCHEDULE AND PROCEDURE

PARENTING WORKSHOP – SESSION THREE

TOPIC: "Approaching Your Child's Developing Sexuality"

MATERIALS: Power Point Presentation (Appendix L), Proper Names Handout (Appendix M), Role-Play Exercise (Appendix M), Feedback Questionnaire (Appendix D), Debriefing Statement (Appendix B)

Procedure	Description	Purpose	Time
Introduction	Presenter welcome participants back for the 3 rd session, offering snacks and/or refreshment. Thank for continued participation. Brief overview of topic	Introduce the session's topic and allow time for all participants to arrive	5 min.
Power Point Presentation	Presenter reviews power point outlining and explaining practical, useful, and applicable parenting skills	Introducing participants to best practice parenting - giving them concrete, research based suggestions. Provides them with beneficial, applicable parenting skills for optimal developmental outcomes	25 min.
Activity: Proper Names	Explain importance of using proper names for genitalia	Instill an understanding as to the importance of using proper names. Additionally, aiding their comfort in using the proper names through practice. Handout is a useful reference guide	10 min.

Procedure	Description	Purpose	Time
Activity: Role Play	Participants are asked to split up into two groups, discussing parental response to two different, common sexual displays. Both positive and negative reactions are outlined. Parents discuss their response if in a similar situation	Compare and contrast different courses of action. Contrasting the negative response with the positive will better highlight for parents how they could better intervene. Helps parents explore their feelings behind their possible responses and reactions	20 min.
Final Question & Answer	Remaining time reserved for final summation, questions/answers. Discuss any additional talking points participants might want to add	Give summary of the evening's' topic but also give summary of the workshop series as a whole. Review main points. Consolidate and clarify participant understanding.	15 min.
Feedback Questionnaire & Debriefing Statements	Participants are handed a feedback questionnaire to individually fill out. Once finished, on their way out they are handed a debriefing statement	The feedback questionnaire will be utilized to evaluate the effectiveness and utility of the workshop series. The debriefing statement thanks them for their participation, reviewing the purpose and intent of the project, and providing contact information if they have any additional questions	15 min

*Workshop developed by Jennifer A. Newman

APPENDIX L

WORKSHOP SESSION THREE - POWER POINT

Approaching Your Child's Developing Sexuality

Jennifer Newman, M.A. Child Development Candidate

Remember

The greatest influence upon a child's psychosexual well being is the parent's attitude toward the child's developing sexuality

Food for Thought

- this is the most effective phase to impact future development
- parents are the greatest influence in a child's life
- learning starts in infancy, long before formal education and you as parents are the primary educator
 - consider – what message do you want to send your child?
- children are establishing their concept of self
 - consider – how will you as parents influence this?

SOME SUGGESTIONS

Being "Askable"

- Characterized by approachability and openness
- The key is listening
- Stop what you are doing, actively listening to your child and their question
- If no time to answer question, tell them a specific time in the near future that is better
- Do not be reactive
- When a child feels comfortable talking with parents it opens the door to communication

Calm Response

- Since it is very common for children to display some form of sexual behavior – react by staying calm
- Avoid harsh responses, yelling, or raising of the voice
- Hide your unease
- Do not shame your child – this has innumerable repercussions

Utilizing Teachable Moments

- Be proactive – don't wait for your child to ask the important questions
- Utilize teachable moments and real world situations to raise the important questions
- Don't let the opportunity pass by to teach your child a valuable lesson
- It is easier for a child to grasp a concept with concrete real world examples
- This sends an indirect message of availability and openness

Age Appropriateness

- Explore what the child already knows about a subject
- This serves as the basis for where to begin any discussion
- Should be at child's cognitive level of understanding
- Be concrete, not abstract
- Ensure your child's understanding and ask for questions
- Do not share anything that is not developmentally appropriate – use common sense

Proper Names

- Fact based instruction
- Introducing children to their body parts by giving them proper names - as you would any other part of their bodies
 - nose, elbow, penis, vagina
- Goal is to send an approving message about their body – their whole body, all parts
- By using euphemisms for genitals such as "vajayjay" or "doodle", you are making their genitals taboo, secretive, and unmentionable
- You should be able to say the names of genitalia without hesitation or embarrassment – be matter of fact

