



Session 1-E

Sexual Health, Childhood Development, and LGBTQIA+

H.A.N.A.I. Pre-Service Training

(Hawai'i Assures Nurturing and Involvement)

For children in out of home placement (foster care) under the legal jurisdiction of the
Hawai'i Department of Human Services
Child Welfare Services

Written in consultation with Planned Parenthood Great Northwest, Hawai'i, Alaska, Indiana, Kentucky

Training Agenda

1. Welcome Back & Hopes and Fears	10 Minutes
2. Video: It's Time to Talk	3 Minutes
3. Developmental Timeline	15 Minutes
4. I Believe and 'Ohana Protocol	15 Minutes
5. Adolescent Brain Development Review & Discussion	10 Minutes
6. Being an Approachable Caregiver	10 Minutes
7. Video: LGBTQ+ Panelist & Discussion	35 Minutes
8. Matching Terms	20 Minutes
9. Video: A Place in the Middle	10 Minutes
10. Pronoun Practice	15 Minutes
11. Reflection Questions	10 Minutes
12. Questions	5 Minutes

Competencies and Objectives

- Resource Caregivers will explore their values around sexuality.
- Resource Caregivers will understand typical stages of sexual development starting at birth.
- Resource Caregivers will be able to use different strategies on how to answer difficult questions.
- Resource Caregivers will learn about resources that are available to them.
- Resource Caregivers will become more familiar with SOGIE/LGBTQIA terms.
- Resource Caregivers will learn about the importance of why pronoun matters.
- Resource Caregivers will learn ways to support LGBTQIA youth thriving in foster care.

Beliefs and Values

Supporting youth in care through their development and prioritizing their health, including sexual health, can contribute to a youth's success in care. By identifying our own values and beliefs about sexual health, sexuality, and gender identity, caregivers can reflect on the messages they want to share with youth and how to share those messages with youth in their care. As we continue throughout this training, please remember to respect and recognize each other's values, opinions, experiences, and identities.

Activity:

When I think about teaching children and youth in my care about sexuality, my biggest hope is...

When I think about teaching children and youth in my care about sexuality, my biggest fear is...

Resource caregivers have an additional perspective that is valuable and can provide the youth in our care with another range of perspectives that emphasize the universal values of dignity, respect, safety, and belonging. For our children to understand our values, we need to be able to feel more comfortable sharing openly with them.


Video: It's Time to Talk (02:41)

DEVELOPMENTAL TIMELINE




Resource caregivers must remember that development is an on-going timeline. It is important to provide support and resources along the youth’s journey. We should not assume that youth in care are aware or educated on sexual development and health.


Sexuality, like personality, is a central and lifelong aspect of being human that encompasses gender, sexual orientation, intimacy, pleasure, sexual behavior and reproduction.

	<p style="text-align: center;">Infant (0-1yr.)</p> <p>General Characteristics:</p> <ul style="list-style-type: none"> • Exploring and curious about what’s around them with mouth and hands • Expressive, Cries, coos • Experiences physical milestones such as moving arms, legs, lifting head, reaching/holding objects, rolling, crawling, climbing, exploring food and feeding self, soothes self, eye-hand coordination, grasping objects • Attachment forming with primary caregiver and family • Separation anxiety <p>Sexual Behavior/Development:</p> <ul style="list-style-type: none"> • May find and explore own genitals • May like being naked, may experience erection or vaginal lubrication <p>Tips for caregivers</p>
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SESSION 1-E

	<ul style="list-style-type: none">• Praising milestones• On-going positive socialization• Assist with developing physical milestones• Positive with diaper changing• Naming all body parts including genitals
	<p style="text-align: center;">Toddler (1-3yrs.)</p> <p>General Characteristics:</p> <ul style="list-style-type: none">• Ongoing curiosity and develops interest, realizing objects exist even if out of site, problem solving, identifying letters/numbers• Expressive, Cries, starts talking, learns about “no”, difficult sharing, being more independent, self-play Trusting others• Separation anxiety• Achieves more physical mobility and urges to climb, crawl, walk on their own, feeds self, toilet training, <p>Sexual Behavior/Development:</p> <ul style="list-style-type: none">• Exploring own genitals for pleasure, may experience erection or vaginal lubrication, curiosity of own bodies and bodies of others (play doctor), imitate others, ask where babies come from, beginning to develop gender identification <p>Tips for caregivers</p> <ul style="list-style-type: none">• Continued praise of milestones• On-going positive socialization• Naming body parts for body and function• Public vs. Private (clothing, behavior, discussion on sexuality)• Good touch, bad touch

SESSION 1-E

 The image shows five black silhouettes of children in various stages of early development, arranged from left to right. From left to right: a child crawling on all fours, a child standing with arms raised, a child standing upright, a child walking with a slightly wobbly gait, and a child running with a more confident stride. Each silhouette has a faint reflection underneath it.	<p style="text-align: center;">Preschool (3-5 yrs.)</p> <p>General Characteristics:</p> <ul style="list-style-type: none">• Ongoing development of problem-solving skills, identifying & writing letters and words, understands cause and effect, shows increased attention span, able to name family and friends, engages in conversations, learning concepts/comparison• More verbal, has friends• High energy, walk/run, jump, balances on one foot, builds things, developing fine muscle control <p>Sexual Behavior/Development:</p> <ul style="list-style-type: none">• Gender specific attitudes begin to develop• Exploring own genitals for pleasure, may experience erection or vaginal lubrication, curiosity of own bodies and bodies of others (play doctor), imitate others, ask where more specifically about identification, identifies with same sex caregiver <p>Tips for caregivers</p> <ul style="list-style-type: none">• Introduce and teach on differences between gender, hygiene, where babies come from (keep it simple)• On-going positive socialization• Ongoing discussions on body parts and function• Ongoing discussion on public vs. private• Continue conversations on good touch, bad touch (saying no)• Choices
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SESSION 1-E

School-age children (5-9 years)



General Characteristics:

- Learning concepts, comparisons, interest in purpose of things and asks “why”, understands concepts of numbers, reasoning
- Sees self as part of family, refining and developing personality, enjoys playing with both self and others, group identity, independence but childish at times,
- Refining coordination and skills (holding pencil, catching/throwing, holding scissors, using utensils, brushing teeth)



Sexual Behaviors/Development:

- Strengthens identification with same sex caregiver, may prefer socializing with same gender, learns about social norms of gender behaviors.
- Develops stronger sense of self in terms of gender and body image
- Body exploration with same sex, sexually oriented dreams and fantasies may begin

Tips for caregivers

- Talking about gender differences and similarities
- Read books on sexuality
- Social media and television messages
- Normalizing sexual fantasies and dreams.
- Talk about puberty changes
- Discuss inclusive language (recognition of sexual orientation/gender identity)

