

Excerpt from **The New Speaking of Sex** by Meg Hickling, RN

Part 1: What Your Children Need to Know and When They Need to Know It Chapter 1: Let's Talk

Several years ago, in a fifth grade classroom, I was teaching sexual health to a group of 10- and 11-year-olds. When I began to explain that the penis goes into the vagina for the sperm to be delivered to the ovum, the boys began to squirm and talk excitedly to each other.

“Oh yeah, I saw it in a movie, it is so gross! You have to take off all your clothes and lie on top of the girl and hold her really tight.” “Imagine having to do that to a dumb girl!” Finally, they turned back to me and said, “If only guys had ‘stretchable things,’ then you wouldn’t have to touch her, you could just spray her like a firefighter, to get the baby started!”

That’s when I began to think about sexual health education as a “stretchable thing.” Many parents had no information given to them by their parents, their churches, or their schools, when they were growing up, and they need to stretch their own knowledge and maturity levels to provide it for their children. And the information itself needs to be stretchable, simple to begin, a little and basic in the preschool years, but stretchable as they grow, or when they ask questions, or are exploited.

I rarely meet parents who don’t want to talk, but I often meet parents who don’t know how to talk about sexual health. I hope this book will help you to get started and to continue talking and learning.

Naming the Parts – the First Step in Communication

All parents give messages about sexual health from the time their child is born, whether they talk to their child or not. Non-verbal messages through touching, day-to-day child care, facial expressions and actions, all speak volumes to a baby and toddler about sexual health. It would be helpful if parents could name the genital parts as matter-of-factly as they name elbows. Think for a moment about how we teach babies to talk: “This is your nose; this is your chin; this is your bellybutton...” And then we make a giant leap to the knees!

Or we use baby talk such as “pee-pee,” or cutesy names that have been handed down in dad’s family for generations and only the Hendersons know what the word means.

We all need to learn vocabulary and to practice using it. When I first began teaching young children, I would say, “Now, I’m going to teach you the polite words for your genital parts; penis is the polite name...” They would all look at me in a puzzled way and say, “Boy, my family must be really rude because we call it a ‘dinky’ at my house.” Or, “My granny must be rude because she calls it a ‘ding-dong.’”

I’ve changed. I now call them scientific words; penis is the scientific name... That lets Granny off the hook; she didn’t have these science lessons when she was growing up and she’s never had a chance to learn the scientific words.

If you didn’t grow up with these names, you need to practice. Say penis 50 times while you are vacuuming and hope your neighbor doesn’t call in for coffee while you’re doing it!

Begin the day your baby is born by naming the parts. “Now let’s wash your penis, or your vulva.” Then by the time your child is old enough to ask, “Why do boys have a penis and girls have a vulva?” you’ll feel comfortable.

As the child is able to understand more, you can begin to give him or her more complex information, such as, “The penis is designed to deliver sperm to the ovum to make a baby. It can deliver urine to the toilet too, but you don’t have to have a penis to urinate.”

Questions and Answers:

There are two pieces of old-fashioned and dangerous advice which parents would be well-advised to forget as we move into the 21st century. The first is not to tell a child anything until they ask. “If they’re not asking, they’re not ready,” say the old folks. Unfortunately, some children will never ask. It doesn’t occur to them to be curious in that direction. They ask about rockets, dinosaurs, or Ninjas, but not about bodies and sexual health. For other children, silence on the part of the parents becomes a profound message to the child that this is a taboo subject. “My family does not talk about this, it must be bad, and I’ll be in big trouble if I mention ‘it,’ or ask about ‘it.’” Another possibility is that someone else has told them a story – true or untrue – and the child has simply accepted it.

I often meet parents who say, “I want to be the one, or the first one, to tell my child the facts of life.” Well, if you want to be the first, you need not wait for questions – wake them up, tell them, and don’t forget to add your moral values and any religious beliefs you have. Children need guidelines and they appreciate reasonable limits. The second piece of dangerous, old advice is, “Only tell the child what you think they need to know at this time.” Parents always underestimate what their child “needs” to know. My attempt to maintain a sense of humor includes advising parents to “talk until your child’s eyes glaze over.”

