

Family Communication Toolkit



H.E.A.R.T Initiative

(Health Education And Relationship Talk)

INTRODUCTION

Audience

This **Let's Talk Family Communication Toolkit** is designed to help caregivers talk to youth about growth and development, healthy and safe relationships, and sex and sexuality. The content may make you feel a bit nervous or overwhelmed, but picking up this resource is a great way to begin these necessary conversations, as you are the right person to start them! We know that:

- Caregivers are the best sexuality educators for their young people.
- Caregivers want to be good sex educators, but do not always know how.
- Youth want sexual health education from their caregivers.
- With the proper resources, you can be a caring parent and a wise counselor.

Importance to our Community

Teen pregnancy in greater Milwaukee is a serious problem, and while Milwaukee is making gains, education on this topic cannot stop. This Toolkit is important to the community because:

- Teen pregnancy affects graduation rates, employment rates and community health.
- We have made significant progress in lowering teen pregnancy in Milwaukee but we still have work to do.

How to Use This Toolkit

Conversations with youth about sexuality are sometimes difficult ones to start. Here are some helpful tips to using this Toolkit:

- Don't be afraid to pick something in the toolkit you wouldn't normally look at and read it.
- If something is really troubling you, look at the resource guide in Appendix D.
- Encourage open dialogue with youth and be willing to feel uncomfortable.
- We understand not all the information given may apply to your family or circumstances, so use what applies.
- Encourage your young person to visit **BabyCanWait.com** for more information about sexual health.

Keep the Toolkit Conversations Alive

Milwaukee teens and families are making improvements in educating youth about sex and sexuality and caregivers have been a big part of it. This Toolkit can educate you in the appropriate ways to keep these conversations alive. Thank you for caring and being concerned about youth's sexual health and education. Keep it up – it's worth it!

If you'd like more copies of this Toolkit and/or information on our other teen pregnancy prevention resources, visit **BabyCanWait.com**.

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CHAPTER 1

Youth Growth & Development

In order to best educate youth on sexual health and sexuality, we must first understand the different stages of growth. In this section, physical, emotional, cognitive (mental) and sexual growth stages are discussed. In addition, we look at how females and males experience puberty, and explain your child's first health visit with charts and definitions of the female and male reproductive systems. While these apply to most youth in the age group, each person is unique and youth may reach a stage earlier or later.

If you are worried about your child's development, consult a doctor or other child development professionals for more information.

Infants & Toddlers: Newborn to 3 Years of Age

Most children
newborn
to 3 years of age
will experience
these changes.

Physical

- Double their height between birth and age 3
- Triple their weight between birth and age 3
- Develop teeth and the ability to eat solid foods
- Develop 75% of their brain capacity
- Learn to crawl and walk
- Develop large motor skills such as running, jumping and climbing up stairs
- Begin to take off and put on clothes
- Begin to control body functions through toilet training

Cognitive

- Learn language and communication skills and advance from using single words to phrases to complete sentences
- Develop an imagination and begin to create imaginary friends or scenes
- Understand the world mostly through their family
- Begin to interact with peers (Although some children at this age do not yet play directly with each other, they often will play close to another child.)
- Have real thoughts, remember some information and process information mostly through their five senses – by seeing, touching, hearing, tasting and smelling
- Identify with and begin to copy their caregiver
- Begin to know the differences between male and female (gender differences and gender roles)
- Copy the language and behavior of trusted adults

Emotional

- Develop trust for caregivers who fulfill their needs, such as responding when the child is hungry, wet, etc.
- Begin to test independence and explore limits, but still seek closeness to primary caregiver
- Have relationships primarily with family members who are the most important people in their life at this time
- Physically demonstrate feelings, such as kissing and hugging, to show love and hitting to show anger
- Master the idea of being happy, sad or angry, but will generally choose to express emotions physically rather than verbally (The “terrible twos” occur when a child is developing a sense of self outside of and distinct from others, and expresses this individuality by saying “no” and by insisting on doing things him/herself.)

Sexual

- Be curious and explore their own body and others’ bodies
- Experience an erection or vaginal lubrication
- Touch their genitals for pleasure
- Talk openly about their bodies
- Be able to say and understand, when taught, the appropriate names for body parts (head, nose, stomach, penis, vulva, etc.)

What Families Need to Do to Raise Sexually Healthy Youth: Newborn to 3 Years of Age

- Help children feel good about their entire body. Caregivers should name all body parts accurately and convey that the body and its functions are natural and healthy.
- Touch and comfort children often to help them understand love and how it can be shared. Meeting their needs also helps them develop trust.
- Help children begin to understand the difference between public and private behaviors and that certain behaviors, such as picking one's nose or touching one's genitals, are private ones.
- Teach about anatomical differences between males and females while maintaining that boys and girls are equally special.
- Teach children that they can say no to unwanted touch, no matter who tries to touch them, and that they have a right to be respected when they say no.
- Describe bodily processes, such as pregnancy and birth, in very simple terms.
- Avoid shame and guilt about body parts and functions.

Preschoolers: 4 to 5 Years of Age

Most children in 4 to 5 years of age will experience these changes.

Physical

- Continue to grow, but at a slower rate than during infancy and the toddler years (Some parts grow faster or sooner than others. For example, organs grow faster than the body, giving preschoolers a rounded tummy.)
- Reach at least 50% of their adult height and about 20% of their adult weight by age 5
- Develop more coordinated large motor skills, enabling them to skip, run and climb up and down stairs
- Develop fine motor skills, enabling them to tie shoelaces, button shirts, use scissors and draw recognizable figures
- Continue significant brain development, completing 90% of such development by age 5
- Develop increased lung capacity and the ability to breathe more deeply
- Lose their “baby look” as their limbs grow longer
- Appear about the same size, regardless of gender
- Increase in overall health and gain resistance to germs

Cognitive

- Interact with and learn about the world through play activities
- Begin to experience the world through exploration and feel inquisitive about self and surroundings
- Begin separation from family as they experience less proximity to caregivers and more independence
- Understand what is good and bad (though they may not understand why) and be able to follow the rules
- Be able to understand and accomplish simple activities to be healthy, such as brushing teeth or washing hands
- Understand the concept of privacy

Most children
in **4 to 5 years**
of age will
experience
these changes.

Emotional

- Still rely on caregivers, while no longer needing or wanting as much physical contact with caregivers as they received in infancy and as toddlers
- Continue to express emotions physically and to seek hugs and kisses
- Socialize with peers, begin to develop relationships, and learn to recognize some peers as friends and others as people they don't like
- Have more opportunities to interact with peers, either through school or recreational activities, and will play with other children

Sexual

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

What Families Need to Do to Raise Sexually Healthy Youth: 4 to 5 Years of Age

- Help children understand the concept of privacy and that talk about sexuality is private and occurs at home.
- Teach correct names of the major body parts (internal and external) and their basic functions.
- Explain how babies “get into” the mother’s uterus.
- Encourage children to come to them or other trusted adults for information about sexuality.

Grade Schoolers: 6 to 8 Years of Age

Most children
6 to 8 years
of age will
experience
these changes.

Physical

- Experience slower growth of about 2 ½ inches and eight pounds per year
- Grow longer legs relative to their total height and begin resembling adults in the proportion of legs to body
- Develop less fat and grow more muscle than in earlier years
- Increase in strength
- Lose their baby teeth and begin to grow adult teeth which may appear too big for their face
- Use small and large motor skills in sports and other activities

Cognitive

- Develop the skills to process more abstract concepts and complex ideas (e.g., pregnancy, addition/subtraction, etc.)
- Begin elementary school
- Spend more time with the peer group and turn to peers for information (They need information sources outside of family, and other adults become important in their lives.)
- Be able to focus on the past and future as well as the present
- Develop an increased attention span
- Improve in self-control, being able to conform to adult ideas of what is “proper” behavior and to recognize appropriateness in behavior
- Understand the concepts of normality/abnormality, feel concern with being normal and curiosity about differences

Most children
**6 to 8 years
of age** will
experience
these changes.

Cognitive (continued)

- Begin to develop as an individual
- Think for themselves and develop individual opinions, especially as they begin to read and to acquire information through the media

Emotional

- Become more modest and want privacy
- Develop relationships with and love people outside the family as their emotional needs are met by peers as well as family
- Express love through sharing and talking instead of touch (They may be embarrassed by physical affection.)
- Need love and support, but feel less willing to ask for it
- Understand more complex emotions, such as confusion and excitement
- Want more emotional freedom and space from parents
- Become better at controlling and concealing feelings
- Begin to form a broader self-concept and recognize their own strengths and weaknesses, especially with regard to social, academic and athletic skills
- Have friends and sustained peer group interactions

Sexual

- Prefer to socialize with their own gender almost exclusively and maintain a fairly rigid separation between males and females (They will tease someone who acts in a way that does not adhere to pre-defined gender roles.)
- Recognize the social stigmas and taboos surrounding sexuality, especially if parents are nervous about the subject, and will be less open about asking questions
- Understand more complex ideas with regard to sexuality and begin to understand intercourse apart from making a baby
- Look to peers, media and other sources for information about sex
- Understand gender role stereotypes, if presented as such
- May engage in same-gender sexual exploration
- Have a stronger self-concept in terms of gender and body image

What Families Need to Do to Raise Sexually Healthy Youth: 6 to 8 Years of Age

- Continue to provide information about sexuality, even if a child does not ask for it. At these ages, children may ask fewer questions, but still have lots of curiosity and need information about sexuality.
- Explain that there are many different types of families and all types have equal value and deserve respect.
- Provide basic information about important sexuality issues, such as HIV/AIDS, abortion, marriage and sexual abuse.
- Inform children about the changes that will take place when they begin puberty. Though most 6- to 8-year-old children do not experience these changes, the age at which some begin to show signs of puberty, such as pubic hair, breast buds and hair under the arms is gradually decreasing, so that children need this information sooner.
- Recognize that everyone does not have the same sexual orientation. Acknowledge to children that many people have romantic feelings for members of the other gender, and some have these feelings for members of the same gender.

Preteens: 9 to 12 Years of Age

Most youth
**9 to 12 years
of age** will
experience
these changes.

Physical

- Experience a growth spurt with significant weight gain, muscle growth and genital maturation (Growth spurt begins earlier for girls; lasts longer for boys, who end up taller.)
- Enter puberty, a time when hormones produced in the pituitary gland trigger production of testosterone in males, estrogen/progesterone in females. This usually begins earlier in girls (9 to 12) than in boys (11 to 14). During puberty:
 - Skin becomes oily and may develop pimples
 - Sweating increases and youth may have body odor
 - Hair grows under arms, on pubis and, in males, on face and chest
 - Body proportions change (hips widen in females, shoulders broaden in males)
 - Joints may ache due to rapid growth
- In males, genitals mature, scrotum darkens, voice deepens, sperm is produced and erections, ejaculation and wet dreams are more frequent
- In females, genitals mature, breasts develop, vaginal lubrication increases, and ovulation and menstrual cycle begin
- Masturbate (both males and females) and may have fantasies about others and about sexual intimacy

Cognitive

- Move toward independence as they progress to middle/junior high school
- Continue developing skills in making decisions as they become more independent
- Begin to consider future careers and occupations
- Shift their school focus from play-centered activities to academics
- Begin to look to peers and media for information and advice (Friends greatly influence them.)
- Develop increasing capability for social conscience and for abstract thought, including understanding complex issues such as poverty and war
- Take on increased responsibility, such as family jobs and babysitting

Emotional

- Want to blend in and not stand out from their peers in any way, particularly as to gender roles and sexuality
- Feel concern about outward appearance (They want to look like “everyone else.”)
- Become self-conscious and self-centered
- Have ambivalent, conflicting feelings about puberty and about sexual desire and want to be independent and to conform
- Care greatly about relationships with peers, friendships, dating and crushes and give peers more importance than family
- Relate to both same-gender and opposite-gender peers and may develop sexual feelings for others as a new dimension within relationships
- Develop the capacity to understand the components of a caring, loving relationship
- Experience feelings of insecurity and begin to doubt self-concept and previous self-confidence (Girls, especially, often experience a significant drop in self-esteem.)
- Struggle with family relationships and desire privacy and separation from family (They test limits and push for independence.)
- Experience mood swings, especially evident in family relationships
- Develop infatuations or “crushes” and may begin dating

Most youth
**9 to 12 years
of age** will
experience
these changes.

Sexual

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

What Families Need to Do to Raise Sexually Healthy Youth: 9 to 12 Years of Age

- Help young people understand puberty and the changes they are going through, including menstruation and wet dreams (ejaculation while sleeping), are normal.
- Respect young people's privacy while encouraging open communication.
- Convey that growth and maturation rates differ from person to person.
- Help young people understand that, while they are maturing physically, they still have a lot of emotional and cognitive growth ahead and that sexual intercourse is not healthy, appropriate, or wise at this time in their lives.
- Acknowledge that abstinence is normal and healthy, that sexual development is healthy and natural, and that, as they grow older, there will be many ways to express sexuality that do not include sexual intercourse.
- Discuss the important relationship between sexual and emotional feelings.
- Be open to conversations about contraception and condoms and respond honestly and accurately when young people ask about them.

See page 17 for more on puberty.

Teens: 13 to 17 Years of Age

Most teens
**13 to 17 years
of age** will
experience
these changes.

Physical

- Complete puberty and the physical transition from childhood to adulthood
- Reach nearly their adult height, especially females (Males continue to grow taller into their early twenties.)

Cognitive

- Attain cognitive maturity – the ability to make decisions based on knowledge of options and their consequences
- Continue to be influenced by peers (The power of peer pressure lessens after early adolescence.)
- Build skills to become self-sufficient
- Respond to media messages but develop increasing ability to analyze those messages
- Develop increasingly mature relationships with friends and family
- Seek increased power over their own lives
- Learn to drive, increasing their independence

Emotional

- Have the capacity to develop long-lasting, mutual and healthy relationships, if they have the foundation for this development – trust positive past experiences, and an understanding of love
- Understand their own feelings and have the ability to analyze why they feel a certain way
- Begin to place less value on appearance and more on personality

Most teens
**13 to 17 years
of age** will
experience
these changes.

Sexual

- Understand that they are sexual and understand the options and consequences of sexual expression
- Choose to express their sexuality in ways that may or may not include sexual intercourse
- Recognize the components of healthy and unhealthy relationships
- Have a clear understanding of pregnancy, HIV and other sexually transmitted infections (Appendix C) and the possible consequences of sexual intercourse
- Have the ability to make reasoned choices about sex based on knowledge
- Recognize the role media plays in propagating views about sex
- Have the capacity to learn about intimate, loving, long-term relationships (See page 25 for more information.)
- Have an understanding of their own sexual orientation (This is different than sexual behavior.)

What Families Need to Do to Raise Sexually Healthy Youth: 13 to 17 Years of Age

- Clearly articulate your family and religious values regarding sexual intercourse. Express that, although sex can be pleasurable, young people should wait to initiate sex until they are in a mature, loving and responsible relationship. (See page 41 for more information.)
- Express that we all have a variety of options for experiencing intimacy and expressing love.
- Discuss together the factors; including age, mutual consent, protection, contraceptive use, love, intimacy, etc., that you and your teen believe should be a part of decisions about sexual intercourse.
- Reinforce teens' ability to make decisions while providing information on which they can base those decisions.
- Discuss contraceptive options and talk about the importance of condom use.
- Discuss teens' options, should unprotected intercourse occur – including emergency contraception and STI testing and treatment. Discuss teens' options, should pregnancy occur, including abortion, parenting and adoption.
- Discuss exploitive behavior and why it is unhealthy and (in some cases) illegal.
- Help youth identify various physical and verbal responses to avoid/get away from sexual situations that make them feel uncomfortable.
- Acknowledge that teens have many future life options that some may marry and/or parent while others may remain single and/or childless.
- Use inclusive language that recognizes that some youth may be gay, lesbian, bisexual, or transgender.

Adults: 18 Years of Age and Older

Most adults
**18 years of age
and older** will
experience
these changes.

Physical

- Complete the process of physical maturation, usually attaining full adult height (Secondary sexual characteristics, such as size of penis and breasts, are completed.)

Cognitive

- Move into adult roles and responsibilities and may learn a trade, work and/or pursue higher education
- Fully understand abstract concepts and are aware of consequences and personal limitations
- Identify career goals and prepare to achieve them
- Secure their autonomy and build and test their decision making skills
- Develop new skills, hobbies and adult interests

Most adults
**18 years of age
and older** will
experience
these changes.

Emotional

- Move into adult relationships with their parents
- See the peer group as less important as a determinant of behavior
- Feel empathetic
- Have greater intimacy skills
- Complete their values framework
- Carry some feelings of invincibility
- Establish their body image

Sexual

- Enter into intimate sexual and emotional relationships
- Understand their own sexual orientation, although they may still experiment
- Understand sexuality as connected to commitment and planning for the future
- Shift their emphasis from self to others
- Experience more intense sexuality

What Families Need to Do to Raise Sexually Healthy Youth: 18 Years of Age and Older

- Keep the lines of communication open and accept that the person is an adult, not a child.
- Offer choices, acknowledge responsibilities and avoid dictates.
- Continue to offer physical and emotional closeness, but respect their need for privacy and independence.
- Appreciate them for their strengths and qualities.
- Facilitate their access to sexual and reproductive health care. Continue offering guidance and sharing values.¹

Puberty

Puberty can be a challenging time for youth and caregivers. Families who know what to expect and talk about puberty together will find this time easier. It's important to remember:

- Young people need basic facts about puberty.
- Body changes are the most obvious signs of puberty.
- It's important to recognize and talk about the emotional and sexual changes during puberty.

Include the following in conversations about puberty.

What is Puberty?

Puberty is the time between childhood and adulthood, known as adolescence, when people mature physically, emotionally and sexually. It is marked by changes such as breast development and menstruation (periods) in females and facial hair growth and ejaculation in males.

When Does Puberty Begin?

While puberty happens to everybody, it doesn't happen at the same time. Generally, females start earlier than males. Some girls begin changing at 8-years-old, others don't start changing until they are 14-years-old. Boys start changing between 10- and 12-years-old. Most often these changes are complete before 16-years-old, but can go on throughout the teen years.

When to Start Conversations About Puberty?

Talk with youth before any signs of puberty develop so that they don't come as surprises. If they know what to expect the changes that come with puberty will be easier to deal with. Keep in mind that there should be many conversations about puberty, along with giving youth written information, to make these changes more natural.

What Can Adolescents Expect During Puberty?