SESSION 1-E

	<p style="text-align: center;">School-age children (9-12 years)</p> <p>General Characteristics:</p> <ul style="list-style-type: none">• Enjoys working on projects or task, likes to use language creatively, makes up stories, joking• Peers play a larger role, judges on success in abilities, increased independence, privacy, feels out of control.• Coordination and strength (sports, activities), developing body proportions. <p>Sexual Behaviors/Development:</p> <ul style="list-style-type: none">• May start liking/dating, strong attraction and feelings develop, self-conscious, anxious about puberty. <p>Tips for caregivers</p> <ul style="list-style-type: none">• Teach and explain about puberty (menstruation, emotions, masturbation, wet dreams)• Talk about development changes at different times for everyone• Discuss physical changes, appropriateness of sexual intercourse• Be open to discussions about pregnancy, contraceptives, condoms.• Provide messages of self-love, healthy relationships (peer and romantic)
	<p style="text-align: center;">School-age children (12-18 years)</p> <p>General Characteristics:</p> <ul style="list-style-type: none">• Increase or increased interest in school, able to reason, perceiving differences between things.• Influenced by peers, independent (interest in making money), independent, private, finds emotional support outside family, strives for individuality (dress style, hair style, piercing, tattoos).

SESSION 1-E

	<ul style="list-style-type: none">• Continued coordination and strength (sports, activities), developing body proportions. <p>Sexual Behaviors/Development:</p> <ul style="list-style-type: none">• Experiencing growth spurt, puberty, sexual feelings, dating, ongoing physical changes, mood swings, may want or be engaging in sexual activity, recognizes healthy and unhealthy relationships, self-conscious about body changes. <p>Tips for caregivers</p> <ul style="list-style-type: none">• Provide resources for them to learn about sexuality.• Learn and discuss topics being shared at school or between peers.• Discuss responsibility in sexual choices and behavior• Discuss potential risk of sexual relationships (pregnancy, STI, HIV, AIDS).• Discuss family values regarding sexual activity and relationships• Teach ways of expressing intimacy and love• Discuss how to determine decision on having sexual intercourse (trust, love, age, mutual consent, health, contraception, condoms, etc.)• Discuss family values and personal expectations
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SESSION 1-E

Discussion Questions:

What did you learn?

If someone started puberty early and looked older than their biological age, what could be the impact on their life?

Are there ages in our cultures where people are discouraged from talking about sex? How so? What do you think about this?

SESSION 1-E

ACTIVITY: I Believe...

Circle the letter(s) you feel align with your present beliefs the most. If no choice stands out, please write your own beliefs on the line "other".

1. Infant children should wear...
 - a. Clothing that is fitting for their assigned gender (pink for girls, blue for boys)
 - b. Clothing in primary colors
 - c. All colors, including those worn by elder siblings and cousins
 - d. Just plain t-shirts and diapers and avoid the issue all together.
 - e. Other _____

 2. Your child is touching their genitals out in public and people notice. You...
 - a. Hit their hand
 - b. Whisper to them to stop
 - c. Ignore their behavior
 - d. Say, "I know that feels good, but please only do it in a private place."
 - e. Other _____

 3. You are hosting a sleepover at your home for your grandchildren and friends. You notice your tweens playing an online game. The female character in the game is making a sexually suggestive comment to a group of male characters. You...
 - a. Do nothing.
 - b. You say, "This is not appropriate. You can't play this game anymore."
 - c. Wait for the video game to be done and say, "What do you notice happening?" and start a conversation. Discuss rules for safe gaming.
 - d. Inform the parents of the children and suggest they address it.
 - e. Other _____

 4. You are putting away clothes in your teen's room and notice a text on their cell, it says "I love Chris. With a big heart emoji and a questionable pic. You...
 - a. Ignore it. You probably weren't meant to see it anyway.
 - b. Ask as soon as you pick up, your child, "Who is Chris?"
 - c. Type in the code to your child's phone and look through their social media accounts
 - d. As you are doing dishes together say, "I saw your text about Chris today when I was putting away the laundry in your room. I'm wondering and would like to know more."
 - e. Other _____
-

SESSION 1-E

5. Your teen comes home upset, crying. "I can't go to the beach after school. I think I just got my period and my breasts feel sore. I hate being a girl." You...

- a. Assure them that this upset feeling can be due to hormones during menstruation. Show them where the menstrual products can be found and show them how to make a personal hygiene kit that can go in their paddling bag.
- b. Give them a pad and ibuprofen and tell them to relax and go to sleep.
- c. Ask what your teen already knows about how to take care of their body during menstruation. Congratulate her and remind her that her body is ready to reproduce!
- d. Ask an auntie, elder cousin, or grandma to check-in and help your teen out.
- e. Other _____

6. Your teen brings up the possibility of using hormonal birth control for acne and bad cramps and just in case she decides to take things to the next level with her boyfriend. You....

- a. Agree and discuss her decision making.
- b. Caution, if they are to be sexually active, her partner also needs to wear a condom to prevent STIs.
- c. Talk about abstinence and other ways to be intimate.
- d. Tell the couple your concerns and share your family's values about contraception and premarital sex.
- e. Other _____

7. Your child brings home an opt-out consent form that announces that age-appropriate, medically accurate puberty, and sex education will be provided in your tween's middle school, grade health class. You...

- a. Share that you are excited that sex ed is part of the school program. Encourage your child to ask you questions.
- b. Sign the form and ask for other arrangements for your child the day that sex ed is being offered.
- c. Sex education is the responsibility of the parents and family only.
- d. Offer resources from your place of worship about sex education and encourage them to talk to their youth pastor and help them decide for themselves if they want to be part of the sex-ed class or not. D. Ask the teacher for the materials, so that you can have a family discussion at home.
- e. Other _____

8. A nephew shares with you that he is afraid that he may have gotten his partner pregnant. They have confirmation from a home pregnancy test, and they both know that they are not ready to parent. You suggest:

- a. That he needs to "man-up" and marry his partner and help raise the baby.
- b. Offer options for pregnancy testing, prenatal care, termination, and/or adoption.
- c. Discussion with all parties and relevant family members involved.
- d. Other _____

HANDOUT: `Ohana Protocol

SESSION 1-E

Below are teachable moments on sexual health topics through the life course of human development from birth to adolescence that allows you and family members to communicate values about positive sexuality. Every family has its own set of values. It is your right and responsibility to share them. But who can and who will communicate these values?

Reflect for yourself and mark below:

- Who are the most trusted, and most appropriate askable adults that the youth can talk to (Please mark with a checkmark)?
- Who would be the appropriate decision-maker(s) on each issue? (Please also mark with a star.)