You cannot tell a child too much; they only take in what they need to know for that moment. This is maddening for some parents. Again they sweat blood. They answer questions fully, thinking, “Thank goodness that is done (for life)!” Two days later they find that the child didn’t get it all, or that the child misunderstood what they said and that they have to say it again and again. Keep the doors open, be prepared to talk anytime, and allow, even encourage, the child to come back to a topic over and over.

In an ideal world, one that was truly sexually mature, any adult could answer children’s questions with science and health information. But parents often say, “Well, I think that the dads should talk to the boys and the moms to the girls.” No way! The best scenario has both parents able to talk to either gender with comfort. There is no reason why dads can’t explain menstruation and moms can’t explain nocturnal emissions. Single parents especially have to work extra hard at educating themselves about both genders. It is not good enough to say, “I don’t know because I am not your gender.” Get the books, the videos, the school nurse, or someone else to help you, and share the information together with your child. It is perfectly appropriate to say to your child, “I don’t know, but let’s find out together.”

Grandparents Can Be Teachers Too

Grandparents often tell me that they’d love to talk to their grandchild (they want to do a better job than they did with the child’s parents!), and they appear in my parent meetings at elementary schools these days. They tell me that they are providing after-school care for their grandchildren when both parents are at work, or even full care in their own homes.

Who gets the child’s questions after school? Grandma or Grandpa often *feel* honored that they are hearing the questions, but like parents, they are hesitant about what or how much to say. Several have said that it is difficult to discuss the subject with the child’s parents, and yet the grandparent knows that the child will not always get an answer if they use the old, familiar line, “Ask your mother.”

I am always delighted to see grandparents who are so committed to their grandchildren’s health and safety. In fact, after listening to my presentation, they say, “I’ve learned so much tonight and I want to ask, where were you when I was growing up?” I encourage them to answer the questions, to educate themselves and those parents, to demonstrate enthusiasm and joy about healthy attitudes throughout the whole extended family. There are wonderful moments in classrooms when children say, “Yes, my grandma talked to me about body science,” or “My grandpa read a book about bodies with me.” I always want to do a dramatic “thumbs up” and shout, “Yeah, for grandparents!”

Just for fun, here is a book that I recommend for older folks in their personal lives: *Sex May Be Wasted On The Young*, by Lee and Michael Stones (Captus Press, 1996).

Accept the Questions Graciously

Whether you're a parent or a grandparent, try to remember that when children do ask questions, no matter how hard the question or how shocking, never be mad! Parents' anger is what children fear most. If you can't think of an answer straight away, tell the child: "I need time to think about this, I promise we will talk about it after supper," or whenever. Please don't cross your fingers and hope that they won't ask again. If the child doesn't ask, bring it up and explain your unease if necessary. "My parents never talked to me, but I'm really proud that you asked me and I'm going to do my best to answer your question." Bedtime is a great time to talk to young ones because they'll do anything to stop you from leaving and turning out the light. This is a good time to get a book and to start reading to them or to answer questions they may have asked earlier that day on a crowded bus or at Christmas dinner!

One dad told me that his seven-year-old son asked, "What's a blow job?" at the Christmas dinner. This dad responded, "We'll talk about that at bedtime, son." I congratulated him on his wisdom, but he said, "Yeah right, Meg. My biggest problem was all my relatives begging to stay for bedtime too."

You may wish to talk to your child about good manners and/or privacy when giving them detailed information. It is perfectly all right to say, "I am really proud of you for asking this question and I know that you are grown-up enough to have a scientific answer. But perhaps it would not be a good idea to go to school tomorrow and tell everyone what we've talked about. Some parents like to tell their children themselves and their children haven't asked them yet." Or, "Talking about bodies or sexual health embarrasses Granny – she didn't have this science when she was growing up. So is it okay if we don't talk about this on Sunday when Granny comes to dinner?"