In many ways, puberty is similar for everyone. They will:

- Grow taller
- Develop pubic hair in the groin region, along with hair under the armpits and other parts of the body
- Notice more body odor
- Probably get pimples on their faces, backs, chests or butts because of changes in sweat and oil glands
- Change body shape – wider hips for females and broader shoulders for males
- Experience voices becoming deeper – this usually happens much more suddenly for males
- Worry if changes are normal
- Experience sexual and emotional thoughts and feelings
- Explore similarities, differences and uniqueness

What Happens to the Female Body During Puberty?

The following information is specific to the changes occurring to the female body:

- Females may develop breast “buds,” or swelling and soreness around the nipples as the first sign of puberty. This usually happens between 8- and 13-years-old.
- Breasts will grow slowly over several years. One breast may be a little larger than the other which is not unusual but will not be as different when they are older.
- Most females begin menstruating between 10- and 16-years-old. A female may notice cramps in the weeks or days before her first period. They may also notice more vaginal discharge in the weeks before a period starts. Some do not get any early signs.
- As females sexually mature, their vaginas start lubricating when they are aroused and they might experience erotic dreams. They should understand this is perfectly healthy and normal.²

How to Help Female Youth Prepare for Puberty

Body Image

Growing up and puberty affect more than a young person’s outward appearance – how she feels about herself and her body image are affected, too. Having a healthy body image means that most of your feelings, ideas and opinions about your body and appearance are positive. Young people focus on their physical appearance for many reasons, including adapting to their changing bodies, making a fashion statement and finding a way to belong. Parents can help by being accepting and supportive, providing positive messages and encouraging other qualities that keep looks in perspective. Parents should:

- Be patient and remember that what may seem silly or unimportant to you may seem very important to your young person.
- Recognize that being concerned about looks is a big part of being an adolescent. As they age, concern about their looks will stop dominating their lives.
- Give lots of compliments and provide reassurance about their looks as well as all their other important qualities. They might not seem to care or notice, but simple statements like “you’ve got the most beautiful smile” or “that shirt looks great on you” really do matter.
- Notice—and state out loud—all the qualities that you love about them. Reassure them when they express insecurities.
- Talk to them about appearance and how people express themselves. Give them the opportunity to think more deeply about the messages that certain styles might convey.
- Set boundaries on how much time they can spend grooming and dressing. Limits can help them understand how to manage time, be considerate of others’ needs and keep appearances in perspective.
- Be a good role model. How you talk about your own looks sets a powerful example. Almost everyone is dissatisfied with certain elements of their appearance, but talk instead about what your body can do, not just how it looks.³

Breasts & Bras

Some young females look forward to getting breasts (boobs) and others dread them. Either way, most females are not quite certain why they have them and what to do about them.

Breasts get a lot of attention in our society and because of this some young females may worry about breast size and shape as well as nipple size and color. You can assure your young person that breasts come in all shapes and sizes and they are all beautiful. Breast development happens in the following stages:

- **Breast budding.** The first stage happens during the early part of puberty, when female ovaries enlarge and estrogen, an important female hormone, begins to circulate in the body. A breast bud is like a small raised bump behind the nipple. After breast budding happens, the nipple and the circle of skin around the nipple (called the areola) get bigger and a little darker. Then the area around the nipple and areola starts to grow into a breast.
- **Breast Growth.** As breasts keep growing they may be pointy for a while before becoming rounder and fuller. For some females, one breast might be a little bigger than the other one. A young person's breasts may continue to grow during the teen years and even into their early twenties.
- **Adult Breasts.** Even though female breasts have likely stopped growing in late adolescence, they will likely continue to change over time because of factors like weight loss/gain, pregnancy and menopause.

Once a female young person begins to have breasts, it is a good idea for her to start wearing a bra, especially when she is exercising and playing sports. A bra can also help someone feel less exposed when wearing a light t-shirt. A first bra used to be called a training bra and was designed for females who didn't yet fit into standard cup sizes but needed basic support and comfort. These days, many first bras are sports bras – but bras come in all sizes and styles and it is important that they help pick it out so that it's a size and material they are comfortable with.⁴

Menstrual Cycle

The menstrual cycle is the time from the first day of one period to the first day of the next. A normal menstrual cycle can be as short as 21 days or longer than 35 days. It's not unusual for the number of days in each cycle to vary from month to month.

- **Menstrual flow (period)** lasts 3 to 7 days, but it may be slightly shorter or longer. During an average period, a woman will lose four teaspoons of menstrual fluid.
- Once a woman's period ends, hormones cause some of the eggs in a woman's ovaries to start to ripen or mature. The hormones also cause the lining of the uterus to thicken.
- About half way through their menstrual cycle, one mature egg leaves the ovary.
- After leaving the ovary, the egg then travels through a fallopian tube toward the uterus. Most women do not feel it when they ovulate. As the egg travels, a spongy and soft lining continues to build up in the uterus.
- Some will feel pain in the lower abdomen around the time they ovulate and/or have light spotting of blood for a day or two after ovulation.
- While ovulation typically happens halfway through the menstrual cycle, this can vary, especially during the teen years.
- The uterine lining is where a fertilized egg may attach for pregnancy to begin. If pregnancy does not happen, the lining breaks down and the blood and tissue flow from the uterus through the cervix and out of the body. This is menstruation and the cycle starts over.

First Period

After a young woman gets her first period, it is not uncommon for her to see spotting, vaginal discharge or skip periods altogether. These things are part of normal development and there are many reasons why a young woman will miss her period including stress, physical activity and pregnancy.

Pads are usually easiest for females to use at first. It's a good idea to get some pads and discuss how they work and where they go. Females may have questions about what type of pad to buy, how to put a pad in their underwear, how long to wear a pad before changing it and/or how to throw out used pads. Females can carry a pad in their purse or backpack if they're concerned about their period starting unexpectedly. You can also teach them how to use tampons or menstrual cups.

Pregnancy

Pregnancy most likely happens from unprotected vaginal intercourse during the six days before ovulation. It is also possible, but not as likely, on the day after ovulation. To avoid pregnancy, some women use fertility awareness-based methods to predict when they will ovulate. They abstain from vaginal intercourse or use condoms or another kind of birth control during this time in their menstrual cycle. Cell phone apps and counting days on the calendar are unreliable ways to predict ovulation.⁵

What Happens to the Male Body During Puberty?

The following information is specific to the changes occurring to the male body:

- Testicle growth or appearance of some pubic hair is typically the first sign of puberty. This usually happens between 9- and 13-years-old.
- The penis will grow larger.
- They experience the fastest growth spurt, on average, around 14 years of age.
- Some males' breasts will become larger and more feminine for a while.
- As male hormones change, males will get erections more often. It's common for erections to happen at any time, even when a male is not thinking about sex. This is called a spontaneous erection.
- Males may worry about having erections in public. You can let males know that these erections will only last a few minutes. A well-placed jacket or book bag can prevent others from noticing.
- Males generally begin producing semen between 12- and 16-years-old.
- First ejaculations while masturbating or during a "wet dream" (ejaculation during sleep) occur. It's important to tell boys about wet dreams before they happen, otherwise they may find them strange.²

How to Help Male Youth Prepare for Puberty

Body Image

Males are just as concerned about body image as females are. They are bombarded by media images of men who are muscular, strong and fast. Young men may develop eating disorders, start exercising – particularly lifting weights – excessively and turn to performance and body enhancing drugs like steroids. It is important to talk to young men about their changing bodies, assure them that everyone develops differently during puberty and that it is normal to feel insecure at times. Open up communication around these issues and suggest activities that will help them feel good about themselves and their talents. Remember to focus on health and well-being, rather than appearance.

Testosterone

Boys and girls both produce a hormone called testosterone, although boys typically produce it in higher levels. Testosterone is involved in the development of male sex organs, as well as voice deepening and growth of facial and body hair. It can also impact behavior. Young men can experience surges of the testosterone hormone, which can cause emotional or physical outbursts. It's important they are aware of this prior to it occurring, so they aren't afraid or confused.

Penis Growth

An adolescent male experiences many unfair societal and media pressures regarding the size of his penis. It is the responsibility of the parent/guardian to help the male learn that the size of his body is exactly what is right for him, and that is all that matters. With encouragement and being available to simply talking about the topic, the male will have a greater chance of gaining a healthy self-esteem because of the support system that surrounds him.

Hair & Shaving

As the adolescent male grows, his hair will also. While many young males are excited to start the process of shaving, it is important for the male to be instructed how and when to do so. A responsible and caring adult male can assist in this process—but moms can help, too!⁶

When Does Puberty End?

Puberty is usually complete before the age of 16. During the rest of their adolescence, teens' thoughts and feelings about themselves and their relationships will continue to change dramatically. The brain keeps developing until people are in their 20s.

Planning a Visit to the Doctor

Common Fears & Concerns About Medical Exams

Whether young people are going to see their primary care doctor or a specialist for a routine exam, illness or problem – they are likely to have fears, and some may even feel guilty. Some fears and feelings of guilt surface easily, others do not. You can help youth express these fears and overcome them at any age. Top concerns include:

- **Separation.** The fear of separation from the caregiver during examinations is most common in youth under 7-years-old, but can be frightening to older kids through 12- or 13-years-old. Some youth, especially teens, might not want their caregiver to be in the room, and this may cause added stress to the visit.
- **Pain.** Youth may worry that a part of the exam or a medical procedure will hurt. They especially fear they may need an injection, particularly children 6- to 12-years-old.
- **The doctor.** Some concerns may be about the doctor’s manner. A youth may misinterpret qualities such as speed, efficiency or a detached attitude and view them as sternness, dislike, rejection or that their body is not normal.
- **Language.** If the doctor and patient do not share a common language, a youth might feel uncomfortable and hesitant to express their feelings and symptoms. A youth could misunderstand the doctor’s intentions and directions.
- **The unknown.** Youth may be nervous that their problem is much worse than their caregivers are telling them. Some who have simple problems suspect they may need surgery or hospitalization; some who are ill worry that they may die.
- **Guilt.** They may believe that their illness or condition is punishment for something they’ve done or neglected to do. Youth who feel guilty may also believe that examinations and medical procedures are part of their punishment.
- **Fatalismo.** In some Latino households, fatalismo can discourage someone from visiting a doctor because they do not believe their situation can be altered and accept their health conditions as part of their fate.⁷

How to Help Youth Visit the Doctor

Explain the Purpose of the Visit. Give advance notice of the visit. When explaining the purpose of the visit, talk about the doctor in a positive way to promote the relationship between your child and the doctor.

- **A regular health checkup.** Explain that the doctor will check on how they are growing and developing, ask questions about their health and examine to make sure their body is healthy. It will also be a chance for youth to ask questions about their body and health. Also, stress that all healthy young people go to the doctor for such visits.
- **To diagnose and treat an illness or other condition.** Explain in very nonthreatening language that the doctor needs to examine them to find out the cause and help them get better.

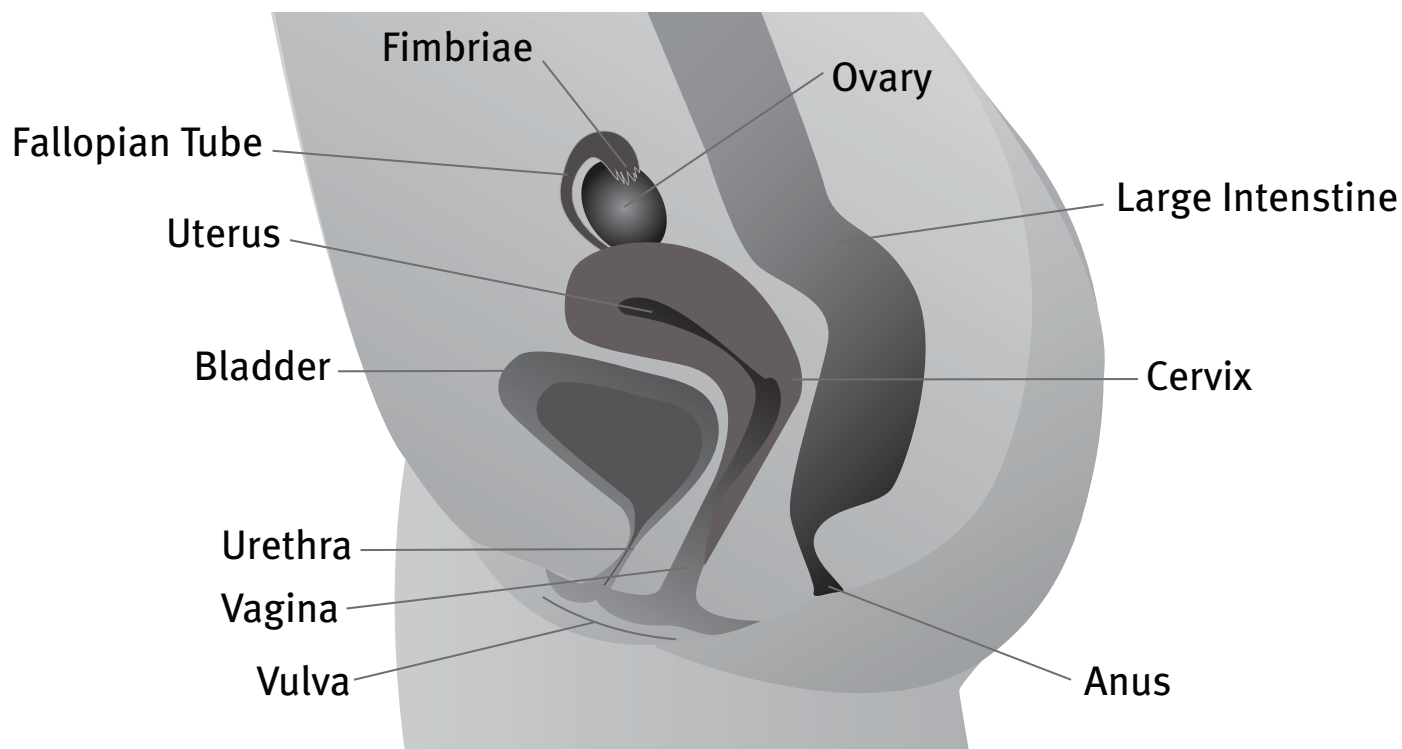
Address Any Feelings of Guilt. Explain that going to the doctor for an examination is not a punishment. Be sure youth understand that adults go to doctors just like they do and that the doctor’s job is to help people stay healthy.

- **Discuss the illness or condition in neutral language.** Reassure your young person: “This isn’t caused by anything you did or forgot to do. Illnesses like this happen to many people. Aren’t we lucky to have doctors who can find the causes and who know how to help us get well?” If you, your partner, other relatives or friends have (or had) the same condition, share this information. Knowing that others have been through the same thing may help relieve your young person’s guilt and fear.
- **If a condition results in ridicule or rejection.** In these cases, you’ll need to double your efforts to relieve shame and blame. Even if you’ve been very supportive, you should reassure youth again before the visit that the condition is not their fault.

Motivate youth to get involved in their doctor visit. By showing the active role you take in their medical care, they will also learn how to take charge of their own health in the future.

- **Gathering information for the doctor.** If the situation isn’t an emergency, allow your young person to contribute to a list of symptoms for the doctor. Include all symptoms you and they have observed, no matter how unrelated they may seem to the problem. Also, prepare a history (in the form of a list) of any previous illnesses and medical conditions for your young person and their immediate family (parents, siblings, grandparents, aunts and uncles).
- **Writing down questions.** Have your youth write down questions to ask the doctor. If the young person is old enough, they can ask the questions themselves. If the problem has occurred before, list the things that have worked and the things that haven’t worked in previous treatment. You’ll be prepared to give the doctor information vital to making an informed diagnosis.⁷

Female Reproductive System



Anus (AAY-nus): An opening from the rectum where feces (poop) comes out of the body. The anus is not part of the reproductive system.

Bladder (BLAD-er): An organ that collects urine (pee) from the kidneys before it leaves the body through the urethra.

Cervix (SUR-viks): The opening of the uterus that connects the vagina to the uterus. Sperm gets into the uterus through the cervix. Menstrual fluid comes out of the uterus through the cervix and into the vagina during periods. The muscles of the cervix are flexible so that it can stretch to let a baby pass through when it is being born.

Fallopian tubes (fuh-loh-pee-uhn toob): Narrow tubes that allow the egg to travel from the ovaries to the uterus. Fertilization of an egg by sperm usually takes place in the fallopian tube. Then the fertilized egg travels into the uterus to implant on the lining of the uterine wall. The fallopian tube is not directly connected to the ovary and ends with the fimbriae.

Fimbriae (FIM-bree-ee): Fringe of tissue that act like fingers, swell with blood and sweep the ovary during ovulation. When the egg is released by the ovary, the fimbriae sweep the egg into the fallopian tube.

Large Intestine (lahrj in-TES-tin): Commonly known as the colon. The colon removes water from indigestible solid waste before it passes out of the body.

Ovary (OH-vuh-ree): Small oval-shaped glands at the end of the fallopian tubes. Ovaries produce eggs and hormones. A woman is born with all of the eggs she'll have in her lifetime. The eggs mature at different rates in the ovaries and each month one egg is released by one ovary.

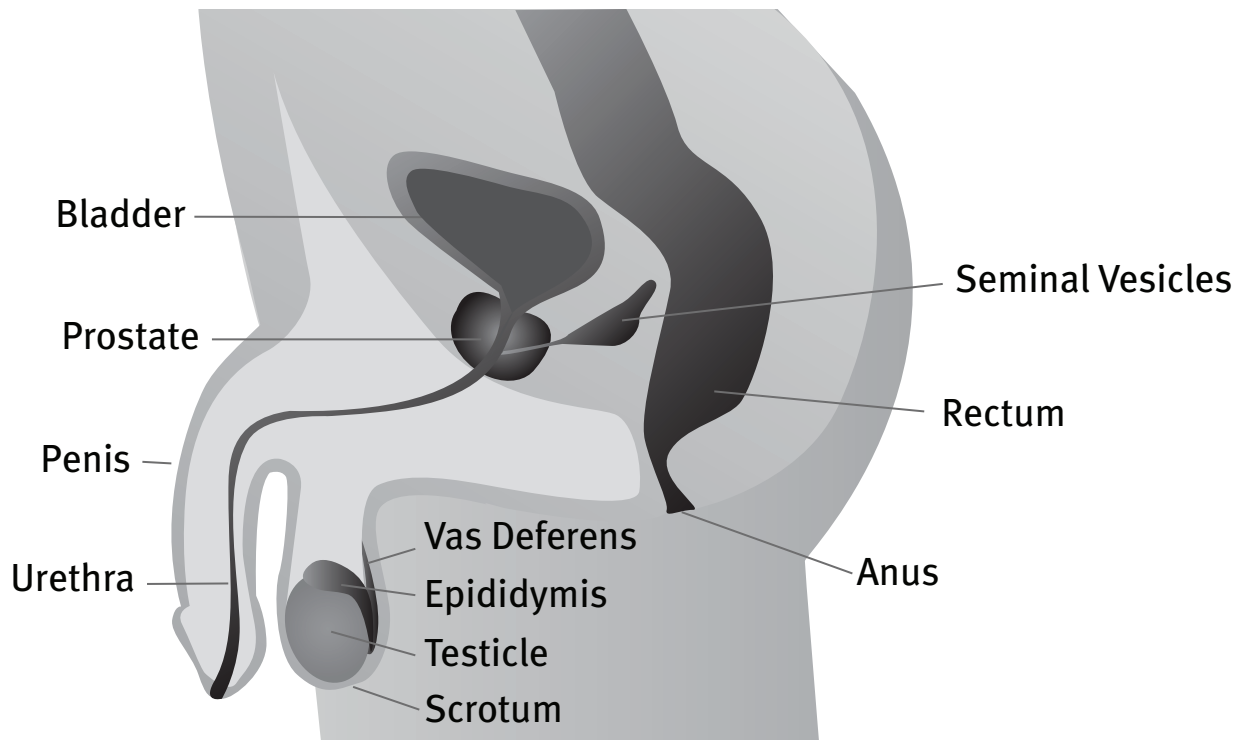
Urethra (yoo-REE-thruh): The tube that connects the bladder to an opening above the vagina for removal of urine (pee) from the body. Some females ejaculate a clear fluid that is not urine from their urethra during sex and this is normal.