Age	Parent	Parent	Resource Caregiver			
Infants and Toddlers						
Allowing children to witness the birth of a sibling						
Infant circumcision						
Genital exploration during diapering or bath time						
Teaching body parts, including sexual and reproductive organs						
Good Touch/Bad touch Safe/Unsafe touch						
School-Age (4-7 years)						
Safe adults						
Sleep-overs						
Friendships/ Bullying						
Puberty						
Menstruation						

SESSION 1-E

Age	Parent	Parent	Resource Caregiver			
Wet dreams						
Gender Identity and expression (i.e., toys, clothing, play)						
Sexual orientation						
School-Age (8-12 years)						
Consent and boundaries						
Healthy Body Image						
Social Media and online safety						
Pornography						
Social Media						
Love for self and others						
Adolescence (13-17 years)						
Healthy Communication						
Unsupervised activities with friends/curfews						
Abstinence						
Romantic affection Relationships and dating						
Safer, consensual sex and Intimacy						
STIs						
Birth Control						

SESSION 1-E

Age	Parent	Parent	Resource Caregiver			
Risky behavior: unprotected sex or underage substance use						
Sexual Health Care: STI testing and OB-GYN exams						
Intimate partner dating violence and sexual assault						
Unplanned pregnancy						

After going through the table above, please reflect on the following questions:

- Where might there be agreement or disagreement of values and beliefs?
- How would you talk about the difference of ideas in a respectful way?
- What message do I want my growing youth to receive?

When we use a parenting lens, sometimes it can be easy to make assumptions that are not helpful for intergenerational communication. While adults may believe youth fulfill some stereotypes, we must remember a young person's developmental needs under the behaviors which means we need to think about their developing brain.

Adolescent Brain Development



As discussed in previous sessions, we learned how trauma can affect brain development. In this session, we want to emphasize that all experiences, including the healthy and traumatic ones, can affect brain development. Understanding how experiences can impact development can inform the way we choose to connect, interact, and share with our youth in care. Emotional responses, such as love, happiness, anger and fear come from the part of the brain called the amygdala. The cerebral cortex which is more of the thinking, process, and decision-making part of the brain is not fully developed until the age 25 and sometimes older. This means that adolescents can rely on the amygdala part of the brain when making decisions. As recourse caregivers, we can model how to interact and make decisions from the cerebral cortex part of the brain to help build those skills in our youth.

Discussion Questions:

How could understanding brain development help you in your parenting?

How can understanding brain development support conversations around sexual health with youth in your care?

Being an Approachable Caregiver

The goal for parents, caregivers, and adults working with youth is to speak from an open and accepting communication state. When speaking to the youth in care, caregivers are listening to find the answers to their questions, be knowledgeable, and competent. Starting with phrases like, “What are your thoughts?” or “Tell me more about that.” are ways to support youth in their learning.

- The skills and abilities needed to have discussions around consent, ask for respect, and set boundaries are cerebral cortex skills. This is the decision-making center that allows youth to make logical choices. Caregivers can help youth develop their decision-making process by teaching about consent, respect, and healthy boundaries.
- By creating safe spaces, we promote understanding and the skills needed to develop healthy relationships. Data shows that control and humiliation tactics may lead to unhealthy relationships and abuse in the future.
- If we want youth to trust themselves, think for themselves, make their own decisions, and express their feelings, we have to model this with our behavior.

Tools for Answering Difficult Questions

Pause Ex: *“Let me think about that.”*

Positively affirm Ex: *“That’s a great question, I’m glad you asked me.”*

Ask why they are asking – clarification & context

Ex: *“Did they talk about that in school today? Tell me more.?”*

Ensure you understand the question

Ask what they already know about it

Ex: *“Tell me what you learned or the words your teacher used to describe it.”*

Answer simply and honestly Ex: *“I don’t know. Let’s look it up.”*

Check for understanding Ex: *“Did I answer your question*

SESSION 1-E

Remember – these are ongoing conversations, not just a one-time ‘talk’. Look for and create teaching moments to share important information with the youth in care about sexual health and development.

What if your youth isn’t asking questions?

- Use teachable moments! – media – TV, music, movies, news
- Talk in the car
- Use ‘what if’ scenarios and other examples on slide

SOGIE/LGBTQIA+ 101

To create a safe environment for youth to heal and thrive, we need to create spaces that are safe and inclusive for all youth. Caregivers that understand sexual orientations, gender identities, and gender expressions can honor and affirm the personal identities of youth in their homes.

CHILDWELFARE SERVICES VIDEO: LGBTQ+ PANEL (20 min)

Discussion Questions:

What are your thoughts, feelings after hearing from our former youth?

What are some things you heard the young people say they need to feel comfortable and supported?

As resource caregivers remember...

- It's important to support connections between youth and their parents
- Build and be a part of a system or network of support – includes friends, school counselors
- Youth want to feel that you are “in this together” with them – whether learning more, increasing awareness, exploring their identity
- Little moments of inclusion and kindness – cooking, (resource) family trips, inclusion in family photos, etc. – build stronger, long lasting relationships
- Youth remember these moments and interactions long after they exit foster care

Understanding Terms: Matching Practice

- | | |
|---------------------------------|--------------------------|
| A. Lesbian | I. Transgender or Trans |
| B. Gay | J. Gender non-conforming |
| C. Bisexual | K. Cisgender |
| D. Asexual | L. <u>Bakla</u> |
| E. Queer | M. Māhū |
| F. Heterosexual | N. <u>Fa'afafine</u> |
| G. Intersex | O. Two-spirit |
| H. Assigned sex at <u>birth</u> | P. Ally |

1. P (Example) *Someone who is on the same side as you. Often used to describe someone who takes a stand against oppression or discrimination who is not a member of the oppressed group — for example, a white person who speaks out against racism or a straight person who speaks out against homophobia.*
2. A sexual orientation primarily characterized by being sexually and romantically attracted to people of the same gender. This term is often used in reference to men; however, it is sometimes used as an inclusive or “umbrella” term.
3. Refers to the sex designation that is given to a person at birth, typically based on a visual examination of their genitalia.
4. A sexual orientation characterized by being sexually and romantically attracted to both men and women.
5. A person whose gender identity or gender presentation aligns with the sex they were assigned at birth, i.e. a person who is assigned female at birth who identifies as a woman.
6. A gender identity characterized by a gender presentation/identity that does not match the sex they were assigned at birth. A person who is transgender may identify as trans woman, trans man, simply woman or man, or any other gender identity.
7. Commonly referred to as “straight,” someone who identifies as being sexually and romantically attracted to people of the opposite sex or gender.
8. A person whose gender expression doesn’t fit society’s traditional gender roles or gender norms for their gender identity.
9. A general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy, hormones or chromosomes that doesn’t align with the typical medical/biological definitions of male or female. Historically, intersex people were called “hermaphrodites,” a term which is now considered offensive.
10. A self-identified woman who is primarily sexually and romantically attracted to other women.

