**Sexuality Education**

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**The etiology of Puberty and Sex Education:**

Sexuality education has been in the public school system in some form since the late 19th century. The ‘social hygiene’ movement influenced schools to incorporate sex education into the curriculum. Because the topic of sexuality and even puberty was still considered taboo and dirty, this curriculum was rudimentary and insufficient with most students learning from friends and media. The mid-20th century saw a rise in teenage pregnancies, which led to a rethinking of the curriculum. The new curriculum was meant to involve more comprehensive instruction, but there was backlash from religious groups, as well as, parents (Lamb, 2013). As a result the curriculum varies state to state. Indiana takes the approach of an abstinence-only curriculum for prevention (Lamb, 2013). School counselors can still have an active in prevention, as well as, intervention.

Sex education is defined in a multitude of ways from something as simple as, “the study of characteristics of males and females” to “instruction in various physiological, psychological and sociological aspects of sexual response and reproduction” (Romeo & Kelly, 2009). One of the issues that comes with trying to teach this is the broad and varying definitions that teacher, parents, and students have of what sex education is.

**Presentation of Puberty and Sex Education at Elementary, Middle, & High School Levels:**

“One million teenage women become pregnant per year; 78% of these pregnancies are unplanned; one in four sexually experienced teens acquire a sexually transmitted infection (STI) per year; and chlamydia and gonorrhea are more common among teens than adult men and women” (Bay-Cheng, 2003).

SIECUS guidelines for k-12 education states that sexuality education should help children and adolescents to develop a positive view of sexuality and provide them with information about practices and skills to help them make healthy decisions in the present and future (National Guidelines Task Force, 2004). At the elementary level the biggest need is for biological education and puberty education. Students need to be educated about bodily issues and appropriate hygiene. Concerns for counselors may be related to self-image, self-esteem, harassment, sexual trauma, and relationships. At the middle and high school level students should begin to have further understanding of their sexuality, processes involved with puberty and sex (involving health concerns). Concerns for counselors at this level continue to be self-image and self-esteem, but even more so relational issues, trauma, and harassment become important topics. Another issue that becomes important for counselors is the LGBTQ population (Bay-Cheng, 2003).

Counselors must also be conscious of how sex education effects their administration and their teachers/parents. Many teachers feel uncomfortable discussion issues of sex and sexuality with students and some have expressed concern over knowledge of school policies about sex education. Many teachers and parents feel overwhelmed and unsure how to proceed when confronted by students at any age (Akers, et al. 2011).

**Assessment of needs:**

The best way to assess the needs of students between in elementary school is parent and teacher recommendations/referrals about concerns. Puberty education should be a part of classroom psycho-educational curriculum each year for the students in 5th-6th grade.

Counselors can still use parent and teacher referrals, but should also consider student surveys that address possible areas of concern, possibly during health class. Students in this age group less likely to confide in parents about their concerns (Akers, et al, 2011).

**Prevention activities:**

**Elementary School**

Classroom guidance lessons at this level should focus on character education (i.e. respect responsibility), establishing healthy routines (i.e. brushing teeth, bathing, etc.), healthy relationships, importance of consent, and self-esteem/self-image. Counselors should also prepare lessons that focus on families (the diversity of families), the importance of love and good relationships with family and friends (National Guidelines Task Force, 2004).

Parents can be educated and involved in this by counselors leading workshops on good hygiene, signs of puberty, how to talk about physical changes with their students, and warning signs for harassment and/or molestation (National Guidelines Task Force, 2004). Parents should be provided with fact sheets about puberty and issues that can accompany it, along with information about services that can assist them and their children. Counselors can also offer teachers and staff trainings about signs of harassment and trauma so that the appropriate services can be contacted (Akers, et al. 2011).

**Middle/High School**

Classroom guidance lessons should focus on good hygiene, puberty, signs of healthy relationships, and in many ways will look similar to the elementary level. Lessons on self-image/self-esteem, respect for self and others is also encouraged. Counselors should also stress the importance of having a trusted adult to go to with questions and concerns. (National Guidelines Task Force, 2004).

Parents should be offered workshops and information sessions, but counselors should also have fact sheets and information about services and community resources ready to send home with other relevant student paperwork, to reach as many parents as possible (National Guidelines Task Force, 2004). Workshops and paperwork should cover topics such as healthy relationships, signs of harassment and trauma, healthy bodily practices, and disease and pregnancy information and resources. Teachers should also be offered trainings in signs of relational abuse, trauma, etc. and what the steps are for reporting. Steps should also be taken to help staff members with their comfort level in speaking with students about topics related to sex. Many teachers express discomfort with the topic (Akers, et al. 2011).

**Intervention activities:**

Intervention at all levels will include mostly individual and group counseling to protect effected students’ confidentiality and privacy. System wide intervention should thus focus on respect for others, encourage diversity, and attempt to downplay the stigma and ostracism that might come with a student’s situation being revealed (Lamb, 2013).

**Elementary/Middle/High School**

Classroom lessons will be similar to prevention lessons at this level with continued emphasis on the importance of finding a caring adult to confide in and how and what to report to an adult (National Guidelines Task Force, 2004).

Group counseling should include groups on respect, appropriate behaviors, and possibly for sexual traumas. At this level, groups for girl ‘drama’ and boy ‘drama’ may be very appropriate and helpful (Romeo & Kelly, 2009).