Uterus (YOO-ter-uhs): A pear shaped organ in the pelvis. The uterus is responsible for menstruation, implantation of the fertilized egg, gestation (the time the baby is growing), nourishing the baby, labor and delivery.

Vagina (vuh-JAHY-nuh): A soft and flexible muscle-lined structure that connects the cervix to the outside of a woman's body. It provides lubrication, sensation, a way for menstrual blood to leave the body and serves as the birth canal during child birth. The entrance is formed by the labia (folds of the skin) and vulva.

Vulva (VUHL-vuh): External organs that protect the genitals including the opening to the vagina, opening to the urethra, clitoris (highly sensitive structure that is similar to the penis), labia majora (outer folds of skin that has pubic hair) and labia minora (inner folds of skin).

Male Reproductive System



Anus (AAY-nus): An opening from the rectum where feces (poop) comes out of the body. The anus is not part of the reproductive system.

Bladder (BLAD-er): An organ that collects urine (pee) from the kidneys before it leaves the body through the urethra.

Epididymis (ep-i-DID-uh-mis): Place that sperm is stored prior to ejaculation and helps give them nutrients.

Penis (PEE-nis): Male sex organ that contains the urethra, glans (head of the penis) and foreskin (may be removed if circumcised). It contains spongy tissue that fills with blood which makes it erect (hard) when sexually excited.

Prostate (PROS-teyt): A gland that the urethra passes through that produces some of the fluid that makes up semen (a combination of sperm and other fluids that leaves the urethra during ejaculation.) The prostate squeezes the fluid out that protects and prolongs sperm life during ejaculation.

Rectum (REK-tuhm): At the end of the colon, this is where waste is collected before being passed out of the body during bowel movements (pooping).

Scrotum (SKROH-tuhm): A sac made of muscle and tissue that protects the testes and regulates temperature by being shorter and closer to the body when cold and longer when warm.

Seminal Vesicles (SEM-uh-nl VES-i-kuhl): A gland that produces the majority of the fluid that makes up semen (a combination of sperm and other fluids that leaves the urethra during ejaculation.) The fluid has sugar in it that keeps sperm healthy.

Testicle (TES-ti-kuhl): The organs that produce sperm and sex hormones (testosterone, androgens.) They are found on the outside of the body and protected by the scrotum.

Urethra (yoo-REE-thruh): The tube that carries urine (pee) from the bladder to outside the body. Males ejaculate out of their urethra.

Vas Deferens (VAS DEF-uh-renz): The tubes that sperm travel in once they leave the testicles. The sperm will then join with seminal fluid and travel out through the urethra.



CHAPTER 2 Relationships

A healthy relationship has open, honest communication and equality to it, where partners can share power and control. This section discusses helping your young person understand healthy relationships and how providing effective guidance is important to this process. Remember that youth learn as much from your words as from your actions and, while healthy relationships may be easier to talk about, they need to be put in to action as well.

Latino cultural values, such as warmth and connectedness, are strengths that the Latino community can use to build better relationships between youth and caretakers. Remember that youth learn as much from your words as from your actions and, while healthy relationships may be easier to talk about, they need to be put in to action as well.

Healthy and happy relationships help us feel better about ourselves and our place in the world. Unhealthy relationships can make us feel unhappy and unsafe. Unfortunately, people can hurt their partners verbally, emotionally, sexually, or physically. If something doesn't feel right about youth's relationships, caregivers need to discuss these concerns and possibly take action.⁸

Relationship Basics

Youth may have various types of relationships with friends, family and romantic partners. Caregivers need to take appropriate action if their youth is in an unhealthy relationship.

Topics to Consider

- Assessing values. Determine how partners appropriately act in this type of relationship.
 - Machismo. In the Latino culture, machismo often involves a male expressing dominance over the female, the children, or immediate family. Machismo is a way for some people to show that they feel responsible for taking care of their family. Talk to your youth about ways that a partner can show responsibility and love through other ways, such as open communication and healthy behavior.
- Dating rules. Give clear examples of what is appropriate behavior for dating.
- Tell the whole truth, good or bad. Youth generally view dating as very romantic. Make sure they know how to be realistic and honest with their partner and themselves.
- Assertiveness is not aggressiveness. Help them understand the differences between appropriate and inappropriate romantic actions. Give examples of how assertiveness about personal values is an appropriate way to establish framework in a relationship, and how aggression is not an effective or healthy way to communicate.
- Anger control. Youth don't always recognize the warning signs of a situation about to go wrong. Help them recognize these situations so they can stop them and walk away if things get out of control.
- Problem solving. When confronted with tough issues, help them determine the cause and what their options are – there are usually a few options in every situation.
- Negotiation. Help them understand that compromising is a positive part of a healthy relationship. Make it clear that negotiation does not apply to everything; there are some personal values that should not be compromised.
- Danger zone. Help them identify warning signs of an unhealthy relationship. Discuss that if things get out of control, they should leave immediately and contact someone for help.
- No secrets. Secrets are signals that a young person is becoming isolated and can indicate a sign of manipulation. Teach them that asking for help is always a positive action.
- Be the ultimate role model. Live out healthy relationships to set an example for youth.⁹

How to Discuss

Talking to a young person about relationships is very difficult. There are many aspects to cover and fears of awkwardness or discomfort for both caregiver and youth. To make these conversations easier:

- Keep an open environment and be available to listen to your young person. Give them opportunities to talk and don't criticize them for having questions, or lack of knowing.
- Give your undivided attention. Focus your attention on youth and the conversation. If it is a bad time to talk, be sure to make a time. Let them know you want to have the conversation and follow through.
- When discussing these important topics, start the conversation. Just because your child doesn't start the conversation, doesn't mean that they don't want to talk about these topics. Sometimes young people are shy, or don't know how to ask. Take the lead!
- Talk to your young person often. Be sure to know what's going on around youth every day, whom they are socializing with and that they know you are interested. Frequent chats are a great way to communicate.
- Understand your young person's questions and answer them honestly. If you don't have the answer, make sure that you find out and tell them when you do. Don't leave questions unanswered. Someone else may answer these questions incorrectly if you do not.
- Remind youth that respect is crucial for every relationship. Respect, trust and communication are very important. Support from the partner or individual should be equal.¹⁰

What is a Healthy Relationship?

In a healthy relationship, both people feel good about the relationship most of the time. Although no relationship is perfect, there are many things we can do to build healthy relationships. They should be supportive, loving, fun and include:

- **Healthy Communication.** Both partners should feel they can speak up and express their needs and wants openly. It's important to discuss things that each other like and don't like. Partners should express thoughts and feelings in a respectful way.
- **Respect.** Respecting a partner's likes, beliefs, opinions, values and cultural background is important. Partners may not like everything the other does, but should still act with respect and respect their differences.
- **Trust.** Trusting a partner to remain true to words and intentions is important. The absence of trust may indicate a larger problem.

What is an Unhealthy Relationship?

At times, unhealthy relationships may be hard to recognize and harmful behaviors may not seem unusual. The following behaviors are warning signs of an unhealthy relationship:

- Feeling unhappy in the relationship
- Dressing different than usual
- Depressed or anxious behavior
- Unexplained marks or bruises
- Acting jealous or possessive of their partner
- Monitoring where a partner goes and who they hang out with
- Forbidding activities that the partner likes to do
- No longer participating in activities or other interests
- Ending time spent with family and friends
- Constantly texting or calling their partner
- Checking a partner's cell phone or email without permission
- Insulting or shaming someone
- Making a partner do sexual things
- Physically hurting a person or an animal in any way (like pushing, hitting, or slapping)

Working Through an Unhealthy Relationship

- Be clear and calm about what your concerns are. Expressing your care for their happiness and health versus coming off as controlling and angry is important. Healthy communication is important in problem solving.
- Show concern. Let your young person know you are concerned for their happiness, health and/or safety. Point out that you noticed something happening that didn't seem normal.
- Be supportive and understanding. Stress that you're on their side and provide information and non-judgmental support. Let them know that it is not their fault and things can be better.
- Believe them and take them seriously. Your young person may become reluctant to share information if you don't validate their feelings.
- Seek professional help. If it is something they don't want to talk about with you, contact a professional or counselor who can help your young person.
- Develop a safety plan. A very dangerous time in an abusive relationship is when the abused person leaves. Make sure you have steps in order if it doesn't go smoothly. The following chapter helps you make this plan together.¹¹ (Appendix A)

How to Help Youth End Relationships

Ending a relationship is not always an easy thing to do. Many times it is extremely stressful and painful for both partners. Helping youth know how to appropriately end a relationship is important. Share or discuss the following tips with them to make it easier:

- Help plan what to say in advance. Many people find it helps to rehearse what they want to say before saying something that is difficult.
- Pick somewhere that is comfortable for both people. If they are worried about safety, a public place is the best choice. Having a friend in sight is also helpful.
- If they feel safe, suggest that they talk to the person face to face. An email, phone call or text message is usually not the best option. It's also important that they do it themselves. It can create more problems if they have someone else carry the message for them.
- Remind them not to intentionally hurt someone with insults or name-calling. This will only make the conversation harder.
- They should be direct. The person may question why they are ending the relationship. Being honest may help the person have better relationships in the future.
- Don't use, "We can still be friends" unless they really mean it. When people promise a friendship to ease the hurt of a breakup, it can cause more hurt and confusion later on.
- It may be good for them to take a break from seeing each other, talking on the phone, etc. That way they can both adjust to the change in relationship.
- Empower them to not allow the person to change their mind. It is normal for someone to cry or get upset during a breakup. Feeling bad or guilty is not a reason to stay in the relationship.

Sometimes people need to leave a relationship for their own safety. If you and/or your young person are being abused and/or are planning to end your relationship, remember that it is best to have a safety plan (Appendix A) and find support. More information and support is available at The National Domestic Violence Hotline, an anonymous online and phone service.¹²

thehotline.org

800.799.SAFE (7233)

Preparing Youth for Safe Relationships

Everyone deserves to be in a relationship that is safe, healthy and supportive. This section discusses how to stay safe in a relationship, develop a safety plan and tips to stay safe in any situation. If your young person is in a relationship where they are being hurt, it is important they know that the abuse is not their fault and to help them take action.

Tips to Share with Youth

- **Know your sexual intentions and limits and clearly communicate them.** Everyone has the right to say “no” to any unwanted sexual contact. If you say “no,” say it like you mean it. Support your words with body language. If you are uncertain about what you want, ask your partner to respect your feelings. Don’t give mixed messages.
- **Clearly discuss your limits and hold to them.** Don’t assume your partner can read your mind, or will “get the message” without having to say what you are feeling.
- **Carefully communicate limits and intentions in certain situations.** Some people think that heavy drinking, wearing “sexy” clothes or agreeing to be alone with someone indicates a willingness to have sex, when it doesn’t.
- **Trust your “gut” feelings.** If you start to feel uncomfortable or unsafe in a situation, listen to these feelings and act on them. Get out of the situation as soon as possible.
- **Don’t be afraid to ask for help or “make a scene” if you feel threatened.** If you are being pressured or forced into sexual activity against your will, let the other person know how you feel and quickly get out of the situation, even if it’s awkward and you embarrass the other person or hurt their feelings.
- **Situations involving the use of drugs or alcohol.** Drugs and alcohol can make you less aware of danger signs and less able to communicate clearly. Be especially aware when you are in a new situation or with people that you don’t know well. You need to be able to make good decisions to protect yourself.
- **Go to places with friends you can trust and agree to “look out” for one another.** At parties where there is drinking or drugs, appoint a “designated sober person.” This is a friend who won’t drink or do drugs and who will look out for the others in the group by regularly checking on them. Leave parties with people you know, and never leave alone or with someone you don’t know very well.
- **Listen carefully to your partner in sexual situations.** If they say “no” to sexual contact, or their body language tells you they are unsure or unwilling, stop contact. If your partner consented, but changes their mind, stop. If you think you are getting a “mixed message,” or you are not sure what your partner wants, never use threats, force or manipulation. Stop. Ask your partner what they want, listen and act appropriately.
- **Don’t assume.** Just because someone has had sex with you before, doesn’t mean they are willing to have sex with you again. Also, don’t assume that when a partner consents to kissing or other sexual touching, they are willing to have sexual intercourse. You can always say no at any time.
- **Resist peer pressure to do things you don’t want.** Do not participate in violent or criminal acts or get involved in any activity that makes you feel uncomfortable. Never “join in” or “go along” with people who are abusing another person.
- **Committing rape or sexual assault.** If you have sex with someone who is under the influence of alcohol or drugs, “passed out,” asleep, unable to say “no,” too “out of it” to know what is happening, mentally or physically unable to give consent or unable to resist, you may be committing rape or sexual assault.
- **Safely get involved if you think someone else might be in trouble.** If you see someone who could be about to commit rape or be involved with a sexually unsafe situation, help the person who may get hurt in safe ways.¹³

Developing a Safety Plan

A safety plan is a guide that helps lower the risk of being hurt by an abusive partner. It includes information that is specific to a person and their life. A good safety plan will help young people think through options and changes they can make to keep them safe at school, home and other social places.

- Young people can make their safety plan on their own or with a trusted friend or adult.
- Young people need to clearly think through their relationships and be honest about their situations in order for the plan to truly help keep them safe. The information will be for times they really need it most.
- Getting support and help from someone with experience in working with abusive situations can be very useful. Think about calling your local domestic violence agency.

The discussion guide in Appendix A is a guide to creating a safety plan for young people, it can be removed and placed in a safe, accessible area. Having a safety plan is something every youth should have. Whether they are in an abusive situation now or in the future, this plan will help them decide things quickly.¹⁴

Youth Safety Checklist for Abusive Relationships

These are things youth can do to help keep safe everyday:

- Carry a cell phone and important telephone numbers at all times.
- Keep in touch with a trusted person about where they are and what they are doing.
- Stay out of isolated places and try to never walk around alone.
- Avoid places where abusers and/or their friends and family are likely to be.
- Keep the doors and windows locked when at home, especially if alone.
- Avoid speaking to the abuser. If unavoidable, make sure there are people around in case the situation becomes dangerous.
- Call 911 if safety is at risk.
- Look into getting a protective order so that there is legal support in keeping the abuser away.

These are things youth can do to help keep safe in social situations:

- Ask friends to keep their cell phones close in case you get separated and someone needs help.
- Go to different malls, banks, grocery stores, movie theaters, etc. than the ones the abuser goes to or knows about.
- Do not go out alone, especially at night.
- No matter where you go, be aware of how to leave safely in case of an emergency.
- Leave uncomfortable situations, no matter what your friends are doing.
- Spend time with people who make you feel safe, supported and good about yourself.

These are things youth can do to stay safe online and with cell phones:

- Do not say or do anything online that you wouldn't in person.
- Set all online profiles to be as private as they can be.
- Save and keep track of any abusive, threatening or harassing comments, posts or texts.
- Never give passwords to anyone other than parents or guardians.
- If the abuse and harassment does not stop – change usernames, email addresses and/or cell phone number.
- Do not answer calls from unknown, blocked or private numbers.
- Have your phone company block abuser's phone number.
- Do not communicate with the abuser. Any type of technology communication can be recorded and possibly used against you in the future.¹⁵

Cyber/Online Relationships

Internet and technology can be wonderful resources for youth. They can be used to research school reports, communicate with teachers and other young people and play interactive games. But technology can also pose hazards, and this is why it's important to be aware of what your young person sees and hears online, who they meet, and what they share about themselves. Just like any safety issue or type of relationship, it's wise to talk with your young person about your concerns, take advantage of resources to protect them, and keep a close watch on their activities involving technology. See Appendix A for a Youth Pledge for internet safety.

Get Involved Online Activities

It is necessary to take an active role in your youth's online relationships. To do that:

- Become computer literate and learn how to block objectionable material.
- Keep the computer in a common area, where you can watch and monitor its use, not in individual bedrooms or spaces, .
- Share an email account with youth so you can monitor messages.
- If youth will not be your friend on Facebook, or other social media, do not allow them to use it.
- If your young person has a new online friend, insist on being introduced to that friend.
- Bookmark their favorite sites for easy access.
- Spend time online together to show and teach youth appropriate online behavior.
- Prohibit youth from entering private chat rooms; block them with safety features provided by your Internet service provider or with special filtering software. Be aware that posting messages to chat rooms reveals a user's email address to others.
- Monitor your credit card and phone bills for unfamiliar account charges.
- Many sites use cookies (devices that track specific information about the user) such as name, email address and shopping preferences. Cookies can be disabled. Ask your Internet service provider for more information.
- Find out what online protection is offered by the school, after-school center, friends' homes or any place where youth could use a computer without your supervision.
- Take your young person seriously if they mention an uncomfortable online message exchange.
- Forward copies of obscene or threatening messages you or youth get to your Internet service provider.
- Call your local law enforcement agency or the National Center for Missing and Exploited Children at 800.843.5678 if you're aware of the transmission, use or viewing of child pornography.

Tips for Technology Use

Some simple rules to share with youth include:

- Follow the rules set by your Internet service provider.
- Never trade personal or shared photos.
- Never reveal personal information, such as address, phone number, school name or location.
- Never respond to a threatening email or message.
- Always tell a trusted adult about any communication or conversation that is concerning.