SESSION 1-E

11. _____ (Philippines) Tagalog word for a person assigned male at birth who adopts a feminine gender expression. Often considered a third gender.
12. _____ (Native Hawaiian) Those who embody both male and female spirit, and were traditionally respected as caretakers, healers, and keepers of ancient traditions.
13. _____ (Samoa) Means *like a woman*. Fa'a — *in the manner of, or like* — and fafine, which means woman.
14. _____ An umbrella term for people who identify outside of the heterosexual or cisgender majority and who may or may not identify with other existing identity labels. Historically “queer” was used as a offensive word, and while it is not universally accepted as a positive term, it has been reclaimed by many people who use it to describe their identity with pride.
15. _____ A sexual orientation generally characterized by not feeling sexual attraction or a desire for partnered sexuality.
16. _____ (Native American) Individuals that embody both masculine and feminine traits, transcending or merging gender roles. Traditionally, they were healers, conveyers of oral traditions, religious and judicial leaders, and matchmakers.

Discussion Questions:

What did you notice as you tried to match these terms?

What terms were you familiar with? What was new?

Video: A Place in the Middle (8 mins and 26 sec)

SESSION 1-E

One of the simplest ways to create a safe space for youth is through language. Understanding and increasing your comfort level in using (or in some cases not using) these terms helps not only LGBTQIA+ youth whom you may be caring for but can also help all youth know you are a safe person they can talk with about their feelings and go to for support and guidance.

Many children and youth may be experimenting with language to help describe their identities and experiences. Their language will be in flux much like the language and terms used by the larger LGBTQIA+ community are constantly evolving.

Keep in mind that this list is not comprehensive given the evolving nature of language. If you come across a word you don't know, look it up! A little bit of practice and learning can go a long way in demonstrating your support and understanding of LGBTQIA+ youth.

Gender Pronouns FAQs

What is a pronoun?

A pronoun is any word that can replace a noun. (I, you, them).

What is a gender pronoun?

Gender pronouns refer specifically to people that are being talked about (he, she, him, his, her, they, them). Pronouns are what an individual identifies with.

What kind of pronouns can be used?

The list of pronouns being used in the English language is always growing and changing.

Below are a few examples of pronouns people may use. We should also point out that some people don't want you to use pronouns at all; they would simply prefer that you just use their name. Additionally, more and more people are using "they", "them", and "their(s)" as singular, gender inclusive pronouns, even though they have been traditionally used as plural pronouns.

Some Common Pronouns:

she/her/hers	he/him/his	they/them/theirs
Using their name and no pronouns	ze/zir/zirs	xe/xir/xirs
She/her or they/them	He/him or they/them	

How should I ask what someone's pronouns are?

You can simply ask "What are your pronouns?" to an individual in private.

This may feel uncomfortable at first, but you do not want to say the wrong pronouns based on assumptions, and the person will most likely appreciate your effort and respect! Sometimes, you can offer your pronouns and then ask what they use. That way it feels like more of a conversation/exchange and less of an awkward question.

What if I mess up?

That's okay! If you use the wrong pronoun, apologize, correct it, and then move on. Avoid continually talking about how bad you feel for making the mistake, as it makes the person feel like they need to make you feel better. If you forget someone's pronoun, follow this protocol: apologize, correct it, and move on.

If you notice other people using the wrong pronoun for a person, try to correct it by saying something like "Actually, Mel uses the pronoun they." If you have a friend who is often mis-pronounced, ask them if they are ok with you correcting people in front of them, or if they prefer that you do it in private away from them.

****Please do not refer to a person as "it" or "he-she," as this is offensive. ****

What should I do if I don't know what gender pronouns a person uses?

It is always best to ask what pronouns a person uses before making an assumption. If you don't know and don't want to be rude, use their name, follow their lead, and don't make assumptions! Also, use some of the skills we talked about above: share yours and ask theirs!

Why is it important to respect pronouns?

You can't tell someone's pronouns by looking at a person. Many people struggle to be seen and respected in their true gender identity and having people acknowledge who they are and use the correct pronouns can support their mental health and self-esteem.

When someone is mis-gendered, it can make them feel disrespected and sometimes dysphoric. You have the opportunity to demonstrate your amazing commitment to respecting all gender identities! Ignoring people's correct pronouns invalidates their identity. Even if you don't get it right all the time at first, the more you try, the faster you'll catch on, and people really appreciate the effort.

ACTIVITY: Answering Questions and Pronoun Practice

Scenario 1. Alex has been in your home for over a year and has recently asked that everybody starts using they/them pronouns instead of she/her. Alex wants you to help make sure their new teachers at school are using they/them pronouns as well. They ask, “Can you help me to tell my teacher the pronouns I use now?”

How might you help (re)introduce Alex in a way that makes them feel respected and affirmed in their identity at school?

Scenario 2. You are at the doctor’s office and the doctor refers to Alex as “she” rather than Alex’s pronoun “they.”

How can you support Alex in correcting their doctor?

Scenario 3: One of Alex’s close friends seems more and more like Alex’s significant other. You inquire and Alex “comes out” to you.

As an askable adult, how could you respond in an affirming way?

You can do it

- Just try, even if you don’t know or aren’t fully comfortable. important to the youth to figure things out together

You are important

- Never underestimate your importance to the youth and your unconditional love and commitment to the youth

Keep an open mind

- Youth may be waiting for the right person they can confide in – someone who makes them feel comfortable and safe

Reflection Questions:

Something I learned to affirm the youth in our care:

Something I will do to provide dignity, belonging, safety, and connection for the youth in my care:

How can you build the support system for youth in your care?

Where can caregivers seek additional resources for support?

ADDITIONAL RESOURCES



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES SOCIAL
SERVICES DIVISION
CHILD WELFARE SERVICES BRANCH

POLICIES AND PROCEDURES

**Anti-Harassment and Non-Discrimination Policy and Procedures
Regarding People who are Lesbian, Gay, Bisexual, Transgender and/or Questioning (LGBTQ)**

I. Purpose

In accordance with State and federal laws, each individual served by Hawaii's Child Welfare Services Branch (CWS) has the right to receive services in an environment free of harassment and discrimination. CWS is committed to providing a healthy and accepting setting for all individuals by training and evaluating staff, instituting policies, and educating individuals to respect each other. CWS does not tolerate harassment or discrimination by or toward employees, volunteers, contracted providers, resource caregivers, families, parents, children, youth, or young adults.

SESSION 1-E

The purpose of this policy is to:

- A. Establish operational practices that reinforce our commitment to respect the dignity of lesbian, gay, bisexual, transgender, questioning, intersex, asexual, 2-spirit, and gender nonconforming people (LGBTQIA2S, aka LGBTQ);
- B. Create a safe environment for all members of our CWS community; and to
- C. Ensure that all people have equal access to all available services, placement, care, treatment, and benefits provided by CWS.

I. Definitions

For purposes of this policy, the definitions below apply.

2 Spirit: A modern umbrella term used by some indigenous North Americans to describe or label gender-variant individuals in their communities.

