

Empowering Parents with

Sexual Health through Approachable Prevention and Education


2025

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Our Goals



- Analyze benefits/drawbacks
- Apply core principles/strategies
- Synthesize standardization impacts

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Agenda

Background

Curriculum Overview

Lessons Learned

Looking Ahead

Q&A

3

3

Background

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Define the Problem

U.S. military fails to protect children from sexual abuse on bases, AP reports

JACKSONVILLE, Fla. — A decade after the Pentagon began confronting rape in the ranks, the U.S. military reportedly still is unable to provide justice to the victims of sexual harassment when they are sexually assaulted on other bases, an Associated Press investigation has found.

Reports of assaults and rape among kids on military bases often lack of personnel, even when an effective response, often is not possible.

The Pentagon does not know the scope of the problem and does not have data on sexual assault cases or how many victims are not reported.



News

- Associated Press
- Stars & Stripes

Policies requiring the military services to:

- Promote public awareness
- Empower parents and legal guardians with skills and resources needed to address sexual education topics with their children/ youth
- Implement parenting strategies that prevent and reduce problematic behaviors

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Why the Project?



Desert of resources that would fulfill the policy requirement



Need to standardized curriculum that supports child focused language

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Curriculum Overview

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Effective Adult Learning



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Target Audience



Parents and caregivers who

- Want to learn how to discuss sexual health and development with their child
- Have a child who has demonstrated or been impacted by any kind of sexual behavior

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Learning Objectives



Goal

Parents and caregivers should be empowered with tools and knowledge to recognize and constructively address healthy sexual development and PSB topics with their child

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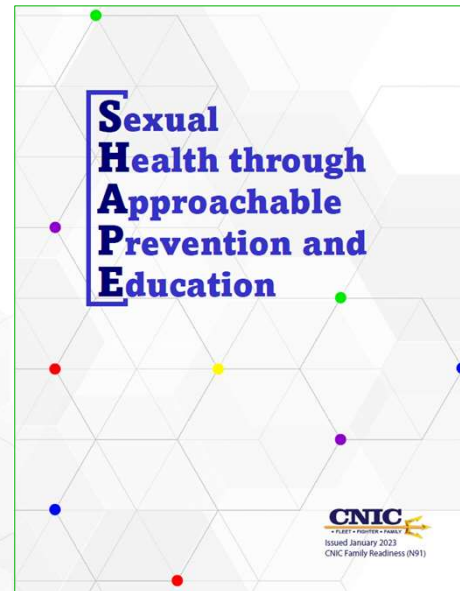
Facilitator Guide

Who will facilitate?

- Appropriately trained staff

What are the features?

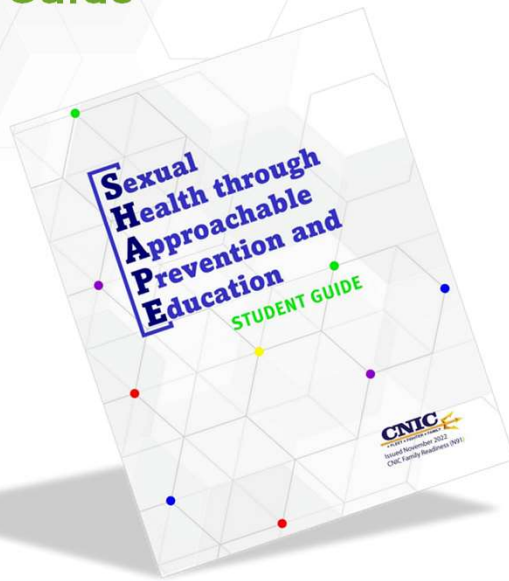
- Interactive table of contents
- Background information
- The Facilitator's Toolkit
- References
- Module contents
- Student Guide learning aids



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Student Guide



Book recommendations
Helpful strategies
Prevention practices
Resource lists

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Content Overview

Module	Approximate Durations
Module 1: Introduction and Language	90 minutes
Module 2: Ages 2-4	90 minutes
Module 3: Ages 5-9	90 minutes
Module 4: Ages 10-12	120 minutes
Module 5: Ages 13-18	120 minutes

Can separate modules into a Part I and Part II

Offer modules 2-5 at different times



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Consistent Introductions

Agenda

Navigating child development

Using supportive language

Responding to incidents

Ground Rules

- Ask questions ☒
- Confidentiality ☒
- Respect and learn from one another ☒
- Silence devices ☒

What's In It for Me?

What do you hope to get from this training?

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Module 1: Introduction and Language

Overview

- Child sexual development
- Range of behaviors
- Supportive language
- Positive parenting approaches

Sexual Health through Approachable Prevention and Education (SHAPE) Module 1: Introduction and Language

Know the Facts

Many adults are never taught what to expect as children develop sexually, so you might not know when or how to talk to your child. The unknown can also make it hard to tell what is healthy versus what is unhealthy and what your child's behavior means for their future. Together, we will explore the facts to demystify potential unknowns about child sexual behaviors.

Knowledge Check

Let's find out what you already know about child sexual development and behavior. Read each statement below and circle whether you think it is a true or false.