Individual counseling could cover a variety of issues that could be related to topics mentioned in the classroom lessons and group therapy sections, along with other concerns students and parents may have related to sexuality. No matter what the topic the relationship between the student and the counselor needs to be trusting and caring. Students should also be reminded of the limits of confidentiality and the varying needs for parental involvement (Romeo & Kelly, 2009).

Parents need to be kept in the loop as much as possible. Counselors should assure parents of their interest in providing the best service to their student and the family. Information should be shared with parents so that they can help students make the best possible decisions for their future. Counselors should have resources ready to be shared with parents to so that they know what community resources they have available to them (Akers, et al, 2011).

Teachers need to receive training on signs of relational abuse, trauma, etc. and what the steps are for reporting. Steps should also be taken to help staff members with their comfort level in speaking with students about topics related to sex. Teachers should also be made aware of the counselor’s readiness to step in and assist them, along with having knowledge of their schools policies on students missing school for reasons related to sexuality. This could be pregnancy, disease, or trauma related. The teachers should also have a plan for what accommodations they will make for students; the school counselor should be an advocate for students in a number of circumstances (Lamb, 2013).

**Data collection:**

Classroom guidance lessons:pre/post test data

Individual counseling: case notes will primary tool for assessment, as well as feedback from student, teachers, and family

Group Counseling: pre/post test data

Parent/Teacher Collaboration: assessments given to teachers and parents to provide program feedback for counselors

**Policies and laws that pertain to this issue:**

**IC 20-30-5-13**

**Instruction on human sexuality or sexually transmitted diseases** Sec. 13. Throughout instruction on human sexuality or sexually transmitted diseases, an accredited school shall:  
        (1) require a teacher to teach abstinence from sexual activity outside of marriage as the expected standard for all school age children;  
        (2) include in the instruction that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems; and  
        (3) include in the instruction that the best way to avoid sexually transmitted diseases and other associated health problems is to establish a mutually faithful monogamous relationship in the context of marriage.  
*As added by P.L.1-2005, SEC.14.*

**Ethical concerns associated with this topic (ASCA AND ACA):**

**ACA Code of Ethics**

A.1.a **Primary Responsibility**: the primary responsibility of counselors is to respect the dignity and to promote the welfare of clients.

A.6.a **Advocacy**: When appropriate, counselors advocate at individual, group, institutional, and societal levels to examine potential barriers and obstacles that inhibit access and/or the growth and development of clients.

B.1.c **Respect for Confidentiality:** Counselors do not share confidential information without client consent or without sound legal or ethical justification.

B.2.b. **Contagious, Life-Threatening Diseases**: When clients disclose that they have a disease commonly known to be both communicable and life threatening, counselors may be justified in disclosing information to identifiable third parties, if they are known to be at demonstrable and high risk of contracting the disease. Prior to making a disclosure, counselors confirm that there is such a diagnosis and assess the intent of clients to inform the third parties about their disease or to en- gage in any behaviors that may be harmful to an identifiable third party.

B.5.b. **Responsibility to Parents and Legal Guardians:** Counselors inform parents and legal guardians about the role of counselors and the confidential nature of the counseling relationship. Counselors are sensitive to the cultural diversity of families and respect the inherent rights and responsibilities of parents/guardians over the welfare of their children/charges according to law. Counselors work to establish, as appropriate, collaborative relationships with parents/guardians to best serve clients.

**ASCA Ethical Standards**

**A.1. Responsibilities to Students:**

a. Have a primary obligation to the students, who are to be treated with dignity and respect as unique individuals.

c. Respect students’ values, beliefs and cultural background and do not impose the school counselor’s personal values on students or their families.

e. Promote the welfare of individual students and collaborate with them to develop an action plan for success.

**A.2. Confidentiality:**

c. Recognize the complicated nature of confidentiality in schools and consider each case in context. Keep information confidential unless legal requirements demand that confidential information be revealed or a breach is required to prevent serious and foreseeable harm to the student. Serious and foreseeable harm is different for each minor in schools and is defined by students’ developmental and chronological age, the setting, parental rights and the nature of the harm. School counselors consult with appropriate professionals when in doubt as to the validity of an exception.

**B.1. Parent Rights and Responsibilities:**

a. Respect the rights and responsibilities of parents/guardians for their children and endeavor to establish, as appropriate, a collaborative relationship with parents/guardians to facilitate students’ maximum development.

**C.2. Sharing Information with Other Professionals:**

e. Recognize the powerful role of ally that faculty and administration who function high in personal/social development skills can play in supporting students in stress, and carefully filter confidential information to give these allies what they “need to know” in order to advantage the student. Consultation with other members of the school counseling profession is helpful in determining need-to-know information. The primary focus and obligation is always on the student when it comes to sharing confidential information.

**Examples of community resources that can help school counselors, teachers, families, and students to address sex education and sexuality:**

SIECUS: Sexuality Information and Education Council of the United States

<http://www.siecus.org/index.cfm>

Go Ask Alice! – Inter-active website for girls and women

<http://goaskalice.columbia.edu/>

Guttmacher Institute – Fact sheets and resources

<http://www.guttmacher.org/>

Sex, etc. – Educational resources and activities

<http://sexetc.org/>

Girl’s Health – site with activities and resources for girls, teachers, and parents

<http://girlshealth.gov/>

Stayteen – resources for boys and girls

<http://www.stayteen.org/>

Answer – sex ed, honestly; resources for teachers, counselors, parents, and students

<http://answer.rutgers.edu/page/resources>

Planned Parenthood

<http://www.plannedparenthood.org/>

Advocates for Youth

<http://www.advocatesforyouth.org/topics-and-issues>

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