Asexual: The lack of sexual attraction to anyone, or low or absent interest in sexual activity. It may be considered the lack of a sexual orientation, or one of the four variations thereof, alongside heterosexuality, homosexuality, and bisexuality.

Bisexual: A person who is emotionally, romantically, and sexually attracted to both males and females.

Contractor: Any person who is employed directly by an agency or organization that has a contract, Memorandum of Understanding, or Memorandum of Agreement with CWS.

Employee: Any person who is employed directly by CWS (i.e., staff, workers, student interns, trainees, and, volunteers).

Discrimination: Any act, policy, or practice that, regardless of intent, has the effect of subjecting any person to differential treatment as a result of the person's actual or perceived race, ethnicity, age, sex, immigration status, disability, national origin, marital status, sexual orientation, gender identity, or gender expression.

Family: Any of various social units, differing from, but regarded as equivalent to, the traditional family, such as birth or biological family, resource (caregiver) family (also known as foster family), extended family, identified family, chosen family, kin, and hanai family.

SESSION 1-E

Gay: A person who primarily is emotionally, romantically, and sexually attracted to individuals of the same sex, sometimes in reference to boys or men.

Gender: The cultural classification of a species into male and female, as differentiated by social and cultural roles and behavior. It is the range of characteristics pertaining to masculinity and femininity. It is distinct from biological sex.

Gender Expression: The manner in which people express their gender through clothing, appearance, behavior, and speech. Gender expression is a separate concept from sexual orientation and gender identity.

Gender Identity: A person's internal, deeply felt sense of being male, female, both, neither, or other. A person's gender identity may or may not correspond with the person's sex at birth or the person's gender expression.

Harassment: Harassment includes, but is not limited to: name-calling; disrespectful gestures, jokes or comments; inappropriate touching; threats of physical or emotional harm or negative consequences (including religious condemnation); physical abuse; sexual abuse, including unwanted sex acts, touching, pantomime, and threats; emotional abuse, such as shunning or isolation; bullying; and cyber-bullying. Attempting to change a person's sexual orientation or gender identity is also a form of harassment, and could also be considered child abuse, when directed at a minor.

Intersex: A variation in biological sex characteristics including chromosomes, gonads, or genitals that do not allow an individual to be distinctly identified as biologically male or biologically female.

Lesbian: A female person who primarily is emotionally, romantically, and sexually attracted to females.

Protected Categories: A characteristic of a person which, by law and/or policy, cannot be targeted for discrimination. For the purpose of this policy, the following are protected categories: race, ethnicity, sex, immigration status, disability, national origin, sexual orientation, gender identity, and gender expression.

Questioning: A term used to describe those who are in the process of discovery and exploration about their sexual orientation or gender identity.

SESSION 1-E

Sex: The biological classification of a species into male or female, as differentiated by genitalia and reproductive functions.

Sexual Orientation: A person's emotional, romantic, and sexual attraction, to individuals of the same sex or of a different sex.

SOGIE: An abbreviation for sexual orientation and gender identity and expression.

Transgender: A person whose gender identity (their understanding of themselves as male or female) does not correspond with his/her/their birth sex. A transgender girl is a girl whose birth sex was male but who understands herself to be female. A transgender boy is a boy whose birth sex was female but who understands himself to be male.

III. Policy

A. General

1. CWS shall provide the highest quality of services to children, youth, adults, and families regardless of their actual or perceived race, ethnicity, sex, immigration status, disability, national origin, sexual orientation, gender identity, or gender expression.
2. All who are served by CWS and its contracted providers shall receive fair and equal treatment, without bias, and in a professional and confidential manner, based on principles of sound professional social work practice.
3. Employees, volunteers, and contractors that offer services to those served by CWS shall not discriminate against or harass anyone in their care based on their protected class, including a person's actual or perceived sexual orientation, gender identity or gender expression.
4. CWS employees and contracted providers shall protect those they serve from discrimination, physical and sexual harassment or assault, and verbal harassment by others, based on the individual's actual or perceived sexual orientation, gender identity, gender expression, or other protected categories.
5. CWS will take all reasonable steps within its control to meet the diverse needs of all children, youth, young adults, parents, caregivers, families, employees, and contractors, and provide an environment in which all individuals are treated with respect and dignity, regardless of protected categories, including sexual orientation, gender identity, or gender expression.

B. Operations

1. CWS understands that all people need to feel safe in their surroundings for their overall wellbeing. CWS shall establish and maintain a culture where the dignity of everyone is respected and all children, youth, adults, families, staff, and others feel safe. Employees shall create opportunities for dialogue with children, youth, young adults, families, and staff about all forms of diversity to increase tolerance and respect.
2. CWS shall promote the positive child and adolescent development of all children and youth in its care. Actions that support positive child, adolescent, and young adult development include: modeling desired behavior, such as demonstrating respect for all people; reinforcing respect for differences among people; encouraging the development of healthy self-esteem; and helping children, youth, and young adults manage the stigma sometimes associated with difference.
3. Employees shall model positive behavior when interacting with LGBTQ individuals and remind everyone that anti-LGBTQ threats of violence, actual violence, or disrespectful or suggestive comments or gestures, will not be tolerated.
4. CWS shall provide a safe and non-discriminatory environment where individuals can learn and grow. Expressions of romantic or emotional attraction between children, youth, and young adults of the same sex (excluding sexual activity) are not prohibited and shall not result in punishment.
5. CWS shall provide LGBTQ children, youth, and young adults with access to educational, rehabilitative, recreational, and other programming on the same basis as other children, youth, and young adults. Individuals shall not be denied qualification for or access to programming based on sexual orientation, gender identity, or gender expression.

C. Confidentiality

1. Employees shall not disclose an individual's sexual orientation or gender identity to any outside parties, individuals, or agencies, such as health care or social service providers or an individual's family and friends, without the person's permission, unless such disclosure is necessary for safety or to comply with State or federal law. Any disclosure of information related to an individual's LGBTQ identity shall be limited to information necessary to achieve the specific beneficial purpose of the disclosure.
2. This confidentiality restriction does not prevent individuals working at CWS from discussing an individual's needs or services with other staff members or when resolving a grievance.

D. Intake and Assessment

1. CWS understands that LGBTQ individuals are in various stages of awareness and comfort with their sexual orientation and gender identity. CWS Intake and Assessment workers shall sensitively inquire about fears the child, youth, or young adult may have. Some people will disclose that they are

SESSION 1-E

LGBTQ. If an individual discloses his/her/their sexual orientation or gender identity, the worker shall talk with the person about it in an open and non-judgmental fashion and determine if this person has particular concerns or needs related to being LGBTQ.