	True or False?	Choose One
1	It is common for children to exhibit sexual behavior.	True False
2	Wait until your child asks you about sexual development and behaviors.	True False
3	Talking about sexual development and behaviors can be uncomfortable.	True False
4	Talking with your child about sexual behaviors does not show your child it is OK to "have sex."	True False
5	The age of consensual sexual intercourse varies by state.	True False
6	All sexual behavior between children is normal and harmless play.	True False
7	Children should learn the real names of their genitalia by age 4.	True False
8	Many children who exhibit problematic sexual behavior (PSB) are girls.	True False
9	Child sexual abuse affects all socioeconomic, family, community, cultural and class groups.	True False
10	Children with neurodiversity (e.g., ADHD, autism, learning disorder) or disabilities are more likely to be victims of sexual abuse and exhibit or be impacted by PSB.	True False
11	If a child has been sexually abused, it does not mean they will exhibit PSB.	True False
12	Most children with PSB, with supports and help, do not continue to engage in PSB.	True False

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SHAPE Module 1 Learning Aid



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Know the Facts

TRUE



It is common for children to exhibit sexual behavior.

This is true.

Sexual development begins in the womb, and children are learning as they grow.



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Modules 2-5: Age-Range Learning Objectives

Recognize developmentally appropriate sexual behaviors

Engage in healthy sexual development discussions

Prevent and respond to incidents of sexual behavior

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Module 2: Ages 2-4



What's Normative, What's Not?



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Sexual Health through Approachable Prevention and Education (SHAPE) MODULE 2: AGES 2-4

What's Normative and What's Not?

Research shows that child sexual behaviors are inversely related to age, increasing in frequency, peaking at age 5 and dropping off over time. This does not suggest that sexual behaviors are more common in young children, but rather that younger children are less aware of social norms, boundaries and how their actions affect others. When you observe or hear about a child's sexual behaviors, you may wonder whether the behavior is normative.

When addressing any child behaviors, your response and the actions you take will depend on how you interpret the behavior you observe. By learning about the range of sexual behaviors, you will boost your ability to effectively respond when you observe this behavior in your child—or another child in your care—thereby promoting their healthy development.

Example Situations

Read the situations below, specific to 2- to 4-year-olds, and assess whether the identified sexual behaviors are developmentally appropriate, or normative.

	Situation	Normative	Unclear	Not Normative
1	Storytime is a regular part of a 3-year-old's nighttime routine. When close family visits, extended family members read the bedtime stories. One night, while Grandma was reading a story, the 3-year-old started touching their genitalia.			
2	At bath time, a 2-year-old girl loves to play with their toys. Recently, they took one of their toys and inserted part of it into their vagina.			
3	Two friends, 3½-year-old boys, are playing in one of their backyard playhouses. Both friends are giggling, have taken off their underpants and are looking at and touching each other's penises.			
4	A 4-year-old is playing with their same-age friends. They are in the playroom at one of their homes and, when a caregiver comes to the room to check on the children, they notice the children are playing house and one child is attempting to kiss another while using their tongue.			

Two- to 4-year-olds are curious about the world and how things work. They learn by watching people and imitating them, so it is important to consistently teach your child about boundaries and healthy behaviors. Knowing which behaviors are considered typically healthy, and which behaviors are not, will help you best guide your child's healthy development. Addressing, redirecting, educating and correcting atypical sexual behavior at an early stage can prevent development of future harmful behaviors. The behavior continuum is a useful tool to reference if you are not sure what to think about a behavior.

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SHAPE Module 2 Learning Aid

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Module 3: Ages 5-9



Boost Healthy Technology and Media Hygiene

Culture Reframed, the American Academy of Pediatrics and the U.S. Department of Health and Human Services have websites that can help you learn more about using filtering and monitoring tools, developing plans for your family's media use and preventing cyberbullying. By making plans, you can boost your child's healthy development.

Visit these websites for more information and strategies:

- "Parents of Children": <https://www.culturereframed.org/parents-of-children/>
- "Keeping Technology in Check: Mindful Technology Use Dos for Parents": <https://www.healthychildren.org/English/family-life/Media/Pages/Keeping-Technology-in-Check.aspx>
- "Beyond Screen Time: Help Your Kids Build Healthy Media Use Habits": <https://www.healthychildren.org/English/family-life/Media/Pages/healthy-digital-media-use-habits-for-babies-toddlers-preschoolers.aspx>
- "How to Make a Family Media Use Plan": <https://www.healthychildren.org/English/family-life/Media/Pages/How-to-Make-a-Family-Media-Use-Plan.aspx>
- "Your Child's First Phone: Are They Ready?": <https://www.healthychildren.org/English/family-life/Media/Pages/cell-phones-whats-the-right-age-to-start.aspx>
- "Sharenting: 5 Questions to Ask Before You Post": <https://www.healthychildren.org/English/family-life/Media/Pages/Sharenting-5-Questions-to-Ask-Before-You-Post.aspx>
- "How to Prevent Cyberbullying: A Guide for Parents, Caregivers and Youth": <https://www.stopbullying.gov/sites/default/files/documents/Cyberbullying%20Guide%20Final%200508.pdf>
- "Digital Awareness for Parents": <https://www.stopbullying.gov/cyberbullying/digital-awareness-for-parents>
- "Establishing Rules": <https://www.stopbullying.gov/cyberbullying/establishing-rules>
- "KnowBullying App": <https://store.samhsa.gov/product/knowbullying>

Tip to Support Learning

NetSmartz offers educational tools for all ages related to online safety: <https://www.missingkids.org/netsmartz/home>

True or False Quiz
Complete this true or false quiz to check and expand your awareness of how pornography can impact a child's development.