Warning Signs of Online Predators

Warning signs that a young person is being targeted by an online predator include:

- Spending long hours online, especially at night.
- Getting phone calls from people you don't know.
- Receiving unsolicited gifts in the mail.
- Suddenly turning off the computer when you walk into the room.
- Withdrawing from family life.
- Showing reluctance to discuss online activities.

What is Cyberbullying?

Cyberbullying is the use of technology to harass, threaten, embarrass or target another person. Usually, it occurs among young people. When an adult is involved, it may meet the definition of cyber-harassment or cyber-stalking. Both are crimes that can have legal consequences.

Sometimes cyberbullying is easy to spot — for example, if your young person experiences a text message, tweet or Facebook conversation that is harsh, mean or cruel. Other acts are less obvious, like posting personal information, photos, or videos designed to hurt or embarrass another person. Some youth report that a fake account, web page or online persona has been created with the sole intention to harass and bully.

Cyberbullying also can happen accidentally. The impersonal nature of text messages, instant messages, and emails make it very hard to detect the sender's tone — one person's joke could be another's hurtful insult. Nevertheless, a repeated pattern of emails, text messages and online posts is rarely an accident.

Signs & Effects of Cyberbullying

The signs that youth are being cyberbullied vary, but a few things to look for are:

- Signs of emotional distress during or after using the Internet or phone
- Being very protective or secretive of their technology use
- Withdrawing from friends and activities
- Avoiding school or group gatherings
- Slipping grades and acting out in anger at home
- Changes in mood, behavior, sleep or appetite

Cyberbullying can happen at any time. As long as young people have access to a phone, computer or other device they are at risk. Severe or chronic cyberbullying can leave victims at greater risk for anxiety, depression and other stress-related disorders. The punishment for cyberbullies can include suspension from school or being kicked off of sports teams, and certain types of cyberbullying also may violate school codes and/or anti-discrimination and sexual harassment laws.

Many young people who are cyberbullied often don't want to tell a trusted adult because they feel ashamed of the social stigma, or they fear their computer privileges will be taken away at home.¹⁶

How Parents Can Help

Many schools, school districts and after-school clubs have established protocols for responding to cyberbullying. Other measures to try include:

- Before reporting the problem, let youth know that you plan to do so, as they could have concerns about tattling and might prefer that the problem be handled privately.
- Block the bully. Most devices have settings that allow you to electronically block emails, instant messages or text messages from specific people.
- Limit access to technology. Although cyberbullying is hurtful, many youth who are bullied can't resist the temptation to check websites or phones to see if there are new messages. Keep the computer in a public place in the house and limit the use of cell phones and games. Some companies allow you to turn off text messaging services during certain hours. Also, most websites and phones provide the option for parental controls, which provide caregivers with access to their youth's messages and online life.
- Know your youth's online activities. Check your young person's online posts and the sites they visit. Be aware of how they spend their time online in order to talk to them about the importance of privacy and why it's unsafe to share personal information online, even with friends. Encourage them to safeguard passwords. Write down cell phone and social media contracts (Appendix A) that you are willing to enforce.
- Look to the web for resources about cyberbullying. There are many online resources and places to contact for help.
- Meet with a therapist or counselor. If youth agrees, you may also arrange for mediation at school to work with your young person and/or the bully.

When Your Young Person is the Bully

Bullying – in any form – is unacceptable, with serious consequences at home, school and in the community. Finding out that your youth is the one who is behaving inappropriately can be upsetting but it's important to address the problem head on and not wait for it to go away. Tips for addressing youth when they are the bully:

- Talk to your young person firmly about their actions. Explain the negative impact cyberbullying has on others. Joking and teasing might seem okay, but it can hurt people's feelings and lead to trouble.
- Remind youth that the use of technology is a privilege. Sometimes it helps to restrict the use of devices until behavior improves. If you feel your young person should have a cell phone for safety reasons, make sure it is a phone that can only be used for emergencies. Insist on strict parental controls on all devices.
- To get to the heart of the matter talk to teachers, guidance counselors and other school officials to help identify situations that lead a youth to bully others. If your child has trouble managing anger, talk to a therapist about helping your young person learn to cope with anger, hurt, frustration and other strong emotions in a healthy way. Professional counseling often helps children learn to deal with their feelings and improve their confidence and social skills, which can reduce the risk of bullying.
- If you're tech-savvy yourself, model good online habits to help your young person understand the benefits and the dangers online.



CHAPTER 3 Sex & Sexuality

Sexuality affects who we are and how we express ourselves. Sexuality is shaped, learned and expressed over an entire lifetime. This section discusses sex, sexuality, consent to sexual activities and sexual rights. Talking with a young person about sex and sexuality can be difficult to manage but it gets easier the more it's done. This section also includes helpful tips on discussing sex and sexuality and simple conversation starters.

What is Sex & Sexuality?

Sexuality is about more than the physical act of sexual intercourse. It includes:

- The body (feelings about sexual and reproductive anatomy and body image)
- Biological sex (male, female or intersex)
- Gender (girl, boy, woman, man, transgender or gender queer)
- Gender identity (feelings about and how gender is expressed)
- Sexual orientation (who one is sexually and/or romantically attracted to)
- Sexual desires, thoughts, fantasies and behaviors
- Values, attitudes, and ideals about life, love and sexual relationships¹⁷

Why Discuss Sex & Sexuality?

Caregivers really can make a difference by talking with their young person, building a strong relationship with them and setting clear expectations and boundaries. These are proven ways to help prevent teen pregnancy, reduce the risk of getting sexually transmitted infections (Appendix C) and helping ensure that they lead healthy and rewarding lives.

Why do Some Youth Have Sex?

The truth is that not everyone is doing it and nationally the trend is that young people are waiting until they're older to have sex. Of those having sex, their reasons include:

- For fun
- Because it feels good
- To get back at their parents
- To keep a boyfriend or girlfriend
- To become pregnant
- Peer pressure
- To express feelings to their partner
- To feel loved or needed
- Because they feel lonely
- Sexual release
- They're forced to have sex unwillingly
- Survival Sex (using sex as payment to have basic needs like food and shelter met)

What is Consent?

When it comes to sexual activity and sex, everyone has the right to decide what they do, when they do it, and with whom. For any sexual activity between two people to happen, both people need to consent, or say yes, willingly and freely. Otherwise it's considered assault or rape. Sexual activity does not just mean sex, it includes kissing, hugging, making out, cuddling and touching a part of someone's body. To get consent, a person has to ask. Any answer other than YES, means NO.

If someone thinks they received non-verbal consent for sex but the other person really wasn't interested, it could lead to rape or assault if they act on their mistaken belief. Charges can be laid in situations where someone did not give their consent to sex or sexual activity.

Everyone has the right to change their mind at any point and the sexual activity or sex has to stop. Not stopping when the other person wants to stop is called sexual assault. There is no excuse for not stopping, and part of consent means listening to and respecting your partner.

Trying to turn someone's "no" into an "ok, I guess so" is called sexual coercion. Coercion is when someone keeps asking even after hearing "no", or tries to threaten or bribe the other person by saying things like, "if you loved me you would" or "my ex would do this with me, why won't you?" Sexual coercion is disrespectful and is a form of sexual assault.

Nobody has the right to ask for consent to sex from a person who is under the influence of alcohol or drugs. People sometimes make different choices after using drugs or alcohol than they would usually make. This is why we are not able to give informed consent if we are using drugs or alcohol. Getting someone drunk or high in order to have sex with them is assault.

Parents/Caregivers cannot give consent to sexual activity on behalf of a young person under 18-years-old. It doesn't matter if parents/caregivers approve of the relationship or say it is okay for their young person to be sexually active. Permission to be sexually active from a parent/caregiver does not make it legal.¹⁸

Age of Consent

In the eyes of the law, youth of certain ages cannot consent or agree to sex until they reach a specific age. This is called the "age of consent." These laws are meant to protect minors from being manipulated or forced into sex with older people.

In Wisconsin, a person can legally consent to sexual intercourse when they become 18-years-old. That means that if one or both partners are under 18-years-old and engages in sexual behaviors; both partners could be prosecuted for a number of different violations, and even face jail time. Age of consent differs state by state.

Statutory Rape

Statutory rape is when someone has sex with someone who is under that state's age of consent. It's illegal, even if both people say they wanted to have sex. To be clear: minors— young people under 18-years-old cannot legally give consent. Even if the youth is agreeing to sexual activities, IT IS AGAINST THE LAW.

The idea behind these laws is that children and teens under a certain age may be too young to decide for themselves whether to have sex. Also, the laws protect young people from older teens and adults who might force or manipulate young people into doing sexual things. Statutory rape can include sexual intercourse or other types of sexual contact. It can happen between people of the same or different sexes. Also, the older person can go to jail for doing it, regardless of whether they are male or female or whether the younger person agreed to have sex. If both partners are not 18-years-old or older, any sexual activity between them is considered illegal and may result in criminal charges.

Sexual Rights

Certain things are so basic that you are entitled to them simply for being a human being. Some of these things are related to sexuality or sexual acts, and these are known as sexual rights.

If anyone questions a person's rights to these things, especially a sexual partner, they probably don't have best interests in mind. Any sexual partner also has these rights, and respecting them is part of having positive sexual experiences.

The right to make decisions about being sexual (or not), regardless of a partner's wishes.

This means that anyone can choose not to be sexual, even if their partner would like to be sexual. This includes deciding not to be sexual with someone a person has been sexual with before.

The right to make your own decisions about birth control and protection from sexually transmitted infections (STIs) regardless of a partner's wishes; the right to make free and responsible reproductive choices.

This means that a person can choose whether to use birth control and decide how to protect them. Making responsible reproductive choices also involves deciding if or when a person would like to have a child. This includes the right to tell a partner that they will not have sex without birth control or without protection from STIs. Pregnancies and sexually transmitted infections shouldn't "just happen."

The right to stop sexual activity at any time, including during or just before intercourse.

This includes the right to make decisions about sexual activity, but it's important to remember that being sexual is not an all-or-nothing deal. There are several levels of sexual activity. A person can decide what they are comfortable with and engage in only the activities they want to participate in.

The right to tell someone that they are not comfortable being hugged or kissed in certain ways.

Even relatives cannot force a person to experience affection the way that they would like. Everyone has the right to tell their relatives and other acquaintances how they are comfortable expressing affection.

The right to ask a partner if they have been examined for sexually transmitted infections (STIs).

Asking a partner about STIs isn't an accusation that they have something. It is part of being a responsible, sexual person.

The right to tell a partner what a person would like sexually or to tell a partner that they would like to be hugged, cuddled, or touched without sex.

This means a person has the right to talk to their partner about wants and needs. It includes the right to tell a partner they are being too rough, and the right to be sensual without being sexual.

The right to masturbate.

Everyone has the right to give themselves sexual pleasure; it's not dirty, wrong, or shameful. A partner does not have the right to tell a person not to masturbate.

The right to sexual autonomy, sexual integrity, and safety of a person's sexual body.

This means anyone has the right to make decisions about their sexual life according to their own values. A person has the right to be sexual without violence of any sort.

The right to sexual privacy.

This means anyone has the right to make their own decisions about sex as long as the decisions don't interfere with the sexual rights of others. This also includes the right to be examined by a doctor for sexual concerns without the doctor sharing that information with other people, except in extreme circumstances (like abuse).

The right to sexual equity.

This means everyone has the right not to be discriminated against based on gender, sexual orientation, age, race, social class, religion, or physical and emotional disability.

However, the sexual decisions a person can make may be limited by these factors if they influence your capability to consent. *For instance, in Wisconsin, a person under 18-years-old cannot give informed consent to anything sexual because it is against the law.*

The right to sexual pleasure.

Sexual pleasure isn't shameful; it's a natural part of being human. Everyone needs to make responsible sexual choices, and these can definitely include having sexual pleasure.

The right to emotional sexual expression.

This means a person has the right to express their sexuality in any way they choose, including communication, touch, emotions, and love – not just through sexual acts.

The right to comprehensive sexuality education.

A person has the right to be educated about sexuality. Education can help someone make safer sexual decisions and know when to seek help should problems arise.

The right to sexual information based upon scientific inquiry.

This means that ethical studies of sexuality should be conducted, and the information gained from these studies should be available.

Sexual Rights

The right to sexual health care.

Everyone has the right to be treated for any sexual problems they might have and to get preventive care to keep healthy. No one should be prevented from receiving this care because of sexual orientation, disability status, race, class, age, or other factors. Every state has laws about who can receive confidential reproductive services.¹⁹

How to Discuss

Talking about sexuality, reproductive health and/or contraceptives can be challenging. These tips can help:

- Create a safe environment and set ground rules. They should be referred back to, discussed and agreed upon. Reminding your youth about the importance of maintaining el respeto within the conversation will ensure a smooth dialogue. Letting your youth know that you will be mutually respecting him/her in the conversation will maximize understanding and help create a loving space.
- People who have different styles of communicating may have a difficult time understanding each other. Communication about sexuality can enhance relationships, but sometimes people may be uncomfortable discussing sexuality in an open manner. It takes practice, so keep trying.
- Be clear about your own sexual values and attitudes. Communicating with youth about sex, love and relationships is often more successful when you are certain about your opinions on these issues.
- Youth learn best when they can ask questions. Young people may have many questions, concerns and opinions about their health, sex and sexuality. Facilitate discussion by posing thoughtful, open-ended questions. Correct the myths, challenge stereotypes and challenge the young person.
- Talk early, often and be specific. The information about sexuality, health and decision-making should be continually discussed. Throughout the process, you should see your young person begin to evolve and mature. Encourage the discussion of this information with friends and other trusted adults as well.

Simple Conversation Starters

- Do any of the young people in your school date? Is that what it's even called anymore? Dating?
- I heard this word the other day—INSERT WORD—what does that word mean to you?
- Are any of your friends in relationships yet? Tell me more about that.
- [Hearing something on tv, music or overheard conversation]
- How did seeing/hearing that make you feel?
- What do you think about that?
- Do you know what that means?
- Why do you think they are doing that?
- Do you know that this is inappropriate and why?
- Have you ever seen this happen to someone?
- How did it make you feel?

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CHAPTER 4 Special Topics

Family, culture, religion, media, friends and experiences may influence a person's sexuality, as all people have unique thoughts, desires, attractions and values. This section discusses sexuality in relation to faith, young people with disabilities, gender and sexual orientation and pregnant/parenting youth.

Sexuality & Faith

Conversation Starters

Many families belong to religious denominations, while others have a strong sense of spirituality without belonging to an organized faith community. Still others talk about values and beliefs without discussing religion or spirituality at all. Whatever relationship you have with religion, it's important that you talk with your young person about sexuality in the context of your own personal, moral views. Most faith traditions talk about sexuality as a gift of God – as something to be respected and in which to find joy.

How to Discuss

While it does take some preparation, parents/caregivers can provide accurate information about sexuality, and reinforce their spiritual or religious values. Here are some tips to consider when doing so:

- Before you speak with your young person about sexuality, think about what your values are. What do you believe? What does your faith tradition say? It is important to give your young person factual information and to be very specific.
- Sometimes, factual information can challenge a belief or what a faith community believes. This can provide an opportunity to make sure that youth have accurate information and hear what your values are relating to it. It also provides an opportunity to explain that there are different beliefs in the community, that people are allowed to disagree with each other, and that differing views should be respected as long as those views are based on ethics, responsibility, justice, equality and nonviolence.
- Practice what you preach, but don't preach. Some common values about sexuality and relationships that most people support include honesty, equality, responsibility and respect for differences. Acting on your values and being a good role model are powerful messages for youth. On the other hand, your beliefs will not seem very important or valuable to your young person if they don't see you respect and abide by them yourself. Make sure to have a conversation with your young person, don't talk at them. Find out what they think and how they feel about sexuality and relationships. Then you will be able to share information and respond to questions effectively.
- All young people deserve to be wanted and loved, and caregivers can reinforce this message. Let them know you are interested in what they think and how they feel about any topic, whether it is sexuality, school, religion, the future or whatever. When youth share feelings with you, praise them for it. Correct misinformation gently, and reinforce your values whenever possible.
- Too often, caregivers think they need to wait until they collect enough information and energy to be prepared to have "the talk" with their young person. However, sexuality is a part of every person's life from the moment they are born. It is important to start the conversation early and to make it clear to your young person that you are always willing to talk about sexuality.
- Keep your sense of humor. Sexuality, in most of its aspects, can be a joyful topic for discussion in the family.²⁰

A Young Person Who Has a Developmental Disability

Why Discuss?

There are many benefits to having a conversation with a young person who has developmental disabilities about sex and sexuality. The positive effects include:

- An understanding of sex and sexuality
- Opportunities to learn, grow and build life skills
- Giving young people an understanding about behaviors that are inappropriate in public or destructive to relationships, trust and self-esteem
- Allowing young people to recognize and prevent abuse and exploitation

How to Discuss

Young people with developmental disabilities deserve accurate age and developmentally appropriate sexual health information. This can sometimes be challenging for parents and youth who learn in non-traditional ways. Nevertheless, the numerous benefits are worth the effort. Here are some tips and ideas for beginning your conversation:

- Use pictures as often as you can. Photos of family or friends can be a springboard for talking about relationships and social interactions. These give important and immediate context to your discussions, which is critical for young people who process information more successfully with the use of concrete ideas.
- Use repetition and reinforcement by providing small amounts of information. Check that youth understand by asking questions that put the information in a practical context. Use opportunities to repeat key ideas in other settings (i.e. while watching television programs that deal with relationships or sexuality issues.)
- Draw, copy or buy a full body drawing or chart. This is a concrete way to show where body parts are and what they do.
- For more involved tasks (such as personal hygiene related to menstruation), try to break down the activity into several steps. Frequently review the steps with your young person and always provide feedback and praise. If you are unsure whether your steps are concrete and understandable, write them down and try following them yourself. Using a pad or tampon during menstruation or cleaning beneath the foreskin of the penis may seem straightforward, but these activities require several separate steps in a particular order.
- Repeat information often, and offer feedback and praise. Reinforce important concepts frequently. Make sure your young person has plenty of opportunities to try out their skills.
- Use existing resources. Visit the library and check out books, videos and websites about talking with your young person about sexuality.
- Network with other caregivers. Share your insights and listen to their experiences. Involve others by communicating with teachers, coaches and caseworkers about the topics you are discussing. Share ways they can reinforce these lessons at school, work or in the community.
- Recognize and validate your young person's feelings. This is a unique opportunity to get to know them better and reinforce self-worth and assertive communication skills.
- Don't be afraid to say, "I don't know the answer to that question." But, be sure to follow up with, "Let's find out together!" Then do so.
- A single approach is not the best. As a parent, you have the opportunity to investigate and experiment, to be creative and to learn from your successes as well as your mistakes. Gather more information about youth and start the conversation again in a new way.²¹

Sexuality, Gender & Sexual Orientation

During adolescence, young people learn to relate to their peers as friends and potential romantic or sexual partners. This is a normal part of adolescent development. Some of these sexual thoughts can be intense or confusing, especially for young people experiencing sexual thoughts and feelings about someone of the same sex.