E. Child and Youth Placement

1. Placement decisions for LGBTQ children and youth shall occur as soon as possible after intake. All classification and placement decisions for children and youth shall be individualized, based on best practices, and shall prioritize the children's and youth's physical and emotional well-being.
2. An LGBTQ child's or youth's emotional and physical safety are CWS' priority in placement.
3. CWS caseworkers shall engage with youth and support any potential disclosures of mistreatment, bullying, or lack of acceptance.
4. If a child or youth expresses that his/her/their home is not accepting of his/her/their gender identity, gender expression, or sexual orientation, or if information about potential non-accepting homes comes to CWS from another source, an inquiry will be initiated within five business days.
5. There will be a change in placement for any child who is in a home that has been determined to be unwelcoming of his/her/their sexual orientation, gender identity, or gender expression.
6. Education and training on LGBTQ-related issues shall be made available to all caregivers and parents in order to promote the wellbeing of children in their home.
7. For foster placements with identified LGBTQ youth, additional education, resources, training, and support shall be provided, as needed.
8. Statewide, CWS Resource Caregiver Licensing units and workers shall work to identify placements (i.e., resource homes, on-call shelters, and potential adoptive homes) that are particularly welcoming and embracing of LGBTQ youth.

F. Names and Language

1. CWS employees, volunteers, and contractors shall use respectful language and terminology that promotes healthy LGBTQ-identity and does not stereotype LGBTQ people. CWS staff, volunteers, and contracted providers shall not speak to or about children, youth, or young adults with derogatory language or in a manner that conveys negative bias or hatred of LGBTQ people. In particular, CWS staff and its contractors shall not imply to or tell LGBTQ children, youth, or young adults that they are abnormal, deviant, or sinful, or that they can or should change their sexual orientation or gender identity.
2. A transgender child, youth, or young adult shall be referred to by his/her/their preferred name and pronouns, even if his/her/their name has not been legally changed. Written documentation about a

SESSION 1-E

transgender child, youth, or young adult shall use his/her/their preferred name, and also note the child's, youth's, or young adult's legal name.

G. Clothing and Gender Expression

1. Children, youth, and young adults shall be allowed to express their gender through clothing, appearance, behavior, and speech. To express this more broadly, all children, youth, and young adults shall be encouraged to dress and present themselves in a manner that promotes their physical and psychological comfort and wellbeing.
2. Any grooming rules and restrictions, including rules regarding hair, make-up, shaving, etc., shall be the same for males and females. Transgender girls shall not be required to have a male haircut, or to wear masculine clothing. Transgender boys shall not be required to maintain a female hairstyle, to wear make-up, or to wear feminine clothing.
3. CWS staff and contracted providers shall advocate for our young people as needed with clothing stores and others, so that they may purchase and wear the clothing of their choice, regardless of the gender of the wearer.

H. Medical and Mental Health Care

1. All medical and mental health care offered to LGBTQ youth shall be provided by practitioners who are knowledgeable and experienced in serving this population.
2. When making referrals for adult clients receiving services from CWS, the referring staff shall ensure that LGBTQ individuals receive referrals to agencies and providers who are knowledgeable and experienced in serving this population.
3. If a transgender child, youth, or young adult needs or requests assessment or treatment, CWS shall provide him/her/them with access to medical and mental health care providers who are knowledgeable about the health care needs of transgender children, youth, and young adults. CWS shall provide all recommended transgenderrelated treatments in accordance with the medical and mental health assessments performed by the child's, youth's, or young adult's health care provider and will provide transportation for the child, youth, or young adult to receive such treatments, if necessary.
4. In accordance with accepted health care practices, which recognize that attempting to change a person's sexual orientation or gender identity is harmful, CWS and its contracted providers shall not employ or contract with mental health providers who attempt to change a person's sexual orientation or gender identity.
5. All sex offender treatment shall not discriminate based on sexual orientation and gender identity and shall not criminalize or pathologize (i.e., regard or treat as psychologically abnormal) an individual's LGBTQ identity.

IV. Procedures

A. Training of Employees, Volunteers, Contractors, Resource Caregivers, and Families

1. For employees, volunteers, contractors, resource caregivers, and families to have the awareness and capacity to effectively work with and/or care for LGBTQ individuals and families, all CWS administrators, employees, volunteers, contractors, resource caregivers, and families are required to attend training on working with and/or caring for LGBTQ individuals. This training shall teach participants:
 - a. the goals and requirements of these *Anti-Harassment and Non-Discrimination Policy and Procedures Regarding People who are LGBTQ*;
 - b. how to work with and or care for LGBTQ individuals in a respectful and nondiscriminatory manner; and
 - c. how to recognize, prevent, and respond to harassment against LGBTQ individuals.
2. All employees and administrators of CWS shall receive training about LGBTQ people during their orientation (i.e., New Hire or Core Training) and as part of their in-service training requirements. These trainings shall be taught by qualified trainers with expertise in working with LGBTQ people.
3. All new administrators, employees, volunteers, contracted providers, resource caregivers, and families shall receive a copy of these *Policy and Procedures* with their orientation materials. These *Policy and Procedures* have been distributed to current administrators, employees, volunteers, contractors, resource caregivers, and families and/or made available to them on-line as part of the *Hawaii Department of Human Services Child Welfare Services Procedures Manual*.

B. Responding to and Reporting Policy Violations

1. Contractors and resource caregivers shall promptly and appropriately intervene when a child, youth, or young adult physically, verbally, or sexually abuses or harasses another child, youth, or young adult, based on the child's, youth's, or young adult's actual or perceived sexual orientation or gender identity, when a child, youth, or young adult is in the contractor's and/or resource caregiver's custody or care.
2. Resource caregivers shall report all incidents to the caseworker and their assigned licensing worker.
3. CWS employees and contracted providers shall report conduct by other employees and contractors that may be in violation of this policy to the other individual's supervisor and CWS.
4. CWS staff shall report all violations of this policy to their supervisors. Supervisors shall report any violations that they are made aware of to their Section Administrators, to CWS Program Development, and to CWS Branch.

C. Reporting Procedures for CWS Clients

SESSION 1-E

Individual clients shall be able to report violations of this policy following established agency and/or CWS grievance procedures. Grievance procedures shall protect confidentiality of reporting individuals and contain other measures to prevent retaliation. CWS administration shall promptly and effectively respond to grievances filed by individuals.

D. Enforcement

Supervisory and administrative staff shall treat all reports of violation of this policy seriously. CWS administration shall promptly and effectively respond to any reports of policy violation. All reported violations of this policy that are found to be credible shall result in action.

CWS staff found to be in violation of this policy shall be subject to disciplinary action, which may include: mandated individual or group education by a qualified individual on LGBTQ issues, reassignment of work duties, being placed on probation, or termination from employment.

Agencies contracted by CWS whose staff has been found to be in violation of this policy shall be subject to contractual remedies, which may include financial penalties and/or contract termination.

Resource caregivers found to be in violation of this policy may have children removed from their home and/or their licenses terminated.

When an individual employee, contracted agency, or resource caregiver is repeatedly found to be in violation of this policy, the disciplinary action shall be more severe with each infraction. A single violation of this policy, however, may result in termination of employment, contract, or license.