Statement	True	False
1 Children who see pornography, whether accidentally or through curiosity, need to find a way to cope with what they encounter.		
2 Seeing pornography cannot affect a child because they will forget about it by adulthood.		
3 Viewing pornography increases dopamine in the brain, which can feel very rewarding.		
4 If a child sees pornography and they are not prepared, they will quickly feel overwhelmed.		
5 The average time of first exposure to pornography is high school.		
6 Most pornography today features physical and verbal violence.		
7 Consumption of pornography is strongly associated with abusive behaviors and attitudes, including physical and sexual violence.		
8 There has been a four-fold increase of children presenting to clinics with PSB over the past seven years, with almost all cases attributed to online pornography.		
9 Child exploitation pornography is on the rise.		
10 Child exposure to pornography results in higher rates of depression, behavioral problems and an increased likelihood of emotional, social and sexual problems in adult life.		

These statements were developed with information sourced from CultureReframed.org. CultureReframed is an organization that provides education and support to promote healthy child and youth development by building resilience and resistance in young people to hypersexualized media and pornography.

For more facts about the impact of pornography on children and youth from CultureReframed, see:

- "Parents of Children": <https://www.culturereframed.org/parents-of-children/>
- "Understanding a Center of the Mind: Pornography and Child Sexual Abuse": https://www.culturereframed.org/wp-content/uploads/2024/04/Culture-Reframed_WhatIsPSB.pdf
- "Understanding the Harms of Pornography: The Consequences of Social Scientific Knowledge": https://www.culturereframed.org/wp-content/uploads/2024/04/Harms_of_Porn_Report_2023.pdf

SHAPE Module 3 Learning Aid

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Module 4: Ages 10-12

Module 4: Ages 10-12
Part II: Safeguards and Communication
PSB-CY Prevention (25 minutes)
Slide 25: Activity: Strategies for Prevention

Content Note
You finish the module into two parts, welcome learners back to the second action. Briefly help learners recall their learning from Part I using the form Knowledge Check section of the Student Guide. For example, you might ask these questions:

1. What is an example of normative child sexual behavior?
2. How would you describe the behavior continuum and how can it help you?
3. What are some of the risks and vulnerabilities that can contribute to PSB-CY?
4. When can you get help if your child's behavior concerns you?

If you deliver the full module in one session, skip this review.

SAV You each have hopes and aspirations for your preteen and, while a child cannot live in a bubble especially as they are trying to become more independent, there are many proactive steps you can take to safeguard your child's well-being and healthy development. Just like our list of risks and vulnerabilities, there are situations that may decrease the likelihood of a child being affected by PSB. These are called protective factors.

SAV To help you begin making about the protective factors, let's explore some practical parenting strategies you can use to prevent harmful behaviors from developing or continuing.

Activity Logistics: Strategies for Prevention
Description: Collaborating with a team, learners will use a list of practical parenting strategies into their corresponding categories of supports and protective factors against PSB.

Purpose: To help caregivers take proactive action to boost child protective factors, promote healthy child sexual development and prevent PSB.

Note: This activity serves as a pre-test to check learners' knowledge of prevention strategies. Learners will check their answers as they proceed through the upcoming slides.

Time: 5 minutes

Materials: Time, PowerPoint slide and the Problematic Sexual Behavior in Children and Youth (PSB-CY) Prevention section of the Student Guide.

Process:

1. SAV Please turn to the Strategies for Prevention activity in your Student Guide. You will have five minutes to complete this activity.

Sexual Health through Approachable Prevention and Education (SHAPE)

MODULE 4: AGES 10-12

Problematic Sexual Behavior in Children and Youth (PSB-CY) Prevention

You have hopes and aspirations for your preteen and, while a child cannot live in a bubble, there are many proactive steps you can take to safeguard your child's well-being and healthy development. Just like the list of risks and vulnerabilities, there are situations that may decrease the likelihood of a child being affected by PSB. These are called protective factors. There are four prevention categories in which you can enhance protective factors to boost your child's healthy development: technology and media, individual, family and community.

Strategies for Prevention

Below are some practical parenting strategies you can use to prevent harmful behaviors from developing or continuing. Please read each strategy and write the letter of the corresponding category.