Common Terms

In order to talk to young people about sexuality, it's important to have a basic understanding of the following:

Sex refers to a person's biological status, like male, female or intersex. This is determined by a combination of sex chromosomes, gonads, reproductive organs and external genitalia.

Gender refers to the attitudes, feelings and behaviors that our culture associates with a person's biological sex. Behavior that matches cultural expectations is referred to as gender-normative; behaviors that don't match with these expectations are referred to as gender non-conformity.

Gender identity refers to one's sense of oneself or knowledge of their own gender. Most people have a gender identity that matches their assigned genders at birth. When someone's gender identity and biological sex don't match, this person may identify outside of traditional gender categories – or may simply identify as the gender they feel is who they really are.

Gender expression refers to how we show the world who we are, often through behavior, clothing, hairstyles, activities or mannerisms. Gender can be expressed anywhere along a spectrum from most masculine to most feminine. Three of the most common types of gender expression and communication of gender are:

- **Masculine:** expressing a set of qualities, characteristics or roles generally considered typical of, or appropriate to, a man. Examples of this can be: short hair, favoring jeans over skirts, suits, etc.
- **Feminine:** expressing a set of qualities, characteristics or roles generally considered typical of, or appropriate to, a woman. Examples of this can be: long hair, favoring skirts or dresses over jeans, jewelry and makeup, etc.
- **Gender neutral (gender non-conforming):** expressing a set of qualities, characteristics or roles in neither masculine nor feminine way. Examples of this can be: choosing clothing that is rarely assigned to one gender over another, choosing hair styles that are used by all genders and are non-specific, etc.

Sexual orientation refers to who we are romantically and physically attracted to. The categories below may be the most common, but research widely supports a wide spectrum of sexual orientation.

- **Straight:** A person who is attracted physically and emotionally to persons of the opposite gender.
- **Gay:** Commonly used to describe men, this term refers to people who form physical and emotional relationships with persons of the same gender.
- **Lesbian:** A woman who forms physical and emotional relationships with some women.
- **Bisexual:** A person who is attracted physically and emotionally to persons of the same and different genders.
- **Asexual:** A person who does not experience sexual attraction. Asexual people have the same emotional needs as everybody else and are just as capable of forming intimate relationships.²²

Coming out refers to the process in which one acknowledges and accepts one's own sexual orientation. It also includes the time in which one discloses one's sexual orientation to others. This is a very important time in one's life and a person needs the support of friends, family, co-workers and/or teachers.

Do People Choose Their Sexual Orientation?

Most medical professionals, including organizations such as the American Academy of Pediatrics (AAP) and the American Psychological Association (APA), believe that sexual orientation involves a complex mixture of biology, psychology and environmental factors. A person's genes and inborn hormonal factors may play a role as well. Sexual orientation is not a simple choice that people make.

There are a lot of opinions and stereotypes about sexual orientation. For example, having a more feminine appearance or interests does not mean that a male is gay, or having masculine interests doesn't mean a female is lesbian. As with most things, making assumptions based on looks can lead to incorrect conclusions.

It's likely that all the factors resulting in someone's sexual orientation are not completely understood. What is certain is people, no matter their sexual orientation, want to feel understood, respected and accepted – especially by their family.

At What Age Do They Know?

Knowing one's sexual orientation, straight, gay or somewhere along the spectrum, is often something that youth recognize with little doubt from a very young age. By middle school, many LGBTQ youth already recognize their sexual orientation, whether or not they have revealed it to anyone else. Those who didn't realize they were LGBTQ at first often say that they always felt different from their peers, but didn't exactly know why.

Becoming aware of and coming to terms with one's sexual orientation can take some time. Thinking sexually about both the same sex and the opposite sex is quite common as youth sort through their emerging sexual feelings. As youth explore their own sexuality they may experiment with members of the same sex. This does not necessarily mean that they are gay or straight. For many, these experiences are simply part of the process of sorting through their sexuality. And despite gender stereotypes, masculine and feminine traits do not necessarily predict whether someone is straight or gay.

Once aware of their sexual orientation some youth may be quite comfortable and accept their sexuality, while others might find it confusing or difficult to accept.

Thoughts & Emotions a LGBTQ Youth Might Face

LGBTQ youth may feel like there is something wrong with them because they perceive that everyone is expected to be straight. They are likely to face others who express stereotypes, prejudices and hatred towards any sexual orientation other than heterosexuality. Because of this, some LGBTQ teens may act and feel different from their peers when discussing romantic feelings, dating and sex, in order to fit in with peers. They might believe they need to deny their feelings, or that they have to hide parts of themselves. These feelings can lead LGBTQ young people to keep their sexual orientation secret, even from supportive friends and family members.

LGBTQ young people are at a higher risk for depression and suicide. Pay attention to any changes in your young person's behavior and mood. Don't hesitate to ask a youth how they are feeling, and even specifically, if they are considering harming themselves. LGBTQ youth plan and attempt suicide more often than heterosexual youth. And their attempts are more often successful or are more harmful and require hospitalization. If you think a youth is considering harming themselves, talk to them, tell them you care and assist them in getting the help they need.²³

More on Coming Out

Telling friends and family members about sexual orientation is often referred to as coming out. Many youth that come out to their friends, families and communities are fully accepted. They can feel comfortable about being openly attracted to someone of the same sex or gender, and they do not feel as anxious about it.

Not everyone feels safe coming out. Those who feel they need to hide because of rejection, discrimination or violence can be at greater risk for emotional issues like anxiety and depression. Some LGBTQ youth without support systems can be at higher risk than heterosexual youth for dropping out of school, living on the streets, using alcohol and drugs and attempting suicide.

With any young person, no matter what the circumstances, make sure to constantly tell them that you love them and care for their well-being. The knowledge that there are people who love and support them is essential to a young person's development.

LGBTQ Youth Sexual Health

All youth should have access to health care. Encourage your young person to talk to a trusted health care provider about all options for safer sex. Some things to consider for keeping youth sexually healthy:

- All sexually active teens should be routinely tested for sexually transmitted infections (STIs), also known as STDs (Appendix C).
- Anyone who has unprotected anal sex is at a high risk of STIs. Safer sex practices, such as using a condom and personal lubricants (which reduce tearing), help reduce the risk of other infections. Even heterosexual teens engage in anal sex.
- Human Papillomavirus (HPV) is a viral infection spread through skin-to-skin sexual contact. HPV is a group of over 100 different viruses, with at least 30 strains known to cause different types of cancer. Youth between 9- and 13-years-old should get the HPV vaccine. To work best, the vaccine needs to be given before any sexual activity starts. Initially considered only for females, the HPV vaccine is approved for use in males as well.
- All females who have had sex (anal, vaginal, oral or through use of sex toys) should have a Pap test: Pap tests are recommended for females 21-year-olds and older, or three years after becoming sexually active. During a Pap test, cells are collected from the cervix and then examined to make sure they are normal and healthy. A sexually active lesbian who has not had sex with a male should still have a Pap test done in her early 20s.

How to Discuss

Let youth know that you love and care about them as a person. Some young people will talk to a sibling or friend before they talk with a parent or caregiver. It's important that you respect that youth will tell someone they feel comfortable with. Some tips for discussing sexual orientation are:

- Be available and open-minded if youth want to talk about sexual orientation, but don't force the issue.
- Consider talking about sexuality after watching a television show or reading a book with a LGBTQ theme. This is a helpful way to begin a discussion about you loving them no matter what sexual orientation. This lets a young person know that they can talk to you when they are ready.
- Encourage your young person to talk about sexual health with a pediatrician, health care provider or trusted adult. These people may also be helpful discussing peer pressure, harassment and bullying in other ways.
- Speak to a pediatrician, health care provider or sexual health educator yourself. Speaking with an expert and asking your questions can be a great way to be ready when youth is ready to talk to you.²⁴

Parental Acceptance & Support

Research from the Family Acceptance Project shows that behaviors which children experience as rejecting significantly increase their risk for negative health and mental health problems. These rejecting behaviors undermine a child's self-esteem and feelings of self-worth. It should not be surprising that many of the children who end up in the foster care system, run away, or become homeless are gender nonconforming and transgender.

Examples of Damaging Parenting Practices

- Physical/verbal abuse
- Exclusion from family activities
- Blocking access to gender nonconforming or gay or lesbian friends, activities or supports
- Blaming child for discrimination faced
- Denigration and ridicule
- Religious-based condemnation
- Distress, denial, and shame
- Silence and secrecy
- Pressure to enforce gender conformity²⁴

Conversations with Pregnant/Parenting Youth

Becoming a parent is a big deal. It is important that youth who are pregnant/parenting have a parent/caregiver to talk to and although it's certainly not what most parents expect, it happens every day in the United States.

Young Mothers

Being a mother at a young age means that instead of doing the same things as their peers they're dealing with morning sickness, doctor appointments and sometimes embarrassment and fear. Youth who do not intend to become pregnant are often terrified when it happens. They may keep the news a secret in fear of anger and disappointment from trusted adults. Some might even deny to themselves that they are pregnant. Young moms need social and emotional support from their parents/caregivers or other trusted adults during what may be a very challenging time.

It is important that teens receive medical care as soon as possible after learning they are pregnant. Even though most young people are biologically able to produce healthy babies, whether they do often depends on receiving adequate medical care – especially in those critical early months of pregnancy. The earlier they get prenatal care, the better the chances for a healthy pregnancy. Babies born to teen parents who don't receive medical care are at greater risk for:

- Fetal death
- High blood pressure
- Anemia
- Labor and delivery complications
- Low birth weight²⁵

Young Fathers

Teens who are going to become fathers also need the involvement of their parents. They might feel shocked, panicked, overwhelmed, scared or not ready. No one is born knowing how to be a parent, but it is both partners responsibility to care for and provide for the baby. You can support your youth in learning what it means to be a father, either through your knowledge or a local parenting class.

It is important for young fathers to understand the role they play, whether or not they are still in a relationship with the mother. Research shows that children who have regular contact with their fathers will:

- Have better overall health (physical and mental)
- Achieve better grades in school
- Show fewer behavioral problems in school and at home
- Be less likely to live in poverty²⁶

How to Discuss

If you've learned that your youth is having a baby, you might experience a wide range of emotions, including shock, disappointment, grief, worry about the future, guilt, embarrassment and joy. It is important that as the parent/caregiver you recognize your feelings and work through them so you can be supportive. This can be done with your partner, a professional counselor, a friend or alone. Teens that carry a baby to term have special health concerns and they will have a healthier pregnancy – emotionally and physically – if they know they don't have to go it alone.

Preparing for New Responsibilities

Many practical issues must be considered when someone finds out they are pregnant that include keeping the baby, putting the baby up for adoption or having an abortion. None of these choices should be made lightly, and none are easy. As rewarding as having a child is, it isn't always fun and caring for a baby is a lifelong commitment.

Things to discuss with your youth:

- How can you support them?
- Which choice(s) can they live with?
- Which choice(s) would be impossible for them?
- How would each choice affect their everyday life?
- What would each choice mean to the people closest to them?
- What is going on in their life?
- What are their plans for the future?
- What are their spiritual and moral beliefs?
- What do they believe is best for them in the long run?
- What can they afford and who will be financially responsible?
- Will they continue to go to school?
- Where will the baby live?
- Will both parents be involved equally?
- Who will provide childcare?

Keeping Mom & Baby Healthy

It is critical that your conversations include information on how to keep both mom and baby healthy. You can help them know what to expect during the pregnancy. To ensure a healthy pregnancy, youth should:

- Identify and visit an Obstetrician/Gynecologist (OB/GYN) doctor as soon as they learn they are pregnant
- Visit this doctor frequently for check-ups and exams while they are pregnant
- Quit smoking tobacco or marijuana, drinking alcohol, or using any other drugs, including some over-the-counter medications
- Get doctor's approval for all medications because some of them can harm the baby
- Avoid excess caffeine
- Eat healthy foods while the baby is growing and during breast feeding
- Take pre-natal vitamins that include folic acid every day
- Get enough rest
- Drink plenty of water
- Manage stress levels
- Attend prenatal and/or parenting classes

While it seems that youth who are pregnant/parenting might no longer need to talk to you about sex and sexuality – they do. It is a fact that once a teen becomes pregnant they are more likely to get pregnant again while still a teen. You can talk to them about the importance of being ready (emotionally, physically and financially) to have another baby. There are tips and resources in this toolkit that you can use to start the conversation.²⁵

My Safety Plan

Staying Safe at School

The safest way to get to and from school is: _____.

To leave school in an emergency, I can get home safely by: _____.

I can make sure that a friend can walk with me between classes.

I will ask: _____ and/or _____.

Eat lunch and spend free periods in an area where there is school staff or faculty nearby.

These are some areas on campus where I feel safe: _____, _____, _____, and _____.

I could talk to the following people at school if I need to rearrange my schedule in order to avoid my abuser, or if I need help staying safe at school: (An advocate may be willing to help you and/or your parents talk with school staff).

- School Counselor
- Coach
- Teachers: _____, _____
- Principal
- Assistant/Vice principal
- School security/Officer
- Other: _____

I can tell this family member about what is going on in my relationship: _____.

There may be times when no one else is home. During those times, I can have people stay with me. I will ask: _____.

The safest way for me to leave my house in an emergency is: _____.

If I have to leave in an emergency, I should try to go to a place that is public, safe and unknown by my abuser. I could go here: _____ and/or _____.

I will use a code word so I can alert my family, friends, and neighbors to call for help without my abuser knowing about it. My code word is _____.

If I live with my abuser, I will have a bag ready with these important items in case I need to leave quickly: (I may need to leave bag at a trusted friends and/or with family).

- Cell phone & charger
- Spare money
- Keys
- Driver's license or other form of ID
- Copy of Protective Order
- Birth certificate
- Social security card
- Immigration papers and other important documents
- Change of clothes
- Medications
- Copy of lease or rental agreement
- Special photos or other valuable items
- If I have children – anything they may need (important papers, formula, diapers, favorite toy)

Staying Safe at Home

Staying Safe Emotionally

My abuser often tries to make me feel bad about myself by saying or doing this: _____

When he/she does this, I will think of these things I like about myself: _____,

_____ and _____.

I will do things I enjoy, like: _____, _____

and _____.

I will join clubs or organizations that interest me, like: _____

or _____.

Getting Help

Emergencies: 911

National Teen Dating Violence Hotline: 866.331.9474 or loveisrespect.org

See Appendix D for a complete list of Milwaukee Sexual Health & Violence Prevention Resources¹⁵

My Internet Safety Plan

I have spoken with my parent/guardian about the following and am aware that:

- Nothing is truly private, and there are “no take-backs” online and through my mobile device.
- Some people online may try to befriend me who want to harm me.
- It is not my fault if I see something bad accidentally.
- Private family matters should not be discussed online or via text. Instead, I should talk about them with a parent or other trusted adult.
- My parents may supervise my time online and may use a filtering and/or monitoring service. This is because they are concerned about my safety.
- Internet use and mobile access is a privilege, not a right. I will follow the guidelines of my Internet Safety Plan whenever I have access to the Internet, both in and out of my home or through my cell phone.

I agree to:

- Talk with my parents to learn the rules for using the Internet, including where I can go, what I can do, when I can go online, and how long I can be online (minutes or hours).
- Always tell my parents immediately if I see or receive anything on the Internet, my phone or other mobile device that makes me feel uncomfortable or threatened, including email messages, websites, images, chats, or even anything in the regular mail from Internet friends.
- Protect my personal information, such as my home address, telephone number, my parents’ names, work addresses or telephone numbers, credit card numbers, or the name and location of my school or any club or team.
- Talk to my parents before giving out this information. I will keep this rule when I am communicating via chat rooms, instant message (IM), email, websites, online games, text messaging, or social networking sites, and when entering contests and registering for online clubs.
- Check with my parents before posting or sending pictures or videos of myself, other family members, or other people through the Internet, text or regular mail.
- Never give out my Internet passwords to anyone (even my best friends) other than my parents.
- Treat others online as I would have them treat me. I will never send threatening or mean messages, nor will I respond to any such messages that are sent to me. I will not do anything online that could hurt or anger others or do anything that is against the law
- Never download, install, or copy any copyright information from the Internet without proper permission from the site and my parents.
- Never do anything on the Internet, cell phone or other mobile device that costs money without first asking permission from my parents.
- Only fill out online forms or questionnaires with the permission of my parents.
- Never open or accept emails, enclosures, links, URLs, texts, videos or pictures or other information from people I do not know.
- Never tell anyone online where I will be or what I will be doing without permission from my parents.
- Never enter a chat room unless given prior permission from my parents.
- Avoid in-person meetings with anyone I met or befriended online or through my mobile device without parental permission and being accompanied by a parent. I know that not everyone I meet online is who they say they are, and I cannot detect a disguised predator.
- Follow my family’s Internet safety guidelines when accessing the Internet through an Internet-enabled device, while at a friend’s house, and also when at school.
- Only instant message (IM) people on my buddy list who have been previously approved by my parents.

- Log off or turn off my computer if I come across something bad online. I will then tell my parents what happened as soon as possible.
- Make my parents aware of all of my Internet logins, chat names, gamertags and social networking profile names listed below:

Youth Signature

Parent Signature

Date

Date

The Cost of Raising a Baby (Youth)

Becoming a parent is a big deal; babies require a lot of love and attention but they also have other basic needs that parents have to pay for. Raising a child might be a bigger expense than you think! Bills start to add up before the baby is even born. In fact, they start as soon as someone learns they are pregnant.

Instructions: Take some time to fill out this worksheet to find out how much it costs to raise a baby through his/her first year. Give it your best guess. The answers will be given to you when you are finished and we'll give you some hints along the way.

Before the Baby Arrives

When someone finds out they are pregnant they have to pay for monthly prenatal care check-ups, prenatal vitamins, a visit to the hospital to deliver the baby and a car seat to take the baby home in. Some of these expenses will be paid for if you have insurance, but it depends on the insurance and how much they will cover. Assume for this exercise that you have insurance.

Prenatal & Birth Total: _____ \$

Nursery Items

You will need a crib, changing table, etc in the nursery along with the materials that go with them. Remember for some items, you may need to buy more than one.

- Crib
- Crib mattress
- Crib sheets (3)
- Crib mattress pads (2)
- Receiving blankets (5)
- Changing table
- Changing table pads (2)
- Changing table pad cover (3)

Optional Items:

- Crib mobile
- Crib activity center
- Cradle or Bassinet

Nursery Total: _____ \$

Health/Safety Items

Babies need a lot of things to keep them clean, healthy and safe. Below is a list of those things.