V. Scope

A. Application

This policy shall apply to all CWS employees, resource caregivers, and employees or representatives of any agency providing services on behalf of CWS children, youth, and young adults, including but not limited to the Department of Health, Department of Human Services, Department of Education, their contractors, volunteers, and any other relevant agencies or departments which have contact with individuals served by CWS.

B. Severability

The provisions of these *Policy and Procedures* shall be severable (i.e. capable of being divided into legally independent rights or obligations). If any provision or portion of this policy or its application to any person or circumstance is held invalid, the remainder of this policy or the application of the provision to other persons or circumstances is not affected.

IV. References

A. Federal Legislation

1. The First Amendment of the United States Constitution
2. The Fourteenth Amendment of the United States Constitution, Equal Protection Clause
3. The Fourteenth Amendment of the United States Constitution, Due Process Clause
4. Americans with Disabilities Act of 1990, Title II
5. Civil Rights Act of 1964, Title VI
6. Civil Rights Act of 1968, Title VII
Protects from discrimination based on “gender stereotypes.”
7. Civil Rights Act of 1964, Education Amendments of 1972, Title IX
Prohibits discrimination based on sex in schools, and has been applied to protect transgender students from discrimination in schools.
8. Matthew Shepard and James Byrd, Jr. Hate Crimes Prevention Act (2009)

B. State of Hawaii

1. Discrimination/Harassment-Free Workplace Policy, State of Hawaii, Department of Human Resources Development Policies and Procedures, Policy number 601.001, October 15, 2013.
2. Nondiscrimination Notice. In accordance with federal and state laws, U.S. Department of Agriculture (USDA), and U.S. Department of Health and Human Services (USHHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex/gender (expression or identity), age or disability.
3. **HRS §489-2, 3 Discriminatory practices prohibition.** Unfair discriminatory practices that deny, or attempt to deny, a person the full and equal enjoyment of the goods, services, facilities, privileges, advantages, and accommodations of a place of public accommodation on the basis of race, sex, including gender identity or expression, sexual orientation, color, religion, ancestry, or disability are prohibited.
4. **HAR § 17-1625-42, Discipline and guidance.** “Discipline and guidance shall be carried out with kindness and understanding. No child shall be subjected to any physical punishment or action which would endanger the child’s physical, mental, or emotional well-being.”

5. **R.G. v. Koller, 415 F.Supp.2d 1129 (D. Haw. 2006)** Hawaii case brought by LGBTQ youth in a juvenile detention facility who claimed that staff violated their equal protection rights by tolerating harassment. Plaintiffs made accusations of “a relentless campaign of harassment based on their sexual orientation that included threats of violence, physical and sexual assault, imposed social isolation, and near constant use of homophobic slurs.” The court held that “This level of harassment and abuse in a juvenile facility, where the wards have not been convicted of crimes and are committed to the care of the state, falls below the minimum level of care required by the abuse plaintiffs faced from staff and other wards, supervisory defendants’ failure to take any minimally adequate remedial measures constitutes deliberate indifference.”

C. Department of Human Services

The Department of Human Services nondiscrimination policy does not include sexual orientation or gender identity; this policy attempts to address this.

1. **HAR § 17-1610-43, Adoption Services.** The Department of Human Services is not specifically prohibited from delaying or denying adoption services on the basis of sexual orientation or gender identity.
2. **HAR § 17-1625-40, Clothing and personal belongings.** A foster child’s clothing shall be clean, of the right size and appropriate for the child’s age, sex, and individual needs.
3. **HAR § 17-1625-42 Discipline and guidance.** “Discipline and guidance shall be carried out with kindness and understanding”. No child shall be subjected to any physical punishment or action which would endanger the child’s physical, mental, or emotional well-being.

D. Resources

LGBTQ Resources can be on SHAKA and at: <https://shakatown.com>

Organizations should strive to provide all individuals with information about local social services that are LGBTQ-inclusive, including health and mental health services, community groups, family supportive services, and peer-support groups.

Sexual Development Timeline

STAGE	INFANT	TODDLER
AGE	0-15 months	15 months – 3 years
GENERAL CHARACTERISTICS	<ul style="list-style-type: none"> • Hungry • Cries/coos to communicate • Always moving • Interested in new things • Exploring world by mouth • Stranger anxiety • Separation anxiety • Curious about own body 	<ul style="list-style-type: none"> • Mobile • High energy • Increasingly independent • Curious • Starting to talk • Toilet training • Trouble learning to share • Loves to say “no”
SEXUAL BEHAVIOR / DEVELOPMENT	<ul style="list-style-type: none"> • May find and explore own genitals • May like to be naked and will take off clothes • May experience erection or vaginal lubrication 	<ul style="list-style-type: none"> • May play with genitals for pleasure • May experience erection or vaginal lubrication • Curiosity about everything, and ask about where babies come from and how they were born • May feel curiosity about their own bodies and bodies of others; may engage in games like doctor • Beginning to develop gender identification • Developing attitudes toward body image • Establishing self-esteem and trust in others
IDEAS FOR TEACHING	<ul style="list-style-type: none"> • Naming all body parts equally including sexual ones • Being positive when changing diapers • Positive masturbation messages (consistent with family values) 	<ul style="list-style-type: none"> • Give words for all parts of body • Talk to them about what you’re doing when you wash them • Use correct names for anatomy and body functions • Nakedness okay but wear clothes with company and outside • Teach the concept of sexuality and that talk about sexuality is private and occurs at home • Teach children that they have the right to say no to unwanted touch, regardless of who is attempting to touch them, and that they have the right to be respected when they say no • Positive masturbation messages (consistent with family values)

SESSION 1-E

STAGE	PRESCHOOL	EARLY MIDDLE YEARS
AGE	3-5 years	6-9 years
GENERAL CHARACTERISTICS	<ul style="list-style-type: none"> • High energy • Toilet trained • Starting to be quite verbal • Rudimentary social skills • Interested in differences between boys and girls • Works out concepts through play • Curious about where babies come from 	<ul style="list-style-type: none"> • Learning skills of the culture, for example, reading and writing • Taking lessons • Losing teeth • Ambivalent about other sex • May have learned social norms of male/female behavior • Cliques of friends
SEXUAL BEHAVIOR / DEVELOPMENT	<ul style="list-style-type: none"> • Gender specific attitudes begin to develop • Identification with the same sex parent established • May feel curiosity about their own bodies and bodies of others; may engage in games like doctor • May play with genitals for pleasure • May experience erection or vaginal lubrication • May ask many questions about “Where did I come from”, for example, “Where was I when...” 	<ul style="list-style-type: none"> • Boys/girls may chase each other and intimidate each other for attention • Identification with same sex parent strengthens • May prefer to socialize with same gender • Recognition of social stigmas as taboos surrounding sexuality may be less open to asking questions about sexuality issues • Developing stronger sense of self in terms of gender and body image • Mutual body exploration with same sex is common • Sexually oriented day dreams and fantasies begin • Starting to use and be fascinated by ‘dirty’ words and jokes
IDEAS FOR TEACHING	<ul style="list-style-type: none"> • Begin talking about the differences between genders • Begin simple explanations of where babies come from • Begin to teach hygiene • Assertiveness training – saying no to unwanted touch and respecting someone’s no • Relationship issues – acceptable and unacceptable behavior, respect • Choices • Love should make people feel good, safe, and wanted • People’s bodies are different sizes, shapes, and colors 	<ul style="list-style-type: none"> • Talk more about boys/girls: how alike and different • Get books on sexuality and read together • Let him/her/them know you will answer any question • More depth on “Where did I come from?” • Can start to talk about TV messages • More assertiveness training • Talk about the fact that all living things reproduce • That everyone has sexual thoughts and fantasies and that having them is normal • That families are structured in different ways • Talk about the basic facts of HIV and AIDS