Strategy	Prevention Category
1 Ensure adequate supervision is provided when my child is visiting a friend's home.	A Technology and Media
2 Monitor my child's technology use and share with them strategies for being a responsible technological citizen (e.g., safety, respect, privacy, etc.).	
3 Discuss sexual behavior rules and consent with my child.	
4 Be mindful of my stress levels, coping strategies and the quality of my mental health. If I am struggling, get help.	
5 Aim to have more tech-free time than tech time.	B Individual
6 Help my child join activities so they can find things they are talented at and develop healthy friendships.	
7 Teach my child about puberty. For example, read with my child <i>It's Perfectly Normal: Changing Bodies, Growing Up, Sex, Gender and Sexual Health</i> , by Robie H. Harris.	C Family
8 If my child is exposed to challenges such as individuals with substance use problems or instances of community violence, help them process what they see or hear.	
9 If my child lives with neurodiversity (e.g., ADHD, autism, etc.) a disability or a medical or learning need, connect with the Exceptional Family Member Program (EFMP) for resources and support.	
10 Read with my child <i>Good Pictures, Bad Pictures: Porn-Proofing Today's Young Kids</i> , by Kristin Jensen.	D Community
11 If I have a challenging relationship with my partner or another child in the home, use supports such as the Fleet and Family Support Center (FFSC) to learn strategies and develop a plan to improve our relationships.	
12 Promote open communication and send clear, positive messages about boundaries, modesty and privacy at home.	

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SHAPE Module 4 Learning Aid

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Module 5: Ages 13-18

Technology and Media Risks

Cyberbullying and sexting

Electronic messages
Legal implications
Normative behavior
Likelihood increases with age



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Impact Insights

Sexual media affects children's brains and development



Developing Healthy Relationships

As your teen develops romantic relationships:

Provide mentorship
Discuss healthy behavior
Teach digital consent
Educate about sexual activity



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Scenarios and Role-play Activities

Lost for Words

Discussing sexual health and development topics can be uncomfortable, especially if you are not prepared. With some practice and preparation, you can confidently field your teen's questions.

What are some questions or topics that your teen has brought up or that you fear they will bring up? Write them below.

1. What is a "wet dream"?
2. What does "popping the cherry" mean?
3. What is a "blow job"?
4. Why is my penis hard when I wake up in the morning?
5. Why are my breasts so small (or so large)?
6. How do you use a tampon?
7. How did you know when you were in love?
8. How do I ask someone out?
9. How old were you when you first "had sex"?
10. What do I say when someone asks me for "sex"?



Choose one of the questions or topics you wrote above and work with a partner to practice responding.

Caregiver Tip

If you are not sure where to begin when your teen asks a question about sexual health and development, the book *It's Perfectly Normal: Changing Bodies, Growing Up, Sex, Gender and Growth* (4th Edition, © 2015) is a great resource from which to start. Use the book to develop responses unique to your teen and your family's values.

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SHAPE Module 5 Learning Aid



Lost for Words

Discussing sexual health and development topics can be uncomfortable, especially if you are not prepared. With some practice and preparation, you can confidently field your child's questions.

What are some questions or topics that your child has brought up or that you fear they will bring up? Write them below.

1. Where do babies come from?
2. Does having a baby hurt?
3. What is sex?
4. What is a condom?
5. Why do only some people have penises?
6. Why do only some people have breasts?
7. What is puberty?
8. How does a baby eat or drink before it is born?
9. What is a period?



Choose one of the questions or topics you wrote above and work with a partner to practice responding.

Caregiver Tip

If you are not sure where to begin when your child asks a question about sexual health and development, the books *It's Perfectly Normal: Changing Bodies, Growing Up, Sex, Gender and Growth* (4th Edition, © 2015) and *It's So Amazing! A Book About Eggs, Sperm, Birth, Babies and Families* (Second Edition, © 2014) are great resources from which to start. Use the books to develop responses unique to your child and your family's values.

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SHAPE Module 3 Learning Aid



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Content Note Features

Sexual Health through Approachable Prevention and Education (SHAPE)

2. **SAY:** Please turn to the *Let's for Words* subsection in the *Proactive Planning* section of your Student Guide. What are some questions or topics that your teen has brought up or that you fear they will bring up? Take two minutes to write them in the designated space.
3. Set a two-minute timer. Start the timer. Alert learners when time is up.
4. **SAY:** Choose one of the questions or topics you wrote and work with a partner to practice using the rules of thumb for responding. You will have three minutes.
5. Ask learners to pair up. Set a timer for three minutes and tell them to begin. Start the timer.
6. If learners struggle to draw input, encourage them to use one of the examples in their Student Guide also referenced below.
7. Monitor learners' practice, providing feedback as appropriate. At the 1½-minute mark, ask learners to switch roles. Then, ask learners to stop when time is up.
8. **Role-play enhancement:** When time is up, ask for a pair to volunteer to demonstrate their question and response.
9. Provide constructive feedback and thank learners for their participation.

Examples

1. What is a "wet dream"? (see Page 42)
2. What does "popping the cherry" mean? (see Page 23)
3. What is a "blow job"? (see Page 62)
4. Why is my penis hard when I wake up in the morning? (see Page 47)
5. Why are my breasts so small (or so large)? (see Page 48)
6. How do you use a tampon? (see Pages 35-36)
7. How did you know when you were in love? (see Page 58)
8. How do I ask someone out? (see Pages 59-60, 106-107)
9. How old were you when you first "had sex"? (see Pages 5-30)
10. What do I say when someone asks me for "sex"? (see Pages 59 and 94)

SAY: As your teen matures and asks you questions, remember to keep responses age-appropriate, brief and to the point. If you are not sure where to begin, the book I mentioned earlier can help you approach these conversations with your child. As a reminder, check out *It's Perfectly Normal: Changing Bodies, Growing Up, Sex, Gender and Sexual Health*, by Robie H. Harris.