- Soft hairbrushes
- Combs
- Thermometer
- Toothbrushes
- Baby monitors
- Baby bathtub
- Baby washcloths
- Baby towels
- Soap
- Lotion
- Powder
- Baby oil
- Bathtub rings & faucet protectors
- Laundry detergent for washing baby's clothes
- Baby gates
- Drawer latches & outlet covers

If baby gets sick you will need:

- Humidifier
- Nasal aspirator
- Medicine droppers

Health/Safety Total: _____ \$

Diapers

You will need a ton of diapers for your baby. Calculate the cost of diapers and supplies for one year.

- Diaper pail
- Diaper bag (2)
- Diapers (remember to calculate for one year)
Hint: You will use about 75 diapers a week (52 weeks in a year).
- Baby wipes (remember to calculate for one year)
Hint: You will use about 2 packages of wipes a month.

Diaper Total: _____ \$

Feeding Baby

You will need to decide if the baby will drink breast milk **OR** formula for the first six months.

Breastfeeding

If you plan on breastfeeding the baby (most women breastfeed for 6-12 months):

- Breast milk
- Breast pump
- Nursing pads (21 per week)
- Nursing bras (3)
- Breast milk storage bags/bottles (10)
- Burp cloths (12)
- 4 oz feeding bottles for pumped breast milk (10)
- 8 oz feeding bottles for pumped breast milk (10)
- Bottle brushes (4)
- Additional bottle nipples (10)

Breastfeeding Total: _____ \$

OR Formula Feeding

If you plan on using formula (hint: baby will be on formula exclusively for 6 months)

- 38 oz cans of formula (60)
- Pacifiers (10)
- 4 oz feeding bottles (20)
- 8 oz feeding bottles (20)
- Bottle brushes (4)
- Additional bottle nipples (20)
- Bottle liners (48)
- Burp cloths (12)

Formula Feeding Total: _____ \$

Baby Food

Baby is 6 months old and is starting to eat baby food along with formula:

- High chair
- Bibs (5)
- Infant spoons (10)
- No spill cups (5)
- Childproof plates & bowls (15)
- Baby food (500)

Baby Food Total: _____ \$

The Cost of Raising a Baby (Parent/Caregiver)

Instructions: The boxed parent/caregiver sections are to be read out loud to the youth. Other parent/caregiver instructions are in italics.

PARENT/CAREGIVER: The United States has the highest teen pregnancy rate of any other industrialized nation. Teen pregnancy is associated with poverty and low graduation rates. In fact, babies born to teen parents are at a higher risk for going to jail, not graduating and becoming teen parents themselves. While some teen parents are able to beat the odds, it's a lot more difficult for them.

On top of all of that, it is very expensive to raise a baby. We're going to go through a list of things a parent would need to get in the baby's first year of life, and some things that aren't necessary, but nice to have.

You will write down your best guess on how much these items cost. We will go through each section together. When you're finished, add up all the sections on the last page to find out how much money you'd need for one year. If you have questions – don't be afraid to ask.

Assume that you do not have hand-me-downs and no baby shower, so you're starting from scratch.

Parent/caregiver Instructions: *Pass out the worksheets and go through each section. Read the boxed parent/caregiver notes before they begin the section. Give them a few minutes to complete each section.*

The youth are given guidelines for what needs to be purchased in each section, but they will have to guess the total for each section and then add up each of the totals for the grand total. At the completion of the worksheet reveal the cost ranges for each section and the grand total range.

Remember that the cost of baby items is different depending on where the item is purchased and whether it is a bargain brand or name brand.

Before the Baby Arrives

PARENT/CAREGIVER: Depending on insurance coverage, hospital birthing out-of-pocket costs can range anywhere from \$1,000 to over \$6,000. With no insurance they can be upwards of \$30,000. These costs include the hospital room, doctors/obstetrician, nurses, anesthesiologist, drugs and more. Costs can go up with longer hospital stays, complications during pregnancy and having a caesarean section rather than vaginal birth. In addition to the hospital costs on the day of the baby's birth, there are costs throughout the entire 9 months of pregnancy including monthly prenatal care check-ups, prenatal vitamins and a car seat to take the baby home in.

When someone finds out they are pregnant they have to pay for monthly prenatal care check-ups, prenatal vitamins, a visit to the hospital to deliver the baby and a car seat to take the baby home in. Some of these expenses will be paid for if you have insurance, but it depends on the insurance and how much they will cover. Assume for this exercise that you have insurance.

Prenatal & Birth Total: \$2,500-\$8,500

Nursery Items

PARENT/CAREGIVER: Babies need a safe place to sleep. Babies are prone to suffocation, strangulation, or Sudden Infant Death Syndrome (SIDS) when sleeping environments are not safe.

Some parents sleep with babies in their bed and it is very common in some countries and cultures. Safe sleeping with a baby is possible, but it takes a lot of education to understand what precautions must be in place for this practice to be safe, including types of mattresses, bedding and sleep patterns. Babies should never be placed in the same bed as parents who have been drinking, parents who smoke or placed in bed with other children. In Milwaukee, unsafe sleep practices are a reason for babies dying within their first year of life.

In this scenario, you have decided that your baby will sleep in a crib, whether that is in your bedroom or in their own.

You will need a crib, changing table, etc in the nursery along with the materials that go with them. Remember for some items, you may need to buy more than one.

- Crib
- Crib mattress
- Crib sheets (3)
- Crib mattress pads (2)
- Receiving blankets (5)
- Changing table
- Changing table pads (2)
- Changing table pad cover (3)

Optional Items:

- Crib mobile
- Crib activity center
- Cradle or Bassinet

Nursery Total: \$575-\$2,000

Health/Safety Items

PARENT/CAREGIVER: Babies need special bathtubs, soft washcloths, towels, no-tear shampoo, gentle soap, lotion to keep their skin from getting dry, powder to keep them from getting bacterial infections and diaper rash and special gentle detergent for their clothes. On top of that the baby will start moving around and they are prone to accidents if their home isn't safe for them.

Babies need a lot of things to keep them clean, healthy and safe. Below is a list of those things.

- Soft hairbrushes
- Combs
- Thermometer
- Toothbrushes
- Baby monitors
- Baby bathtub
- Baby washcloths
- Baby towels
- Soap
- Lotion
- Powder
- Baby oil
- Bathtub rings & faucet protectors
- Laundry detergent for washing baby's clothes
- Baby gates
- Drawer latches & outlet covers

If baby gets sick you will need:

- Humidifier
- Nasal aspirator
- Medicine droppers

Health/Safety Total: \$450 - \$750

Diapers

PARENT/CAREGIVER: Babies will use 10-14 diapers per day. Some people use cloth diapers to cut costs and reduce the impact on the environment, but they have to figure in extra time and money for laundry and extra diaper covers. Most people use disposable diapers simply because the baby will go through so many in the first few years. In addition to diapers, the baby needs to be cleaned and dried every time the diaper is changed.

You will need a ton of diapers for your baby. Calculate the cost of diapers and supplies for one year.

- Diaper pail
- Diaper bag (2)
- Diapers (remember to calculate for one year)
Hint: You will use about 75 diapers a week (52 weeks in a year).
- Baby wipes (remember to calculate for one year)
Hint: You will use about 2 packages of wipes a month.

Diaper Total: \$1,200-\$1,500

Feeding Baby

PARENT/CAREGIVER: Breastfeeding has many benefits for the child as well as the mother. Babies who are breastfed are protected from a variety of illnesses and disorders, have less risk for becoming overweight (even as adults), have been shown to have higher IQ's and are less likely to develop allergies. Breast milk is easier to digest and protects babies from ear infections and may reduce their risk for childhood cancers. Breastfeeding is also a protective factor against babies dying before their first birthdays.

Mothers who breastfeed also see the benefits. Their uterus shrinks to its pre-pregnancy size faster and it reduces the amount of blood lost after delivery. Mothers who breastfeed lose weight faster – they burn up to 500 additional calories a day! Breastfeeding reduces a mother's risk for breast cancer, ovarian cancer and osteoporosis.

Some women are not able to breastfeed for a variety of reasons. Formula can never replace the benefits of breast milk, but is designed to meet the needs of any baby, from those that have sensitive stomachs to those that are lactose intolerant and anything in between.

For the purposes of this activity choose either to breastfeed or formula feed, but not both.

Eventually the baby will be able to start eating baby food in addition to breast milk or formula. There are many varieties and flavors of baby food, and sometimes it takes trial and error to know what your baby likes and doesn't like. In addition to breast feeding/formula feeding, calculate 6 months of baby food.

You will need to decide if the baby will drink breast milk OR formula for the first six months.

Breastfeeding

If you plan on breastfeeding the baby (most women breastfeed for 6-12 months):

- Breast milk
- Breast pump
- Nursing pads (21 per week)
- Nursing bras (3)
- Breast milk storage bags/ bottles (10)
- Burp cloths (12)
- 4 oz feeding bottles for pumped breast milk (10)
- 8 oz feeding bottles for pumped breast milk (10)
- Bottle brushes (4)
- Additional bottle nipples (10)

Breastfeeding Total: \$300-\$500

OR Formula Feeding

If you plan on using formula (hint: baby will be on formula exclusively for 6 months)

- 38 oz cans of formula (60)
- Pacifiers (10)
- 4 oz feeding bottles (20)
- 8 oz feeding bottles (20)
- Bottle brushes (4)
- Additional bottle nipples (20)
- Bottle liners (48)
- Burp cloths (12)

Formula Feeding Total: \$2,000 -\$3,000

Baby Food

Baby is 6 months old and is starting to eat baby food:

- High chair
- Bibs (5)
- Infant spoons (10)
- No spill cups (5)
- Childproof plates & bowls (15)
- Baby food (500)

Baby Food Total: \$1,000-\$2,000

Clothing

PARENT/CAREGIVER: Babies go through a lot of clothing within their first year (and every day) because of accidents during feeding, changing diapers and because they grow quickly. It is also important to have plenty of different types of clothes within the first year because of changing seasons. Most young babies also like to be swaddled - it helps calm them down and they feel protected.

- Sleepers/Swaddlers
- Gowns
- Hats
- Booties
- Jackets
- Outfits
- Socks
- Shoes
- Shirts
- Pants
- Onesies

Clothing Total: **\$1,000-\$1,500**

Child Care

PARENT/CAREGIVER: Child care is an expensive part of raising a baby. While there are subsidies available if someone qualifies, we are assuming in this exercise that child care subsidies are not available and relatives are not able to care for the baby while the teen is at school or work. The total is calculated based on 28 weeks of needing child care at an average of \$270 a week for one child.

Child Care Total: **\$7,560**

Extras

PARENT/CAREGIVER: The following items aren't necessities, but they make life with a baby much easier so you decide to buy them!

- Carrier/Sling
- Stroller
- Baby swing
- Baby jumper/Bouncer
- Toys/Stuffed animals
- Teething rings
- Books
- Professional pictures
- Rocking chair

Extras Total: **\$500-\$1,000**

PARENT/CAREGIVER: Now that you've made your best guess in each section, add it all together.

Parent/caregiver Instructions: Go through each section and tell them the actual costs.

Prenatal & Birth Total **\$2,500-\$8,500**

Nursery Total **\$575.00-\$2,000**

Health/Safety Total **\$450-\$750**

Diaper Total **\$1,200-\$1,500**

Breastfeeding Total **\$300-\$500**

OR
Formula Feeding Total **\$2,000-\$3,000**

Baby Food Total **\$1,000-\$2,000**

Clothing Total **\$1,000-\$1,500**

Child Care Total **\$7,560**

Extras Total **\$500-\$1,000**

PARENT/CAREGIVER: Now that you've made some good guesses as to how much it costs to raise a baby, and I have given you the price range for each section - I'm going to tell you the approximate cost for one year. The cost of baby items is different depending on where it's purchased, the brand and if it is a basic model or something more.

Grand Total
Breastfeeding **\$15,085-\$25,310**

Grand Total
Formula Feeding **\$16,785-\$27,810**

PARENT/CAREGIVER: These are approximate costs for only ONE year of raising a baby. How did you compare?

Parent/caregiver Instructions: Let the youth respond, acknowledge their reactions.

PARENT/CAREGIVER: Now let's talk about the costs involved in not becoming a teen parent.

Cost of Abstinence **\$0.00**
Abstinence is the best way to prevent pregnancy. If/when you choose not to remain abstinent, there are other ways to prevent pregnancy.

Cost of Condoms **Free - \$15.00 (36)**
BabyCanWait.com and 414all.com have listings of free condom locations and some Milwaukee Public Schools nurses have free condoms available.

Cost Birth Control (hormonal) **\$5-\$50 per month**
It is safer for a teen girl to be on birth control than for her to be pregnant. Hormonal birth control methods come in all shapes, sizes, and costs. Have youth talk with a doctor about the best option for them. Some birth control has to be taken every day; some have to be remembered once a week, once a month, once every three months or once every 5 years. (Appendix C)

As you can see, it is much more cost effective to practice abstinence; or if you are sexually active, protect yourself and your partner from pregnancy. Having a baby is expensive, not to mention, teen parents are less likely to complete high school. Without a high school education it is more difficult to find a job that pays enough to support a family.

All of these things are why it is important to think twice before you have unprotected sex.

For more information: BabyCanWait.com

Goals & Dreams

Timeline

Instructions: Imagine what you want your life to be like 5 years from now. Write down 3-5 goals that you want to have achieved by then. Then imagine your life 10 years from now. Write down 3-5 goals that you want to have achieved by then.

5 Year Goals

10 Year Goals

Action Steps

Instructions: Choose 1 goal from 5 years time and 1 goal from 10 years time. Write down each goal in the space provided below. Then, brainstorm the action steps needed to achieve each goal. Write the action steps needed underneath the goal. How would having a baby or STI effect your action steps?

5 Year Goal

Action Steps

Barriers/Challenges

10 Year Goal

Action Steps

Barriers/Challenges

APPENDIX B

Frequently Asked Questions by Youth

Below are some of the questions asked by youth, with an appropriate answer. If your young person asks you a question that you are unable to answer, look it up (either together or separate) and discuss the answer. Make sure to use a credible information site, so you both are receiving the correct information. See Appendix C for contraception and Sexually Transmitted Infection (STI) charts.

What is a dental dam?

A dental dam is a thin sheet of latex or polyurethane plastic that can be used to prevent transmission of STIs during oral sex. The dental dam is placed over a vagina or anus to prevent transmission of STIs like herpes, gonorrhea, hepatitis B and syphilis, which can spread through oral sex. Dental Dams can be difficult to find at a pharmacy or drug store. Though they are often available at your local clinic, and you can buy them online from Sheer Glyde Dams. In a pinch, you can cut a condom lengthwise, cut a latex glove or use non-microwavable cling wrap as homemade dental dams. Just make sure it is non-microwavable since the pores in microwavable cling wrap are big enough to let STIs through.

Is it possible to masturbate too much?

Medically speaking, masturbation is perfectly normal. The only time masturbation becomes too much is when it interferes with things like school, family, friends or work. The frequency can vary between individuals. Everyone is different.

What is a Pap smear?

A Pap test (also called a Pap smear) is a medical test that examines cells from a female's cervix to find out if there are any pre-cancerous conditions. During a pelvic exam, a gynecologist will gently rub the cervix with something similar to a tongue depressor (but smaller) to collect some of the cells near the opening to the cervix. These cells are placed on a slide and examined under a microscope at a lab.

Young women should make an appointment with a gynecologist to get a Pap test three years after first vaginal intercourse or when they turn 21. Girls who only have sex with girls should have the Pap test when they turn 21. After your first Pap test, regardless of the gender of your partner, you should have them once a year.

Is there a safe time of the month to have sex and not get pregnant or a sexually transmitted infection (STI)?

No, it is possible to get pregnant at any time of a women's monthly menstrual cycle. There are certain times during the month that you are more likely to get pregnant, but it is possible to get pregnant at any time. It's even possible during your period. It is also possible to get an STI all month long. The only way to absolutely prevent pregnancy is to abstain from (avoid) vaginal sex (placing the penis in the vagina) or not ejaculate (cum) in or near the vagina. You can reduce the risk of pregnancy by using birth control and condoms.

Can I go to the gynecologist without my parents or caregiver knowing?

Yes, in Wisconsin minors (people under the age of 18) are able to see a sexual health doctor without parents or caregivers finding out. Doctors and health care providers in Wisconsin are required to provide confidential visits about sexual health. Being confidential means that you can talk to a doctor and they will not share that information with anyone else. If you are still worried about someone else finding out, you can ask the clinic questions like: Will you ever call me at home? Will you ever send me a bill through the mail? Will you ever send other mail to my home?

Can HIV and other sexually transmitted infections pass through condoms?

No. When used correctly every time, latex, polyurethane or polyisoprene condoms protect against STIs such as chlamydia, gonorrhea, trichomoniasis (tric) and bacterial vaginosis. Condoms don't always protect against genital herpes, warts (or HPV) or pubic lice because these STIs can be spread through skin contact that isn't covered by a condom or dental dam. Lambskin condoms do not protect against HIV and other STIs.

Where do I get condoms or birth control?

You can buy condoms from most drug stores, supermarkets and corner stores. You can also get free condoms in Milwaukee. There are many choices of birth control to choose from. To get birth control you must get a prescription from a health care provider. Many clinics offer free or reduced prices on birth control. Visit BabyCanWait.com and 414all.com to learn more.

What is emergency contraception? Where can I get it?

Emergency contraception (EC) is a way to prevent pregnancy if no birth control was used or if a method failed such as a broken condom. EC is not an “abortion pill.” It will not affect an established pregnancy. EC is sometimes called “The Morning After Pill,” or by the brand name Plan B. EC helps prevent pregnancy. Pregnancy begins when a fertilized egg (joined egg and sperm) implants itself in the lining of the uterus. EC can prevent the release of an egg from the ovary and fertilization (egg joining with the sperm). EC is 75% effective in preventing pregnancy. Other birth control methods like condoms (85-98% effective) and birth control pills (92-99% effective) have better odds in preventing pregnancy when used correctly. So, EC should not be used instead of methods such as condoms or birth control pills. EC can prevent pregnancy if started within five days of unprotected sex. It is more effective the sooner it is taken after sex. Because it’s hard to predict when unprotected sex or a broken condom might happen, you need to have EC in the house before it happens. Anyone older than 17 can get Plan B One-Step, one brand of emergency contraception, over the counter without a prescription at a drugstore, Planned Parenthood health center or family planning clinic. All other brands of emergency contraception require you get a prescription from a doctor, nurse or other health care provider.

How do I know if I have a sexually transmitted infection (STI)? When should I get tested for an STI?