SESSION 1-E

	<ul style="list-style-type: none"> • How to talk with trusted adults about sexual issues, questions, and concerns 	<ul style="list-style-type: none"> • Talk about puberty changes that will be occurring soon • Recognize that not all people have the same sexual orientation or gender identity
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STAGE	PREADOLESCENT	ADOLESCENT
AGE	9-12 years	13-16 years
GENERAL CHARACTERISTICS	<ul style="list-style-type: none"> • Peers become increasingly more important • Increasingly want more independence • Private • Feel out of control 	<ul style="list-style-type: none"> • Independent/rebellious • Private • Learning sophisticated social behavior from peers • Peers can be especially influential during this stage • Don't want to be with adults
SEXUAL BEHAVIOR / DEVELOPMENT	<ul style="list-style-type: none"> • May start having girlfriends/boyfriends/partners • Awareness of sexual attraction emerges • Early menstruation begins in some people with uteruses • Strong feelings of modesty begin to be expressed and value personal privacy • Are embarrassed by new body • May be worried whether they are 'normal' • People with testicles may mature later • Feelings of consciousness about their sexuality and how they choose to express it • Anxiousness about puberty and when they will experience it • Shyness about asking questions 	<ul style="list-style-type: none"> • Sexual feelings are powerful • Body changes proceed in youth • Menstruation occurs in almost all people with uteruses by age 16 • Ovulation establishes 18-24 months after menarche in people with uteruses • Mood swings • More attention paid to personal appearance and dress. • Sex role expectations begin to be acted out according to culturally established patterns. • May begin to engage in sexual activity, which may or may not include sexual intercourse • Recognize the components of healthy and unhealthy relationships • Sexual orientation more concretely identified
IDEAS FOR TEACHING	<ul style="list-style-type: none"> • Explain puberty, including information about menstruation, emotional changes, wet dreams, etc. • People develop and change at different rates • Address that physical changes are happening quickly, but that their emotional and cognitive development still has a long 	<ul style="list-style-type: none"> • Buy them their own books to read • Find out what is being taught at school and engage in dialog about topics and themes • Answer all questions • Comment on music videos, TV, movies – identify the influence that media can have on sexual decision making • Discuss how to take responsibility for sexual choices and behavior

SESSION 1-E

	<p>way to go. Sexual intercourse is not healthy, appropriate or wise at this time in their lives</p> <ul style="list-style-type: none">• Acknowledge that abstinence is normal and healthy• Acknowledge that sexual development is normal and healthy• Puberty information may be provided through books or workshops• Provide messages about self-protection, relationships, independence requires responsibility• Explain the basics of how pregnancy occurs and develops• Be open to discussion about contraception and condoms• Reassure that their body and their sexual development are normal• Discuss Sexually transmitted infection• Discuss what rape is and what to do if it happens	<ul style="list-style-type: none">• Discuss the potential risks of sexual relationships: pregnancy, STI and HIV• Discuss how to communicate clearly with a partner• Have information about: reproduction, pregnancy and pregnancy options, safer sex, relationships, assertiveness, respect, and peer pressure• Clearly state family values regarding sex and relationships• Teach that there are many ways to express intimacy and love that don't include sexual intercourse• Discuss decision making about sexual intercourse and the factors that should be considered: love, mutual consent, age, values, contraception, condoms, health screening etc• Discuss options if unprotected intercourse should occur• Discuss the role that contraception, condoms, reproductive health care will play in their lives• Discuss exploitative behaviors such as age discrepancy and unhealthy relationships• Practice assertive communication with regard to family values and personal expectations
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Simple Grounding Techniques

As resource caregivers there are times when you may feel anxious or that you may have flipped your own lid. In those times, bring your attention back by doing this simple grounding exercise:

Notice around you:

- 5 things you can see
- 4 things you can feel
- 3 things you can hear
- 2 things you can smell
- 1 thing you can taste

Other grounding things that may help:

- Take a walk

SESSION 1-E

- Make a gratitude list
- Play a favorite music
- Lay on the ground
- Journal/Write a letter
- Reflect
- Take a break

Animated video shorts on Sexual Orientation <https://amaze.org/?topic=sexual-orientation>

Animated video shorts on Gender Identity <https://amaze.org/?topic=gender-identity>

Animated video shorts on Personal Safety <https://amaze.org/?topic=personal-safety>

Department of Human Services LGBTQ [ShakaTown - LGBTQ HOME](#)

Department of Health [Harm Reduction Services Branch | Safe Spaces \(hawaii.gov\)](#)

GLSEN | Pronouns: A Resource

<https://www.glsen.org/sites/default/files/GLSEN%20Pronouns%20Resource.pdf>

Rogow, F. & Insighters Educational Consulting. *A Place in the Middle: Classroom Discussion Guide*.

<https://aplaceinthemiddle.org/uploads/websites/675/wysiwyg/A Place in the Middle Guide Classroom Discussion Guide.pdf>

References

Caring for LGBTQ Children and Youth: *A guide for child welfare providers booklet* by Human Rights Campaign

CWS LGBTQ Policy and Procedure: Department of Human Services

CWS LGTQ+ Panel Interview: [Child Welfare Services - LGBTQ+ Panelists Video \(vimeo.com\)](https://www.vimeo.com/123456789)

IN.cluded: Inclusive Health Care – Youth & Providers Empowered. Appendix 1 – Glossary of Terms. Developed by Planned Parenthood of the Great Northwest and the Hawaiian Islands.

Rogow, F. & Insighters Educational Consulting. *A Place in the Middle: Classroom Discussion Guide*.

<https://aplaceinthemiddle.org/uploads/websites/675/wysiwyg/A Place in the Middle Guide Classroom Discussion Guide.pdf>

Sexual Development Timeline-Provided by Planned Parenthood

Summary of Stages of Child Growth and Development. 1993 by Illinois Department of Children and Family Services. Published by Child Welfare League of America.