Sexuality Counseling Guidebook

Special Theme: Parenting Issues in Sexuality Counseling

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Chapter 1
Introduction

What is positive sexuality?

Positive sexuality is multi-faceted and is continually evolving throughout the lifespan. This is demonstrated as a state of wellbeing in relation to sexuality, and not merely an absence of dysfunction. While sexuality is personal and is subjective to one's experience, there are normative developmental stages that the majority of people may experience. Sexual health is one component of positive sexuality, and intersects with sexual satisfaction and pleasure one experiences from their sexuality. Positive sexuality must also include the respect of each person's rights, to include one's own. Overall, positive sexuality is complex and is an essential aspect of a person's overall wellbeing.

Why is it important to take a developmental lens to understanding positive sexuality?

In our current culture it is common for people to think about sexuality as existing purely in an adult context. We know however that sexuality is a lifelong developmental process that occurs in every stage of life, from birth to death. Furthermore, it is important to understand healthy sexuality as not merely the absence of dysfunction but as a growth-promoting and enriching part of life. With this being the case, it is important to take a developmental lens in order to foster a positive view of sexuality across the lifespan. It is not difficult to find examples of how growing up with sexual stigmatization can negatively impact sexuality. For example, middle childhood is often considered a period of latency in sexual development, however this is precisely when many individuals begin to have questions and curiosity around their own sexuality. An absence of positive messaging around sexuality creates the opportunity for more negative experiences to occur and perpetuates the idea that sexuality itself is shameful. When people receive age appropriate information about sexuality in a positive lens it lays the groundwork to proceed through the stages of development in a healthy way.

What are some key phases in positive sexuality development?

Positive sexuality can be fostered throughout the various phases of development. In early childhood parents can respond openly and non-judgmentally to their children's inquiries about their bodies, how they function, and what exactly sex and sexuality are. Family modeling is particularly important in this phase, as modeling gender flexibility, and normalizing spousal affection can shape the child's impressions and expectations around gender and sexuality. In adolescence, parents can reinforce positive sexuality by communicating a dual message of empowerment and reticence. Encouraging kids to accept their developing bodies, respecting their physical autonomy as well as the autonomy of their potential partners is paramount in this phase. As teenagers approach early adulthood more nuanced conversations about contraception, safe sex practices, consent, and communicating needs to a partner can be held. Upon entering early adulthood the focus for positive sexuality shifts to the individual. Becoming more self-aware of issues surrounding sexual preferences, and boundaries become central to having a positive and healthy experience of sex. If/when adults choose to become parents, new stressors can affect their sexual connection. Parents who value intimacy, engage in mutual fun, and show healthy affection to one another can maintain their connection throughout the stresses of parenthood while also modeling healthy behaviors for their children.

How can parents support their children in developing a positive sense of sexuality over time?

Parents play a vital role in children's sexual development as they have the most influence in a child's life over time. Generally, parents instill their own values, beliefs, and acceptable behaviors by teaching and modeling throughout their child's life. In the same way, it is important that parents communicate about healthy sexuality in a culture that has many misleading messages. Parents should be proactive in initiating conversations with their children and maintaining an open and non-judgmental attitude. These conversations can begin with teaching body parts to your toddler to healthy

relationships and safe sex in adolescence. Developing a healthy sense of sexuality is a lifelong process and parents play a unique role in a child's sexual exploration.

Chapter 2
General Guidelines for Helping Parents Talk to Children about Sex and Sexuality
By Kelsey Doucette

Introduction: Why is it important for parents to talk to children about sex and sexuality?

Being that parents are typically children's first sources of influence, especially when it comes to sex and sexuality, it is important for parents to have open communication about these subjects early and continuously. However, 'the talk' often presents an intimidating and awkward endeavor for most parents. It is important not to make it a marathon, one-time conversation; have ongoing, teachable moments with kids. This chapter will outline considerations for helping parents to have healthy, ongoing conversations with their children and why it is important.

Relevant Research: How can parental communication with their kids positively affect their sexual behaviors and beliefs about sexuality?

According to research findings, communication within the family about sex and sexuality can reduce sexual risk-taking behaviors (DiIorio, Pluhar, & Belcher, 2003; Trejos-Castillo & Vazsonyi, 2009; Zimmer-Gembeck & Helfand, 2008). Communication can be used to instill in children and adolescents a healthy and positive view of sexuality. Rosenthal et al. (2001) also proposed that having an open and effective communication style would help parents to have better conversations with their children when it comes to sexuality. These open conversations are proven to be more effective when they take place early on, before adolescents first begin to have sex (Clawson & Reese-Weber, 2003; Miller, Levin, Whitaker, & Xu, 1998). A focus on positive sexuality and appropriate education surrounding healthy sexual behaviors can help children and adolescents develop into healthy sexual beings.

Counseling Issues: What additional issues may influence parents talking to their children about sex and sexuality?

Religious beliefs, cultural beliefs, personal anxiety surrounding discussing sex and sexuality, closeness to their children, ability to communicate, and avoidance are just some of the factors that may come up when helping parents prepare for opening this line of communication (Afifi, Joseph, & Aldeis, 2008). Addressing these early on with parents can help them be more prepared as their children develop and become more curious about sex and sexuality. Helping parents to understand how these influence their own ideas and beliefs about sex and sexuality can positively affect the communication they have with their children.