Always praise your child for his or her maturity and set out your expectations for good manners. At the same time, don't expect them to always get it right. All of us love to have news to relay, gossip to pass on, and startling new discoveries to share. This kind of thing is the spice of human interaction, for children as well as for adults. Learning about vulvas should be fun as well as fascinating and they may pass on the good news to the cashier in a crowded supermarket. Ignore the smirks, the looks of horror, and the bashful red faces of the others in the grocery line. Be proud that your child is well-educated and protected. If and when we finally drag our whole society into sexual maturity, no one will be upset or think anything of a child's natural curiosity and willingness to share.

Some parents hesitate to tell their children the facts of life in a straightforward, truthful manner for fear that the child will tell the neighbors. My reply to that is, "If the neighbors are hearing the facts of life from a four-year-old for the first time, all you can do is feel sorry that no one has told them the truth before this!" Why would parents want to protect their neighbors and not their child? The only question a parent should ask is, "Did my child tell it correctly?"

Why Your Child Needs To Know This

Some people will say, "I don't think that children need to know about sexuality at this age; I want them to be innocent; I want them to enjoy their childhood."

I like to respond to this concern by pointing out three things.

First, I hear shame in those statements, a reflection of the adult's own childhood where sexuality information was considered to be secret, dirty, for adults only, and smutty. Many of us carry that teaching with us. But think about it like a scientist. There is nothing shameful about the way we make babies and even less shame in learning about our bodies. We adults need to force ourselves, force our communities, to grow up. We must become more sexually mature to help our children. Granted, it is very difficult to become more mature than our parents were, but our children are depending on us. Second, knowledge is protection. I don't enjoy visiting prisons, but I do it whenever I am invited because these men can teach me so much about how they exploit, seduce, trick, and trap children into exploitative situations.

Offenders become very skillful at choosing vulnerable children. (Most of them were abused themselves, so they know what to look for.) One thing offenders know is that children do not learn scientific vocabulary from watching Sesame

Street or any other educational show for children. If a child knows appropriate sexual vocabulary, the offender knows that some enlightened adult, usually the parent, has taught them. The offender also knows that in the very teaching, the adult has said, “This is an acceptable topic for us to talk about. You are allowed, even encouraged, to know about your body.” Because these children know that it’s okay to discuss sex with their mom and dad, they are far more likely to tell their parents if someone tries to take advantage of them.

This is why sexually intrusive people will almost always choose a victim who knows nothing and hence, will not tell either. The silence on the part of the parent has become a powerful message not to talk about it.

So please, don’t set your child up to be vulnerable. An innocent or uneducated child is unsafe and poorly protected.

(I do, by the way, have some sympathy for the abuser. This is not to excuse the abuse, but sometimes the stories of their own childhood abuse are enough to make you weep. And abusers often say, “If only I had had the education that you provide, Meg, when I was a kid, I might not be sitting in jail now with this trail of destruction behind me.”)

Third, when we teach children about conception and how it happens through sexual intercourse, we are not teaching them to have sex. Nor are we saying that it would be appropriate for them to have sex. Intercourse is an adult activity. As I’ve said, many children are very glad to hear that and will say, “I am never doing that.”

What we are teaching children is “body science.” They may never have sexual intercourse, but they will always have bodies to care for, and sexual health is no different than nutritional health.

Disabled Children

Parents of children with disabilities need to be especially proactive about providing sexual health education to their children, even in the preschool and primary years. Disabled children have the same right to be informed and they have an even greater need for the protection that this information provides. Research indicates that disabled children suffer up to five times more abuse than other children and youth.

Children with physical or intellectual challenges are often at greater risk of abuse or sexual exploitation as teens or young adults because they are more isolated in the community, and because they are often taught to be passive and obedient, and to trust all caregivers.

They may lack the boundaries, communication skills, and social skills which could help to keep them safe.