SAY: This book can help you engage in conversations about puberty and relationships, in addition to answering your teen's questions. If you are not sure your response was enough, you can always validate your teen's curiosity by following up with questions such as, "Did that answer your question?" or "Do you have any more questions about that?" Then, use the rules of thumb to repeat the process.

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Module 5: Ages 13-18

Content Note

Some caregivers may have children in multiple age ranges, and they may be curious about how to respond to the same question across the age ranges. Regardless, their child will continue to grow and develop, warranting different responses to similar questions. To drive home the concept of age-appropriate responses, and how to cater to a child's developmental needs, provide examples using the question and responses below. Consider your learners' children's ages and developmental stages to tailor the examples you share. The examples below were developed with information from *It's Not the Stork! A Book about Girls, Boys, Babies, Bodies, Families and Friends*, *It's So Amazing! A Book about Eggs, Sperm, Birth, Babies and Families*, and *It's Perfectly Normal: Changing Bodies, Growing Up, Sex, Gender and Sexual Health*, by Robie H. Harris.

Example question: What is sex?

Example responses: Regardless of a child's age, begin by asking, "How about you tell me what you already know?" This will help you understand their existing knowledge, clarify their question's intent and respond with the information they are seeking.

If they are seeking information about sex assigned at birth:

- **Ages 2-4:** Teach correct names for body parts and explain basic differences between being male and female. For example, you may say, "Sex" is the word used to describe when someone is a boy or a girl. The sex of a baby with a penis is a boy. The sex of a baby with a vulva is a girl. If they want to know more, provide very simple answers to questions about the body and body functions.
- **Ages 5-9:** Teach correct names for body parts and explain the physical differences between being male and female. For example, you may say, "Sex" is the word used to describe when someone is a boy or a girl. Boys and girls have many things in common, but there are also some things that are different. For example, the sex of a baby with a penis is a boy. The sex of a baby with a vulva is a girl. Would you like to know more about the differences? If they want to know more, you can share more about basic male and female anatomy and physiology, and the physical changes that will happen throughout puberty.
- **Ages 10-12:** Explain the difference between sex and gender. For example, you may say, "Sex" is the term used to describe when someone is male or female. A baby's sex is assigned at birth based on their genitals. Sometimes, when people talk about sex, they think they are talking about gender. However, gender is different, and it is not just about body parts. While it can be influenced by body parts, gender is how someone feels, sees and describes themselves. If they want to know more, provide ongoing information about the physical aspects of puberty and changes in their body. Encourage critical thinking about media representations of male and female bodies, what is realistic and what is not.
- **Ages 13-18:** Explain the difference between sex and gender. For example, you may say, "Sex" is the term used to describe when someone is male or female. A baby's sex is assigned at birth and documented on their birth certificate based on their genitals. Sometimes, when people talk about sex, they think they are talking about gender. However, gender is different, and it is not just about body parts. While it can be influenced by body parts, gender is how someone feels, sees and describes themselves. A person's gender identity is defined by the way they look or how they act. Whenever you talk about sex or gender, always be respectful. If they want to know more, provide ongoing information about the physical aspects of puberty and changes in their body. Encourage critical thinking about media representations of male and female bodies, what is realistic and what is not.

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Emotion Regulation Techniques

Individual Prevention



Individual Prevention - ABCs of Behavior

A	B	C
What is the situation I am facing?	How will I respond?	What are the outcomes resulting from my choice?
	<div>THINK What are my thoughts?</div> <div>FEEL What are my feelings and how strong are they?</div> <div>DO What choices do I see for myself?</div>	<div>- What are the negative outcomes?</div> <div>+ What are the positive outcomes?</div>

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Optional Activities

Consent for Kids

Tea and Consent

Balloon Breathing
Method

CONSENT
for
KIDS

CONSENT
IT'S SIMPLE AS TEA



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Activity Sample: What's Normative, What's Not?

Given scenarios, learners will assess developmentally appropriate sexual behaviors for the given age range



Sexual Health through Approachable Prevention and Education (SHAPE)
MODULE 2: AGES 2-4

What's Normative and What's Not?

Research shows that child sexual behaviors are innately related to age, increasing in frequency, peaking at age 5 and dropping off over time. This does not suggest that sexual behaviors are more common in young children, but rather that younger children are less aware of social norms, boundaries and how their actions affect others. When you observe or hear about a child's sexual behaviors, you may wonder whether the behavior is normative.

When addressing any child behavior, your response and the actions you take will depend on how you interpret the behavior you observe. By learning about the range of sexual behaviors, you will boost your ability to effectively respond when you observe the behavior in your child—or another child in your care—thereby promoting their healthy development.

Example Situations
Read the situations below, specific to 2- to 4-year-olds, and assess whether the identified sexual behaviors are developmentally appropriate, or normative.