Many people who have STIs do not have symptoms. Oral, anal, and vaginal sex all put you at risk for STIs. If you do have symptoms you might notice any of the following: sores, bumps, or blisters near your mouth, rectum or sex organs, burning or pain when you urinate (pee) or discharge (fluid) from your penis or vagina, itching around your sex organs, flu-like feelings with fever and chills and/or bleeding in between a regular period. If you have any of these symptoms stop having sex. Having sex may put your partner at risk of infection. If you are sexually active, you should be tested at least once a year. You should also be tested each time you switch partners. An STI will not go away without treatment and can cause long term irreversible damage. Getting tested allows you to know your status and treat any infections you do have. It will keep you and your partner healthy. Go to an STI clinic or your health care provider to be tested.

How do I avoid getting a sexually transmitted infection (STI)?

The best way to avoid an STI is to abstain from sex (not have sex). This includes oral, anal, and vaginal sex. If you are sexually active using a condom will reduce your risk of STIs that spread through penetrative sex (penis-vagina, penis-anus, penis-mouth). Using a dental dam for oral sex (mouth-vagina, mouth-anus) reduces the risk of STIs that spread from skin-to-skin contact.

Do I need a condom if I’m on the pill or other hormonal birth control?

Yes. The birth control pill and other hormonal birth control like the depo shot, IUD or patch can prevent pregnancy but they do not protect you against sexually transmitted infections (STIs). Use a “barrier method” such as a wearable or male condom, insertable or female condom, or dental dam (used for oral sex) will help prevent an STI.

Can I get pregnant if he pulls out?

Yes, you can still get pregnant. Before a man ejaculates (cums) there is a certain amount of pre-ejaculate (pre-cum) that comes out of his penis when he is sexually excited. Some research has shown that pre-ejaculate contains a certain amount of sperm in it, which may cause pregnancy. Pulling out can also be risky because it requires a lot of self-control, experience and trust. For these reasons the pullout method is not recommended for teens or for those just beginning to have sex.

What is abstinence?

To abstain means to “choose not to do.” In terms of sex, abstinence means to choose not to have sex. Sexual abstinence can mean different things to different people. To many people it means to not have penile-vaginal (penis into vagina) intercourse, which could result in pregnancy. For others, sexual abstinence means avoiding all types of sexual activities such as oral and anal sex. Abstaining from oral, anal and vaginal sex is the only 100% way to avoid pregnancy and STIs.

What do I do if the condom broke?

If the condom broke during sex, emergency contraception (EC) may be an option. Even if he didn’t ejaculate (cum) before it broke it is still possible to become pregnant. EC is a pill taken after unprotected sex that greatly reduces the chance of pregnancy. EC is more effective the sooner it is used after sex (preferably within 12 hours) but can be used up to five days after sex. Since you can’t predict when this might happen it is important to have EC on hand. Call 1.866.ECFIRST or go to a health care provider. If you are 17-years-old and older you can purchase EC without a prescription at your local pharmacy.

Can I get pregnant from anal intercourse? What are the risks?

It is not possible to become pregnant from anal sex (inserting the penis into the anus). However, pregnancy can happen when ejaculate or pre-ejaculate (cum or pre-cum) gets in or near the vagina, and unprotected anal intercourse places one at risk of STIs infection. Use a condom with non-oil-based lubricants, like K-Y Jelly, to avoid ripping the condom. It is important that partners talk before anal sex. Use lots of lubricant and go slow. There are also natural bacteria that live in the rectum that can be dangerous if placed into the mouth or vagina. Your condom needs to be changed or penis washed between anal, oral or vaginal intercourse.

Is it possible to have a sexually transmitted infection (STI) and not have any visible symptoms? If so, how can I know if my partner is infected?

Yes, in fact many people with a sexually transmitted infection do not have symptoms. Since you can’t tell by looking at a person if they are infected, using a condom is very important. The only way to know for sure is to be tested. It is a good idea to get tested along with your partner. It is a sign of a close relationship to be able to get tested together. You should also get tested if you or your partner starts having symptoms of an STI.

What is a urinary tract infection (UTI) and how is it different from a sexually transmitted infection (STI)?

A urinary tract infection (UTI) is an infection of the organs involved in making and holding urine (pee). A sexually transmitted infection (STI) affects the reproductive organs like the penis, vagina cervix, uterus, penis or urethra. Most types of bacteria that cause UTIs are different from the ones that cause STIs. Unfortunately the symptoms of UTIs can be similar to symptoms of STIs. Symptoms can include: lower belly or lower back pain, pain or burning with peeing, fever, nausea and frequently needing to pee. If you are having any of the above symptoms it is important that you see a doctor or health care provider.

My boyfriend is older than me. Can we get in trouble?

In Wisconsin, it is illegal for someone older than 18 to have sex with someone younger than 18-years-old. If your parents, teachers or police find out and press charges, your partner can get in trouble for statutory rape. The penalties get much more serious as the age gap widens. Young women go with older guys for a variety of reasons including thinking it is cool, wanting to be popular, looking for love or looking for protection. Older guys may be more mature, more experienced and able to drive, but they also have more expectations. That means more pressure about a lot of things, including sex. In fact, girls who date older guys are much more likely to have unintended pregnancies than those who date guys their own age. Even if someone tries to put the pressure on, you should only do what you’re comfortable with. Whether youth are the same age or older, no means no.

What are the laws in Wisconsin regarding sex and teens?

The age of consent refers to the minimum age when a person can legally consent to sexual intercourse. **In Wisconsin, the age of consent for sexual intercourse is 18 years old.** Unlike the majority of states, Wisconsin has a single age of consent. This means that a minor under the age of consent cannot consent to sexual intercourse.

“Sexual intercourse” defined by the law (WI statute 948.02) means vulvar penetration (penis in vagina) AS WELL AS cunnilingus (oral sex on a female), fellatio (blow job) or anal intercourse between person OR intrusion of any inanimate object into the genital or anal opening. The emission of semen (ejaculation) is not required.

First degree sexual assault of a child occurs when there is sexual contact (sexual touching, even over clothing, without penetration) or intercourse (sexual penetration, however slight, with an object or body part) between a minor who is 12 or younger, **and a defendant of any age.** This offense is a class B felony, which incurs up to 60 years in prison.

Second degree sexual assault of a child occurs when there is sexual contact between a minor who is 13, 14, or 15 years old **and a defendant of any age.** This offense is a class C felony, which incurs a fine of up to \$100,000, up to 40 years in prison, or both.

Sexual intercourse with a child 16 or older occurs when there is sexual intercourse between a minor who is 16 or 17 **and a defendant of any age** (unless the defendant is the minor’s spouse). This offense is a class A misdemeanor, which incurs a fine of up to \$10,000, up to nine months in jail, or both.

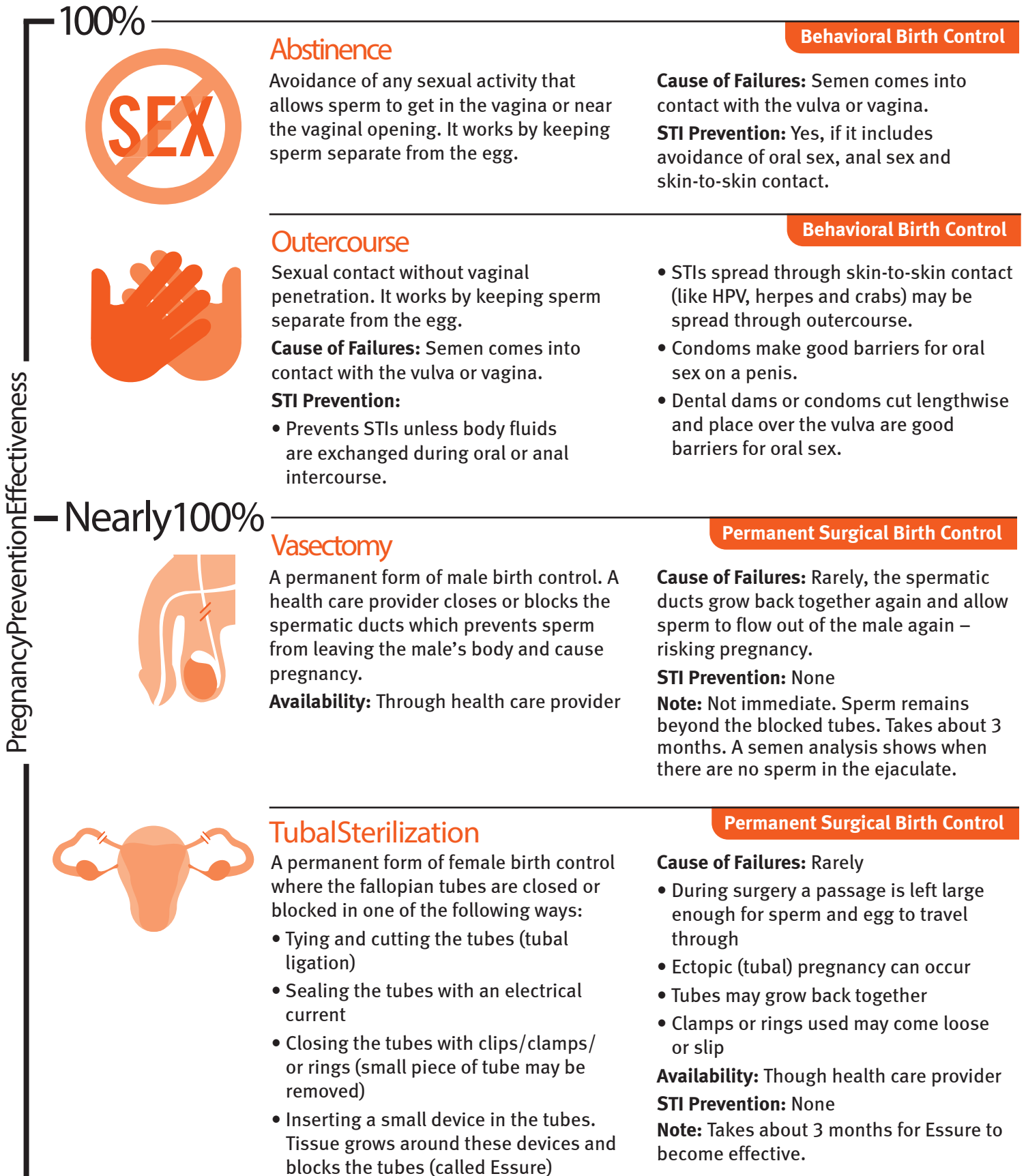
What are some sexual situations between young people that are not sexual abuse?

Developmentally normal sexual curiosity or behaviors displayed between preadolescents of similar age or development.

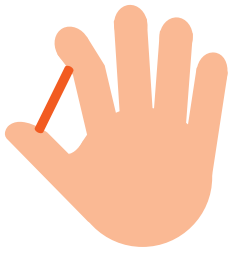
Not all sexual crimes against minors are included in the legal definition of sexual abuse. Law enforcement agencies investigate all types of sexual crimes against children and take whatever action might be indicated under the criminal code.

APPENDIX C

Contraceptives



99.9%



The Implant (Nexplanon/Implanon)

Progestin Hormonal Birth Control

A small, flexible plastic rod put under the skin of the inside, upper part of the users arm. It prevents pregnancy for 3 years. It works by preventing ovulation.

Availability: Prescription only
(Not available at all doctor offices)

Cause of Failures: User doesn't have the implant removed after 3 years

Note: Minor surgical procedure to have it placed and removed in a doctors office or clinic.

STI Prevention: None

99.8%



Intrauterine Contraception (IUD/IUC) with hormones

Progestin Hormonal Birth Control

A t-shaped device that is inserted into the uterus to prevent pregnancy. The Mirena Intrauterine System prevents pregnancy for up to 5 years using progestin hormone. It works by interfering with the motility (or movement) of the sperm and egg and inhibiting ovulation. It is long acting and at any time the user is ready to get pregnant pregnancy can happen shortly after removal.

Availability: Prescription only
(Inserted at doctors office or clinic)

Cause of Failures: IUC may come out and the user may not notice

Note: The uterus may be damaged during insertion.

STI Prevention: None

97%-99.7%



The Shot (DMPA Depo-Provera)

Progestin Hormonal Birth Control

An injection (shot) of hormones given by a health care provider every 12 weeks (3 months). User may stop getting their period after one year of receiving the shot. It works by preventing ovulation.

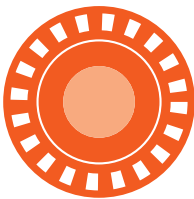
Availability: Prescription only

Cause of Failures:

- User doesn't return to clinic to get next shot
- User fails to return in time

STI Prevention: None

92%-99.7%



The Birth Control Pill

Estrogen & Progestin Hormonal Birth Control

Small tablets or pills taken by mouth at about the same time every day. It works by preventing ovulation.

Availability: Prescription only

Cause of Failures:

- User forgets to take a pill every day
- User does not start a new pack after 7 days of reminder pills

STI Prevention: None



The Patch (Ortho Evra)

Estrogen & Progestin Hormonal Birth Control

A sticky medicated patch that delivers hormones through the skin. Each weeks for 3 weeks in a row, the user puts a new patch on their arm, shoulder, stomach, back or buttocks. It works by preventing ovulation.

Availability: Prescription only

Cause of Failures:

- Patch falls off
- User forgets to take off the old patch and replace it with a new one

STI Prevention: None

92%-99.7%



The Ring (NuvaRing)

A soft, flexible plastic ring that contains hormones similar to those in the pill and the patch. The user wears the ring in their vagina for 3 weeks at a time, preventing ovulation. The muscles of the vagina hold the ring in place and it is unlikely to fall out.

Availability: Prescription only

Estrogen & Progestin Hormonal Birth Control

Cause of Failures:

- User may forget to replace the ring after having it in place for 3 weeks
- Ring may come out during sex

Note: The user must feel comfortable inserting a finger into their vagina to put the ring in and take it out.

STI Prevention: None

99.4%



Intrauterine Contraception (IUD/IUC) without hormones

A t-shaped device that is inserted into the uterus to prevent pregnancy. This type of IUD does not contain hormones. The ParaGard Copper T prevents pregnancy for up to 12 years by interfering with the motility (or movement) of the sperm and egg and acts as spermicide. Can be used by those who cannot take birth control that contain hormones.

Availability: Prescription only (Inserted at doctor's office or clinic)

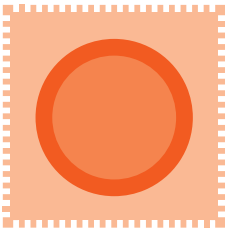
Cause of Failures: If the IUC comes out and it is not noticed

Note: The uterus may be damaged during insertion.

STI Prevention: None

Barrier Birth Control

85-98%



The Male (Wearable) Condom

A sheath or pouch worn on the shaft of the penis during oral, anal or vaginal intercourse. Male condoms are made of latex, polyurethane, polyisoprene or animal skin. They work by collecting semen so it is not released into their partner's body. Thus; sperm do not come in contact with an egg. They work to protect against STIs by providing a barrier.

Availability: Over the counter, no prescription needed. BabyCanWait.com or 414all.com has a listing of locations that offer free condoms.

Barrier Birth Control

Cause of Failures:

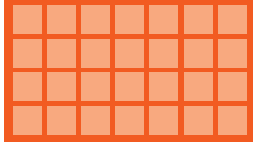
- Not using condoms at every intercourse
- Using oil based lubricants with latex condoms (oil based lubricants break down latex and may cause the condom to break)
- Not using the condom correctly
- Not enough lubricant
- Too much lubricant can cause the condom to slip off

STI Prevention:

- Those used for disease prevention must be made of either latex, polyurethane or polyisoprene.
- Those made from animal skin do not protect from infection.
- Do not offer 100% protection against STD/STI/HIV
- Do not offer any protection against some, such as crabs.

75-96%

JANUARY



Fertility Awareness Methods (FAMs)

A way to track ovulation. Sometimes people call FAMs the “rhythm or method” or “natural family planning.” FAMs are not recommended for teens, because they may not yet have regular menstrual cycles. They work by avoiding sexual intercourse (or use another type of birth control such as condoms) on the days when ovulation occurs and they are most likely to get pregnant.

Availability: Anyone with a regular menstrual cycle.

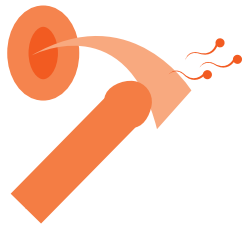
Cause of Failures:

- Changes in body signs aren’t recognized
- Failure to keep accurate records of menstrual cycle

STI Prevention: None

Behavioral Birth Control

73-96%



Withdrawal Method (Pulling Out)

Removing the penis prior to ejaculation. Withdrawal is not recommended for teens. It works best for those who are more experienced and can practice self-control. Withdrawal can be used as a back-up method of contraception with other birth control. It works by keeping sperm separate from the egg.

Availability: Anyone

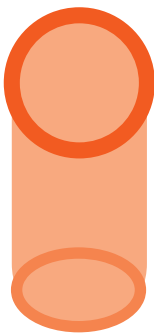
Cause of Failures:

- Lack of self-control
- Small risk of pregnancy from the clear fluid that comes out of the penis before ejaculation (pre-cum)
- Small risk of pregnancy if semen gets on the outside of the vulva

STI Prevention: None

Behavioral Birth Control

79-95%



Female (Insertable) Condom

The female condom is a long pouch with an inner ring and outer ring worn in the vagina. It can be put in up to 8 hours before sex. It works by preventing contact between the sperm and egg.

Availability: No prescription needed, although in many areas female condoms are difficult to find at pharmacies. Can be found in some Planned Parenthood clinics.

Cause of Failures:

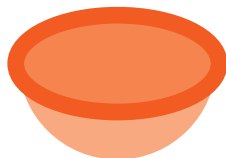
- Not using a condom at every intercourse
- Penis slips out of the condom
- Penis is not guided into the condom correctly
- Using in conjunction with the male condom may cause breakage

STI Prevention:

- Does not offer 100% protection against STD/STI/HIV
- Does not offer any protection against some, such as crabs.

Barrier Birth Control

71-94%



Cervical Barriers (The Diaphragm & FemCap Cervical Cap)

Non-latex devices used with spermicidal jelly and inserted into the vagina to cover the cervix before sex. These reusable methods can be used for up to two years.

Availability: Prescription only. The user is fitted at the clinic to ensure that the device is the right size based on the size and shape of their body and whether or not they have ever been pregnant or had a child.