Although we often think of disabled children as asexual, this simply isn’t true. They are sexual beings, just like everybody else. Disabled children usually go through puberty at exactly the same time as other children do and they have similar worries and concerns about body changes.

The challenge for parents and caregivers is that the health and safety concepts about sexual health need to be given again and again, with patience, humor, and compassion. Fortunately, there are wonderful resources available to help parents teach disabled children. Don’t hesitate to call your local health facility for help. You may also encourage your local parent association to be actively involved in making resources available.

And remember, there’s lots of fun to be had teaching children with disabilities – as this story illustrates so well: In a class of physically and mentally disabled teens, several boys told me that a famous porn star had died the day before. As I began to talk about AIDS in the pornography industry, one of the girls said, “Oh, I saw him in a magazine. He had a very long penis.” Another girl, who had been silent all morning,

suddenly spoke and said, “He probably tripped over it and killed himself.” It brought the house down, as they say.

What Your Children Need to Know and When They Need to Know It

Of course, children don’t mature all at once and so their education doesn’t have to happen all at once.

Researchers have studied the sexual development of children from around the world, from many different countries, from all sorts of families, ethnic groups, economic and educational levels. Their findings are fascinating, but most parents have neither the time nor the inclination to read their massive volumes.

When I began teaching in the mid-1970s, I read their work and revised their theories of stage development to mimic the stages of education that children go through in the public schools.

After 20 years of honing my own observations and experience with children of all ages, their parents, and the professionals who work with children in medicine, education, theology and social sciences, I see the “stages” more as pads in a lily pond. We all spend time on the various pads at different points, depending on the situation, our own education, experience, and maturity.

Imagine a lily pond with “nirvana,” the sexually mature adult island, in the middle. The ideal situation would be to spend as much time there as possible. Near the shore, there are the preschoolers’ pads. Out a bit, but not far, are the primary pads. In the middle are the intermediate pads. And closer to the sexually mature island are the adolescent pads.

Each pad has wonderful flowers that we can pick and take with us, but there are also thorns that can get stuck in us and cause discomfort, pain, and even life-threatening illnesses.

Sometimes, through lack of education or positive life experience, people get stuck on one pad for a long time, or forever. Some people continually hop back and forth, never coming close to or reaching nirvana. And some are kept, by forces beyond themselves, on one or two pads.

In the next four chapters, I will be writing about the stages of sexual development that children and teens go through in most countries today. But in countries such as Sweden, Holland, and Protestant Germany, where sexual health education has been mandatory in the schools for several generations, children do not go through the magical thinking of the preschoolers, the bathroom humor of the primaries, or the “gross-me-outs” of the intermediates with anything like the intensity that children from other countries do.

Today, parents in Sweden, for instance, were brought up by parents who were well-educated and sexually mature themselves, who talked openly and factually about sexuality and sexual health, and who carried little of the emotional baggage and repression that others have around the issues of sexual health. The statistical evidence of health is there to see: lower rates of sexual abuse, sexual exploitation, abortion, suicide, teenage pregnancy, and STDs (sexually transmitted diseases). Perhaps, one day, we will learn by their example, and progress to new and brighter islands of sexual maturity.

A “Triple-whammy”

It seems to me that parents today have a “triple-whammy.” Most want to talk to their children more honestly than their parents did. (So do many grandparents!) So the first task is to educate ourselves with all the new information. The second task is to be more comfortable and to pass it on to our children. And the third task is to recognize that you are educating others in the family and community as well.

Here’s a funny story which is also a great example of how everyone in the family and community could benefit from further education.

One mother of a preschool age daughter said that she had heard that you should tell children that boys have a penis and girls have a vulva.

So she taught her daughter that she had a vulva. Like all three-year-olds, the daughter was keen to share the news.

Not long after, grandmother arrived from Montreal for Christmas. An hour after Granny’s arrival, the little girl asked, “Granny, do you have a vulva?”

“No, dear,” said Granny, “I have a Toyota.”