Situation	Normative	Unclear	Not Normative
1. Storytime is a regular part of a 3-year-old's nighttime routine. When close family visits, extended family members read the bedtime stories. One night, while Grandma was reading a story, the 3-year-old started touching their genitals.			
2. At bath time, a 2-year-old girl likes to play with their toys. Recently, they took one of their toys and massaged part of a male's vagina.			
3. Two friends, 3½-year-old boys, are playing in one of their backyard playhouses. Both friends are giggling, have taken off their undershirts and are looking at and touching each other's penises.			
4. A 4-year-old is playing with their same-age friends. They are in the playroom at one of their homes and, when a caregiver comes to the room to check on the children, they notice the children are playing house and one child is attempting to kiss another while using their tongue.			

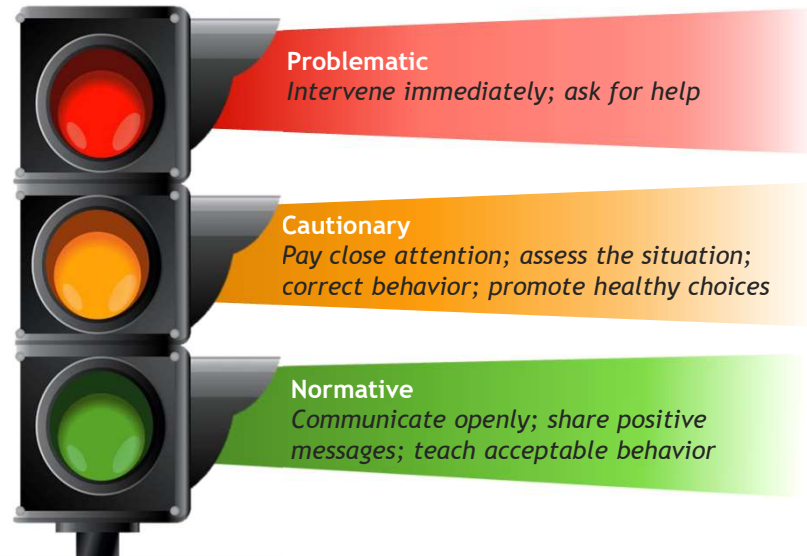
Two- to 4-year-olds are curious about the world and how things work. They learn by watching people and imitating them, so it is important to consistently teach your child about boundaries and healthy behaviors. Knowing which behaviors are considered typically healthy, and which behaviors are not, will help you best guide your child's healthy development. Addressing, redirecting, educating and correcting atypical sexual behavior at an early stage can prevent development of future harmful behaviors. The behavior continuum is a useful tool to reference if you are not sure what to think about a behavior.

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The Behavior Continuum: Parenting Approaches



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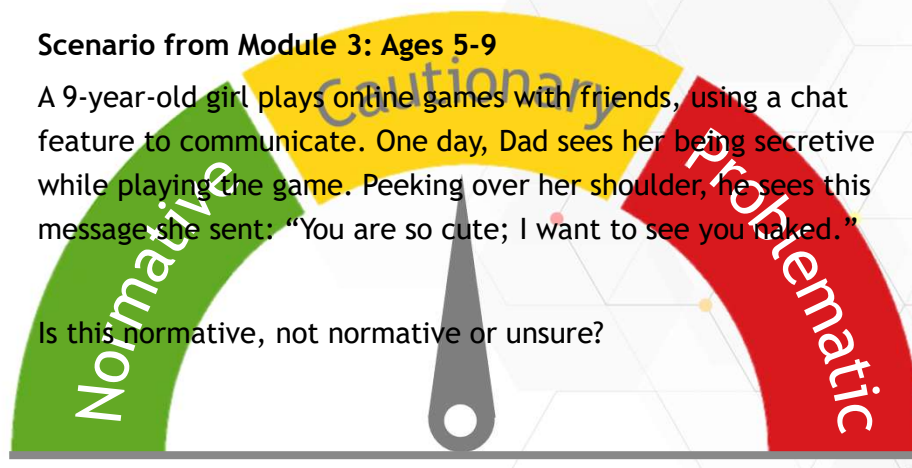


Activity Sample: What's Normative, What's Not?

Scenario from Module 3: Ages 5-9

A 9-year-old girl plays online games with friends, using a chat feature to communicate. One day, Dad sees her being secretive while playing the game. Peeking over her shoulder, he sees this message she sent: "You are so cute; I want to see you naked."

Is this normative, not normative or unsure?



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Activity Sample: What's Normative, What's Not?

Scenario from Module 4: Ages 10-12

Your 10-year-old son and 11 1/2-year-old daughter are in the bathroom brushing their teeth before school. You walk into the bathroom and see your son groping your daughter's breasts over her shirt as she screams and tries to get away. Your son chases her and continues trying to grab her breasts and your daughter is visibly alarmed.

Is this normative, not normative or unsure?

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Activity Sample: What's Normative, What's Not?

Scenario from Module 5: Teens

Your 16-year-old agreed to parental monitoring when they got their smartphone. They ask you to hold their phone during their soccer game. Sometime texts them, so you check the message and see that their same-aged girlfriend sent them a nude photo. You scroll up and see that their previous conversations included your teen requesting the nude image.