Cause of Failures:

- Not using these devices with spermicide
- Not inserting a device before the start of intercourse
- Device gets dislodged during intercourse
- Using the wrong size
- Using a device for more than 2 years without having it refitted

STI Prevention: None

Barrier Birth Control

75%-89%

A.M. AFTER

Emergency Contraception (EC, The Morning After Pill)

One or two pills taken up to 5 days after unprotected intercourse. It is less effective than other hormonal types of contraception. EC should be used for emergencies only! Please note that EC is not the “abortion pill,” it cannot cause an abortion, nor will it harm an established pregnancy. It works by preventing ovulation and disrupting the menstrual cycle.

Availability: Anyone aged 17 or older can get EC over the counter at a pharmacy. They will need to show an ID and will have to pay for it. Prices range from \$35-70. Not all pharmacies carry it.

Cause of Failures:

- EC is not obtained/used within 5 days of unprotected sex
- If the egg was fertilized before the user takes the EC, pregnancy may still occur

STI Prevention: None

Barrier Birth Control

71-82%



Spermicides

Chemicals that kill or immobilize sperm present in the vagina after ejaculation. Spermicide is less effective than other barrier methods and much less effective than hormonal methods of contraception. It prevents pregnancy by immobilizing or killing sperm cells before they enter the uterus.

Availability: Over the counter, no prescription needed

Cause of Failures:

- Not enough spermicide applied
- Not applied 15 minutes before intercourse
- Not reapplied before every act of intercourse
- Allergies to spermicides
- May cause condom breakage

STI Prevention: None

Barrier Birth Control

68-91%



Sponge

A small pillow shaped foam sponge that contains spermicide and acts as a barrier so that semen doesn't get into the uterus. Protection lasts up to 24 hours, no matter how many times the person has sex. It must be left in the vagina for at least 6 hours after sex before it's taken out and thrown away.

Availability: Over the counter, no prescription needed

Cause of Failures:

- Not using it as directed
- Inserting it incorrectly
- Removing it too early

STI Prevention: None

Note: It is most effective for those who have not given birth. Some people have allergies to spermicide or to the sponge itself. There is a small risk of Toxic Shock Syndrome if the sponge is worn for longer than 24 hours.

Barrier Birth Control

Sexually Transmitted Infections (STI)

Chlamydia

Bacterial

Also know as:

The Silent Infection

How You Get It:

- Vaginal, anal or oral sex with someone who has chlamydia
- Passed to babies through the birth canal

Symptoms:

- Most people have no symptoms
- Show up 2-21 days after infection
- Discharge from the vagina
- Bleeding between periods
- Burning or pain during urination
- A need to urinate more often
- Pain during sex
- Watery white drip from the penis
- Swollen or tender testicles

Prevention: With condom use in most cases

Testing: Easily detected by a urine test or swab

Treatment:

- Treatable and curable with antibiotics
- Avoid sexual contact until treatment is complete (about 1 week)
- Encourage your partner to go with you for testing and treatment. When that is not possible, Expedited Partner Therapy (EPT) is available. EPT allows the person testing positive to get prescriptions for treatment for their sexual partner(s) without that person being tested.

Untreated:

- Will continue to spread it to sex partners
- Increased risk for other sexually transmitted infections
- Pelvic inflammatory disease
- Reproductive organs can be permanently damaged
- Infertility (no longer able to have children)

Gonorrhea

Bacterial

Also know as:

The Clap, Drip, Dose, Strain, Gleet or The Whites

How You Get It:

- Vaginal, anal or oral sex with someone who has gonorrhea
- Passed to babies in the womb or through the birth canal

Symptoms:

- Most women and some men have no symptoms
- Show up 2-21 days after infection
- Thick yellow or gray discharge from the vagina
- Abnormal periods
- Burning or pain during urination or bowel movements
- A need to urinate more often
- Pain during sex
- Thick yellow or greenish drip from the penis
- Swollen or tender testicles

Prevention: With condom use in most cases

Testing: Easily detected by a urine test or swab

Treatment:

- Treatable and curable with antibiotics
- Avoid sexual contact until treatment is complete (about 1 week)
- Encourage your partner to go with you for testing and treatment. When that is not possible, Expedited Partner Therapy (EPT) is available. EPT allows the person testing positive to get prescriptions for treatment for their sexual partner(s) without that person being tested.

Untreated:

- Will continue to spread it to sex partners
- Increased risk for other sexually transmitted infections
- Pelvic inflammatory disease
- Reproductive organs can be permanently damaged
- Infertility (no longer able to have children)
- Heart trouble
- Skin disease
- Arthritis
- Blindness

Hepatitis B

Viral

How You Get It:

- Vaginal, anal, oral sex with someone who has hepatitis B
- Sharing needles
- Contact with infectious blood
- Can still pass it on to others when symptoms go away
- Passed to babies through the birth canal

Symptoms:

- Many people have no symptoms or very mild symptoms
- Show up at any time from weeks to years after infection
- Flu-like symptoms
- Nausea or vomiting
- Diarrhea
- Dark-colored urine
- Pale stool
- Yellow skin and eyes (jaundice)

Prevention:

- With condom use in most sexually transmitted cases
- By using a clean needle every time with intravenous drugs
- With an effective vaccine required by most schools

Testing: Detected through a blood test

Treatment:

- It can be treated and sometimes cured
- In most cases will go away on its own
- Some people cannot be cured but there is medication to treat

Untreated:

- Will continue to spread it to sex partners and through sharing needles
- Some people may not recover completely
- Can cause permanent liver damage or liver cancer
- Reproductive organs can be permanently damaged

Herpes Simplex Viruses (HSV)

Viral

Note:

Two Types - HSV-1 causes most oral infections and some genital infections and HSV-2 causes most genital infections

How You Get It:

- Vaginal, anal, oral sex and genital touching with someone who has herpes
- Can still pass it on to others when symptoms go away
- Passed to babies through the birth canal
- Can be spread by skin-to-skin contact if condom does not cover the herpes sore(s)

Symptoms:

- Show up within 1-30 days after infection
- Numerous painful lesions (sores) on the penis, vagina, anus, buttocks, thighs, mouth or finger that last 4-21 days
- Headache
- Fever
- Muscle aches
- Swollen lymph nodes
- Difficult urination
- Symptoms may or may not come back but you will still have herpes

Note: Most people with herpes can tell when they are going to have an outbreak because of a tingling sensation in the infected area.

Prevention: With condom use in most cases

Testing:

- Detected by swabbing the sores (when sores are present)
- A blood test may be done, but since most people have come into contact with the herpes virus at some point in their lives it may not be definitive

Treatment:

- Herpes can be treated, but not cured
- Anti-viral medication can lessen the duration, severity and frequency of outbreaks

Note: People can live long and fulfilling lives with herpes.

Untreated:

- Can spread the virus at any time, even when symptoms are not present or while taking antiviral medication
- Most herpes sores will clear up on their own but can get worse and spread throughout the infected area
- Increased risk for other sexually transmitted infections

Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS)

Viral

How You Get It:

- Vaginal, anal or oral sex with someone who has HIV
- Sharing needles
- Contact with infectious blood
- Passed to babies in the womb or through breast milk

Symptoms:

- Can be present for several years after infected with HIV which is the virus that causes AIDS, without symptoms
- Extreme fatigue (tiredness)
- Rapid weight loss
- Frequent fevers
- Night sweats
- Frequent yeast infections
- Red, brown or purplish blotches under the skin or inside the mouth, nose or eyelids

Prevention:

- With condom use in most cases
- Preventable by using a clean needle every time with intravenous drugs
- Prevent the spread of HIV through regular testing

Testing:

- A rapid swab or blood test (results in 20 minutes)
- Swab tests can give results in as little as 20 minutes
- Positive swab tests are followed up by a second test to confirm HIV infection

Treatment:

- HIV can be treated, but not cured
- Anti-viral medication can decrease the amount of the virus in the blood stream

Note: Everyone has access to the same medications and people can live long and fulfilling lives with HIV.

Untreated:

- Will continue to spread it to sex partners
- Without proper and consistent medication, people with HIV have a more difficult time fighting off common infections
- HIV can/will eventually develop into AIDS
- AIDS is diagnosed when the person with HIV's T-cells (type of white blood cells) drop below a certain amount
- While people do not die from AIDS, they have an increased risk of serious complications and death from common infections like the common cold or flu

Human Papillomavirus (HPV)/Genital Warts

Viral

How You Get It:

- Vaginal, anal or oral sex and genital touching with someone who has HPV
- HPV can be spread even when symptoms or warts are not present
- Possibly passed to babies through the birth canal
- Can be spread by skin-to-skin contact if condom does not cover the warts

Note: There are over 100 types of HPV and more than 40 of those affect the genital area

Symptoms:

- Many people have no symptoms
- Show up at any time from weeks to years after infection
- There are over 100 types of HPV and more than 40 of those affect the genital area

Low-risk HPV:

- Genital warts which are small bumpy warts on penis, vagina, urethra and anus
- Itching
- Burning
- Bleeding
- Pain
- May go away on their own or get worse and may come back

High-risk HPV:

- Cause cancer of the penis, vulva, cervix, anus, throat, etc.
- Most will go away on its own
- Those who have repeated exposure are at a higher risk

Prevention:

- With condom use in most case
- HPV can also be prevented with the HPV vaccine
- Works by preventing the most common types of HPV that cause cervical cancer and genital warts
- Given as a 3-dose vaccine
- Vaccine is licensed and safe for 9- to 26-year-olds

Testing:

- Detected with a visual pelvic exam of the warts
- High risk or cancer causing HPV is tested through a regular PAP smear
- They have not found a way to test for HPV in the penis, throat or anus

Treatment:

- Letting them go away on their own or burning them off
- High risk or cancer causing HPV treatments vary

Untreated:

- Will continue to spread it to sex partners
- Most warts will clear up on their own
- Can get worse and spread throughout the infected area
- If high risk HPV is not found and treated it can cause cancer

Pubic Lice

Parasite

Also know as: Crabs

How You Get It:

- Vaginal, anal, oral sex and genital touching with someone who has pubic lice
- Skin-to-skin contact
- Contact with infected clothing or sheets

Symptoms:

- Show up at time of infection
- Itching in the infected area
- Visually see the crabs

Prevention: By abstaining from sexual contact and close contact with an infected person

Testing:

- Detected by a visual pelvic exam, however if a person believes they have pubic lice, they should call their doctor and will be instructed how to treat the infection at home

Treatment:

- Pubic lice can be treated and cured
- Lice-killing products available over-the-counter without a prescription
- Use finger nails or combs to remove any eggs still attached at the hair shaft
- Shaving the pubic area will not get rid of pubic lice
- Wash all clothing, towels and bedding that the infected person used up to three days before diagnosis in very hot water (130 degrees) and on the hot dryer setting
- Items that cannot be laundered can be dry cleaned or sealed in a plastic bag for two weeks
- Avoid sexual contact until treatment is complete and no live lice are found
- Repeat treatment if live lice are found

Untreated:

- Will continue to spread it to sex partners
- If the infected person itches profusely, scabs and scratches may occur
- The break in the skin from the scratches can cause a secondary bacterial infection

Scabies

Parasite

Also know as: Also know as: Mites or Seven-year itch

How You Get It:

- Vaginal, anal or oral sex and genital touching with someone who has scabies
- Prolonged skin-to-skin contact
- Scabies can spread rapidly under close conditions

Symptoms:

- Show up 2-6 weeks after infection
- Intense itching
- Pimple-like rash
- A person can spread scabies before symptoms are present

Prevention: By abstaining from sexual contact and close contact with an infected person

Testing

- Diagnosed with a visual exam of the rash and existence of burrows
- The scabies mite burrows into the top layer of the skin where it lives and lays eggs
- It may be confirmed by identifying the mite

Treatment:

- Shaving the pubic area will not get rid of scabies mites and they may burrow further into the skin
- Scabicides that are only available through a doctor's prescription
- Wash all clothing, towels and bedding that the infected person used up to three days before diagnosis in very hot water (130 degrees) and on the hot dryer setting
- Items that cannot be laundered can be dry cleaned or sealed in a plastic bag for two weeks
- Avoid sexual contact until treatment is complete

Untreated:

- Will continue to spread it to sex partners
- If the infected person itches profusely, scabs and scratches may occur
- The break in the skin from the scratches can cause a secondary bacterial infection

Syphilis

Bacterial

Also know as: Bad Blood, Pox or a Zipper Cut

How You Get It:

- Vaginal, anal or oral sex with someone who has syphilis
- Passed to babies through the birth canal
- Genital touching
- Spread by skin-to-skin contact if condom does not cover the syphilis sore

Symptoms:

Stage 1:

- Show up 1-12 weeks after having sex
- Perfectly round painless sore or sores dipped into the skin on mouth or sex organs
- Sore goes away on its own without treatment after about two weeks but the person is still infected

Stage 2:

- As the sore heals or after, a person can get a rash anywhere on the body but most frequently on palms of hands and bottoms of feet
- Flu-like symptoms
- Headache
- Hair loss
- Muscle ache

Symptoms may go away on their own without treatment but you will still have syphilis

Prevention: With condom use in most cases

Testing: Easily detected by a blood test

Treatment:

- Easily cured with antibiotics regardless of what stage it is diagnosed in
- Avoid sexual contact until treatment is complete

Untreated:

Stage 3 (late stage syphilis):

- Paralysis
- Insanity
- Blindness
- Damage to knee joints
- Personality changes
- Impotency
- Aneurysm
- Tumor on skin or internal organs
- Can be cured in late stage
- Damage to the body may be permanent
- If a pregnant person gets syphilis and does not get treated, the baby will be born with stage 2

Trichomoniasis

Parasite

Also know as: Trich

How You Get It:

- Vaginal, anal, oral sex and genital touching with someone who has trich
- Skin-to-skin contact

Symptoms:

- Many people have no symptoms
- Show up 3-14 days after infection
- Itching
- Burning
- Irritation in the vagina
- Yellow greenish or gray discharge from the vagina
- Watery white drip from the penis
- Burning or pain when urinating
- Need to urinate more often

Prevention: with condoms and abstaining from skin-to-skin contact

Testing: Diagnosed through an exam and laboratory testing

Treatment:

- Easily treated and cured with antibiotics
- Avoid sexual contact until treatment is complete (about one week)
- Encourage your partner to go with you for testing and treatment. When that is not possible, Expedited Partner Therapy (EPT) is available. EPT allows the person testing positive to get prescriptions for treatment for their sexual partner(s) without that person being tested.

Untreated:

- Will continue to spread it to sex partners
- Increased risk for other sexually transmitted infections
- Infections of the prostate
- Babies born to mothers with trich can be born premature or with low birth weight

How You Get It:

- Vaginal sex with someone who has a yeast infection
- An imbalance in the acidity of the vagina
- Increase in the naturally occurring Candida organism

Symptoms:

- Genital itching, burning
- Itchy rash on the penis
- Cottage cheese-like vaginal discharge

Note: Symptoms are similar to those of many other genital infections, so it is important to see your doctor if you have any of the symptoms

Prevention:

- With condom use in most sexually transmitted cases
- Wearing cotton underwear
- Oral or intravaginal probiotics

Testing: Done by a physician if you're unsure if it is a yeast infection since the symptoms are similar to other infections

Treatment:

- Yeast infections can be easily treated by prescription or over-the-counter medication
- Over time a person's body can develop a resistance to medications that are used frequently
- Avoid sexual contact until treatment is complete (about 7-10 days)

Untreated:

- Symptoms may persist
- Pass it along to sex partners

How to Discuss

Talking to a young person about sexually transmitted infections (STIs) can be uncomfortable. By about 10 – 13 years old most young people understand what sex is and are ready to learn about STIs. Talking to them before they are sexually active is a key step in helping them understand the risks and take proper precautions to help themselves. Young people who are uncomfortable talking to their caregivers about sex and sexuality may be reluctant to ask for help when unusual symptoms of an STI appear, and they're less likely to get tested or seek treatment, but young people between the ages of 15 – 24 are the most frequently infected with an STI.

Tips to get the conversation started:

- Look for opportunities to start talking about these things in everyday life. Songs, commercials, movies, and tv shows present topics that can be used to start the conversation.
- Be open to their opinions, perspectives, and questions
- Focus on one topic at a time and have multiple conversations
- Offer to answer their questions, and look up the answers if you don't know
- Talk with them, not at them. Give them facts and ask for their perspective with open ended questions.
- Base the conversation on their age and behavior, but don't assume that them not bringing the topic up means that they don't want to talk about it, or that it is not affecting them.

APPENDIX D

Milwaukee Sexual Health & Violence Prevention Resources

Crisis Help Lines

Bureau of Milwaukee Child Welfare	414.220.7233
Emergency Contraception Hotline	866.EC.FIRST (323.4778)
Gay and Lesbian National Hotline	888.THE.GLNH (843.4564)
HOPELINE Crisis Text Line	Text “Hopeline” to 741741
Milwaukee Women’s Center Crisis Line	414.671.6140
National Domestic Violence Hotline (has bilingual advocates that can access a language line for over 240 languages)	800.799.7233
Parent Helpline	414.671.0566
Psychiatric and Suicide Prevention Hotline National Hotline	414.257.7621 800.273.TALK (8255)
SafePath Sexual Abuse Hotline	414.271.9523
Sexual Assault Treatment Center	414.219.5555
Sojourner Domestic Violence Hotline	414.933.2722
UMOS Latina Resource Center Domestic Violence & Sexual Assault Hotline (bilingual)	414.389.6510
For non-emergencies or for general information and referrals, call 2-1-1	

Youth Friendly Resources & Prevention Services

Boys & Girls Clubs of Greater Milwaukee	414.267.8100/boysgirlsclubs.org
COA Youth & Family Centers	414.263.8383/coa-yfc.org
Diverse & Resilient	414.390.0444/diverseandresilient.org
IndependenceFirst	414.291.7520/independencefirst.org
Midtown Pediatrics Clinic	414.277.8900/chw.org
Milwaukee Center for Children and Youth	414.248.3996/mccy.org
Milwaukee LGBT Community Center – Project Q	414.410.9487/mkelgbt.org
Neu Life Community Development	414.933.3924/neu-life.org
New Concept Self Development Center	414.344.5788/ncsdc-inc.org
The Parenting Network	414.671.5575/theparentingnetwork.org
Pathfinders	414.964.2565/pathfindersmke.org
PEARLS for Teen Girls	414.265.7555/pearlsforteengirls.com
Planned Parenthood	plannedparenthood.org
UMOS Latina Resource Center	414.389.6500/umos.org
Walker’s Point Youth & Family Center	414.647.8200/walkerspoint.org
For a complete and up to date list of resources, please visit BabyCanWait.com	

NOTES

- ¹ Growth and Development-What Parents Need to Know. Used with permission from Advocates for Youth, Washington, DC. www.advocatesforyouth.org Retrieved from <http://www.advocatesforyouth.org/parents/152?task=view>
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For additional resources visit
BabyCanWait.com



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