Addressing Masturbation

- Rules about nudity and masturbation are less important than how they are conveyed
- Avoid harsh punishments or warnings
- Scolding and shaming a child about modesty is confusing, explain why the need for modesty instead (if they are at an appropriate age to do so)
- Clearly separate your positive view of their bodies from your displeasure with the setting
 - I know that feels good but we talked about that being something to do at home, in your room, or when you are alone
- You set the parameters you as a parent are comfortable with, but set them in a sensitive manner

Addressing Sex-Play

- Address the play in a calm tone of voice
- Speak in short sentences, a long winded explanation is unnecessary in this moment which can turn it into a bigger deal than it is
- Redirect the children's attention to another, more appropriate activity
- If the play is not problematic, ignore it all together if you deem it appropriate to do so
- Knowing how and when to appropriately intervene is good parenting

Setting Boundaries

- Clearly outline for the child where is and is not appropriate to engage in self touching behavior
- When setting boundaries in public do not scold or grab the child's hand away
 - rather, explain why the circumstance is inappropriate while at the same time reminding them again where is
- If a child is not old enough to appreciate an explanation redirect their attention or engage them in a competing response
- Make sure to consider the comfort level of those around you

APPENDIX M

WORKSHOP SESSION THREE - ACCOMPANYING HANDOUTS

USING PROPER NAMES

Sending a positive message by using anatomically correct language for genitalia is important. If you have difficulty saying the words or the functions without embarrassment, you can become more comfortable with practice. When talking to your children, be aware of language, inflection, and facial expressions.

Boys

Penis

Testicles

Anus

Girls

Vagina

Vulva

Clitoris

Urethra

Anus

DISCUSS WITH YOUR PARTNER

How did you feel saying these words?

Were you comfortable with them?

What feelings did you have when you read them, if any?

Why are the lists different lengths?

*Handout developed by Jennifer A. Newman based on work of Richardson and Schuster (2003)

ROLE PLAY EXERCISE

Children are sensitive to parental reaction so being mindful of how the following scenarios are addressed is important. Go through them with your partner or small group.

Scene 1

Child is touching his/herself:

Response

-Yell

"That is nasty/gross/dirty/disgusting"

"STOP THAT"

-Abruptly grab the child's hand away

-send them to their room as if they are in trouble and did something very wrong

-become angry

⊕ Response

-stay calm

-Address it. "I know that feels good but that is something you do when you are alone and by yourself in private"

-Simply ignore it. Wait until they are a little older and are better able to comprehend when you explain to them it is something to be enjoyed alone

Consider the Following:

1. The child is unaware the behavior is sexual in nature - you as the adult are only aware of that - does that affect your response?
2. Is the reason you want the behavior to stop because it makes you uncomfortable?
3. How would you choose to respond? How would you want to be responded to if you were the child and unaware of your actions?
4. Is your response different if the self touching is at home vs. in public

*Handout developed by Jennifer A. Newman

ROLE PLAY EXERCISE

Children are sensitive to parental reaction so being mindful of how the following scenarios are addressed is important. Go through them with your partner or small group.

Scene 2

Child is Playing "doctor" or related game with another child:

Response

-Yell (sometimes it is not what you say but the tone it is said in)

"THAT IS NOT HOW WE PLAY!!!"

"STOP THAT"

"GET YOUR CLOTHES ON!"

-Abruptly grab your child away from the play

-send them to their room as if they are in trouble and did something very bad

-become angry without explanation

⊕ Response

-remain calm and in calm tone of voice address the situation in short sentences

"I know that feels good but that is a game I do not want you to play anymore"

"Did you satisfy your curiosity"

-Ignore the situation if the play is not problematic for either child.

-redirect their play to another activity where they can better be observed

Consider the Following:

1. The child is unaware the behavior is sexual in nature - you as the adult are only aware of that - does that affect your response?
2. What are your motives for wanting to intervene and stop the play?
3. How would you choose to respond? How would you want to be responded to if you were the child and unaware of your actions?
4. Would your response be different if the play was initiated by your child and in your home?

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