Is this normative, not normative or unsure?

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Activity Sample: Lost for Words

Given a prompt, learners will share a sexual development question or topic their child has brought up, or one they fear their child will bring up, that puts them at a loss for words.

Lost for Words

Curious Question

You have two children, a 3½-year-old girl and a 7-year-old boy. You are winding down for the evening and reading your daughter a bedtime story. They say they need a bathroom break. When they return, they get back in bed and ask you, "Why do boys stand up when they go to the bathroom?"

(LFW) Which responses would follow the rules of thumb, maintain trust and help the child learn?

- ☐ 1. "That's a great question!" 0% (0)
- ☐ 2. "You're too young to be asking that question." 0% (0)
- ☐ 3. "How about we read a book that can answer your question tomorrow?" 0% (0)
- ☐ 4. Nice girls don't ask questions like that." 0% (0)
- ☐ 5. "Boys and girls have different body parts. Boys can stand up so pee can come out through a small opening in the tip of their penis." 0% (0)
- ☐ 6. Remind the 7-year-old to close the door when they use the bathroom. 0% (0)
- ☐ 7. Ignore the question and change the subject. 0% (0)
- ☐ 8. "How about you tell me what you already know?" 0% (0)

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Lost for Words

Curious Question (Module 2: Ages 2-4)

You have two children, a 3½-year-old girl and a 7-year-old boy. You are winding down for the evening and reading your daughter a bedtime story. They say they need a bathroom break. When they return, they get back in bed and ask you, "Why do boys stand up when they go to the bathroom?"

- A. "That's a great question!"
- B. "You're too young to be asking that question."
- C. "How about we read a book that can answer your question tomorrow?"
- D. Nice girls don't ask questions like that."
- E. "Boys and girls have different body parts. Boys can stand up so pee can come out through a small opening in the tip of their penis."
- F. Remind the 7-year-old to close the door when they use the bathroom.
- G. Ignore the question and change the subject.
- H. "How about you tell me what you already know?"

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Activity Sample: What Would You Do?

Given scenarios, learners will communicate responses to sexual behavior questions and incidents.



What Would You Do?

2. Mature Media

Your children are 9, 13 and 15 years old. Your 9-year-old has wanted a smartphone for months. You decide to restore your old one with an email address and kid-friendly filtering/monitoring settings, so they can use it with at-home Wi-Fi. During your regular family phone usage check in, you see pornography in your 9-year-old's browser history.

What Would You Do?

The messages children receive vary greatly and reflect the diversity of knowledge, values and beliefs about sexual health, development and behavior in our world. It is important to recognize that the way you respond to your child's sexual behaviors can help or harm their healthy sexual development. Just as a child can correct their misbehavior, caregivers can build opportunities to improve their responses to best support healthy child development.

Work with a partner or group to consider one of the following scenarios and develop a plan for response using strategies you have learned today.

Scenario 1: Double Delusion You have two children, a 6-year-old boy and a 7-year-old girl. You are winding down after dinner on Friday night playing a game with your children. Your daughter turns to you and says, "What is sex?"	Scenario 2: Curious Cat You are at the store with your 8-year-old picking up some toiletries that are on sale. As you are walking down the aisle, you pass by a shelf with condoms just as someone grabs a box and places it into their cart. Your 8-year-old turns to you and says, "What's a condom?"
Scenario 3: Playground Problems After school you take your 7- and 10-year-old kids to the playground. They meet up with four friends ages 7, 8, 9 and 10 from another families. While at the playground, you notice all of the kids huddled at the bottom of the slide. You hear a mixture of giggles and concerns, so you approach them to check in. You immediately realize that the 10-year-old is holding down the 8-year-old, groping their genitals over their clothing and flexibly hitting them. The 8-year-old is trying to get away.	Scenario 4: Mature Media You have three children: 9, 13 and 15 years old. Your 9-year-old has been begging you for a smartphone for months, and you upgraded your smartphone last weekend. You decide to clear out and set up your old one with an email address and kid-friendly filtering/monitoring settings, so your child can use it when connected to at-home Wi-Fi. One night, after your children go to bed, you go to do your regular check-in on their phone usage. While scrolling through your 9-year-old's internet history, you see they looked at pornography.
Scenario 5: Uncomfortable Touch Your 5-year-old has occasionally masturbated in private for about two years. With support from their pediatrician, you have determined that it is a self-soothing behavior. However, for the past two weeks, you have noticed them self-touching every night when you go to bed. Tonight, you noticed they were rubbing a toy into their genitals.	What is your response plan? Note some ideas below.

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What Would You Do?

Mature Media (Module 3: Ages 5-9)

Your children are 9, 13 and 15 years old. Your 9-year-old has wanted a smartphone for months. You decide to restore your old one with an email address and kid-friendly filtering/monitoring settings, so they can use it with at-home Wi-Fi.

During your regular family phone usage check in, you see pornography in your 9-year-old's browser history.

- A. Stay calm and collect your thoughts before talking with your child
- B. Wipe the browser history and only address it if it happens again.
- C. "I noticed some things you've been looking at online. It's OK to be curious and I want to answer any of your questions about bodies and sex."
- D. "What did you think about what you saw?"
- E. Clearly communicate behavior expectations with all three children.

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Lessons Learned

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Adjusting to Meet Needs

Face-to-face



Virtual

Open to military family members/staff

Provides safe space to explore the content/strategies

Promotes virtual clinical services to ensure clinical support is accessible

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Benefits



- Increases Parental Confidence
- Builds a supportive community
- Access to expert knowledge
- Reduces stigma and misconceptions
- Enhances child well-being long-term

Face-to-Face

- Individualized, on-site support
- In-person clinical expertise

Virtual

- Anonymity
- Accessibility

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Barriers: Face-to-Face



Stakeholder
reluctance



Stigma &
Misconceptions



Clinician Mindset



Limited time &
Resources

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Barriers: Virtual



Marketing



Cultural Change



Intrinsic Motivation

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Testimonials: What Stood Out?

"Understanding myself, my knowledge and understanding, and create language and have the tough conversations frequently :)"

"Shifting language was imperative for me... instead of using 'what's wrong with you', to 'what happened'"



"This is such a big class as a parent and in general... And I love how knowledgeable you have been and how easy it is to learn with this group!"

"It is a tough topic, and this type of conversation makes it soooooo much easier!"



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Testimonials: Overall Takeaways

"Parents need to monitor what kids are exposed to—TV, internet, social media." - Navy Family Ombudsman

"The talk was, 'Keep your panties up and your dress down.' That's all I was told." - FFSC Staff Member ★

"Sharing small daily victories or feelings helps rebuild bonds in relationships." - Child Counselor, FFSC

"Parents are the most significant influence on a child's behavior and knowledge." - Multiple participants ★



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Testimonials: Overall Takeaways Continued

"Thank you for leaning into uncomfortable conversations. They are necessary for growth!" - Child Counselor, FFSC

"Thank you for providing such great resources to keep learning and growing. It's so helpful!" - Parent Learner ★

"I am always interested in any information that can benefit our children, teachers, parents, and caregivers." - FFSC Educator

"Conversations like these are essential to preparing us for the real-world challenges we face every day in our roles." - Parent Learner ★



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The Way Ahead

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A way forward:



- Modify SHAPE
- Develop a Train the Trainer
- Defense Media Activity to promote program/course
- Policy and Desk Guide

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Questions & Answers

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THANK YOU!



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Acronyms

CNIC: Commander, Navy Installations Command

DoD: Department of Defense

FAP: Family Advocacy Program

FFSP: Fleet and Family Services Program

NCRT: Non-clinical Referral Tool (DD3179)

NDAA: National Defense Authorization Act

PSB: Problematic sexual behavior(s)

PSB-CY: Problematic sexual behaviors in children and youth

SHAPE: Sexual Health through Approachable Prevention and Education

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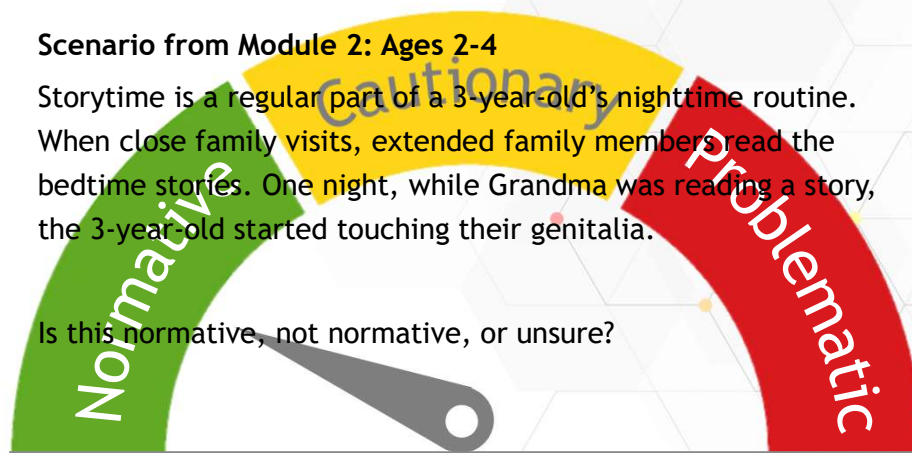


Activity Sample: What's Normative, What's Not?

Scenario from Module 2: Ages 2-4

Storytime is a regular part of a 3-year-old's nighttime routine. When close family visits, extended family members read the bedtime stories. One night, while Grandma was reading a story, the 3-year-old started touching their genitalia.

Is this normative, not normative, or unsure?



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Extra Time? More Activity Overviews

- Module 1 has the T/F know the facts (this was shown in the overview) - purpose: to dispel myths and provide foundational education on the topic.
- Modules 2-5 also include a T/F activity to educate caregivers on the impacts of pornography on child and youth minds. We leaned on Culture Reframed as a resource in development.
- Modules 2-5 include a self-reflection activity called “Two Steps Forward” - Sessions are closed with this, so caregivers are empowered with tangible action steps to support their child.
- Activities have been used by clinicians during individual sessions with caregivers to provide individualized education and support, especially when there is not enough people to run a full course.

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