Additional discussions with parents surrounding frequency, content, and timing of these conversations can assist parents in being more prepared when it comes to talking about sex and sexuality ((Eisenberg et al., 2006; Hutchinson, 2002; Pluhar & Kuriloff, 2004). This also includes the parent's comfort levels in discussing this topic. The more parents are able to talk through and about sex and sexuality, the more easily they will be able to be open with their children which will help put their children at ease as well.

Guidelines for Counseling Practice: What are important considerations to explore with and teach parents before talking to their children about sex and sexuality?

The role of the counselor is to help parents explore their positions and beliefs about sex and sexuality to be able to communicate with their children and answer questions. The topic of sex and sexuality can be a sensitive topic between parents and their children. It is most important to emphasize that this conversation is a continuous process and considering the age of the child is necessary. Guiding parents through each phase of a child's sexual development is key to making the conversation continuous and helpful. From ages birth to 2, parents should be clear about using correct names for body parts and do not punish children for touching their genitals (Government of Western Australia, 2008). From ages 2-5, parents should be available to answer questions, be clear that touching their

genitals is ok but to be done in private, and read books with them. From ages 5-9, begin having conversations about children's body changes and emphasize how normal it is, and teach them that they can say no to touching that they do not want. From ages 9-12, talk to children about puberty and what to expect with their own bodies as well as the opposite sex, answer and normalize questions they may have about attraction to others, and if it comes up teach children about healthy masturbation, erections, and wet dreams. From ages 12-14, it is important for parents to normalize changes their children's' bodies are going through, provide practical information about decisions related to sex which may include contraception, and be willing to talk about other options for adults they feel comfortable talking with if they are embarrassed talking to parents. From ages 14-17, continue to discuss contraception and healthy sexual decisions, love and connect with children to enhance senses of self-worth, and help children maintain a balance of sexuality along with sports, school, friends, and hobbies.

Resources for Counselors

- SIECUS: Sexuality Information and Education Council of the U.S. www.siecus.org
- Children Now https://www.childrennow.org/parenting-resources/
- From Diapers to Dating: A Parent's Guide to Raising Sexually Healthy Children. Debra W. Haffner. New York, NY: Newmarket Press, 2004.
- Everything You Never Wanted Your Kids to Know about Sex (But Were Afraid They'd Ask): The Secrets to Surviving Your Child's Sexual Development from Birth to the Teens. Justin Richardson and Mark Schuster. New York, NY: Three Rivers Press, 2004.
- It's So Amazing! A Book about Eggs, Sperm, Birth, Babies, and Families. Robie Harris. Cambridge, MA: Candlewick Press, 2002. (FOR YOUNGER CHILDREN 4-5)
- What's Happening to Me? Peter Mayle (AGES 9-12)
- What's Happening to My Body? Lynda Madaras (GIRL AND BOY VERSIONS 11-15)
- Sex: A Book for Teens : an Uncensored Guide to Your Body, Sex, and Safety by Nikol Hasler (AGES 16+)

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Chapter 3
Parenting for Positive Children's Gender and Sexual Development: Early Childhood and Elementary School Age Children
By Kathryn Beam and Lisa Smith

1. Background and Introduction

Sexuality applies to individuals of every age, gender, sex, and sexual orientation; thus, positive sexuality and gender development is relevant to all individuals. Because research has tended to focus more on sexual problems, dysfunction, and abuse, there is an absence of popular information and resources on parenting for healthy and positive sexual/gender development in early childhood (de Graaf & Rademakers, 2011). It is important to explore ways that parents can support their children in healthy and positive gender and sexual development. To begin, basic definitions of gender, biological sex, sexual orientation, and positive sexuality are provided.

Ruble, Martin, and Berenbaum (2006) define gender as consisting of one's interests, preferences (for activities and objects), personality traits, and attitudes. Gender can be further broken down into gender identity, which is the gender one personally identifies with, and gender expression, which is the way we communicate our gender to others through behavior and clothing (Sharon, 2016). Biological sex refers to one's anatomical features and physiology, including chromosomes, gonads, and genitalia (Sharon, 2016). Sexual orientation refers to the gender or sex of individuals one is sexually and/or romantically attracted to. Gender is considered independent from both biological sex and sexual orientation and develops throughout childhood. Gender is influenced by an individual's psychology and physiology as well as by culture and societal norms. Though gender and sex are independent characteristics, many cultures do not readily recognize them as separate and expect gender identity and biological sex to be congruent. Thus, gender roles refer to societal expectations associated with a particular sex and gender (Sharon, 2016).

Positive sexuality is defined Murray, Pope, and Willis (2017) as "the integration of sexual health and sexual satisfaction that encompasses a lifelong process of positive growth and development of one's sense of sexuality within his or her sexual identity, emotional and mental health, intimate relationships, and broader social contexts." Positive sexuality can also be thought of in the context of a wellness model. Because sexuality is a lifelong developmental process, it is important for parents to be equipped with information and tools to encourage healthy and positive development in their children.

2. Review of Relevant Research

Guidelines for "normal" gender and sexual development can be difficult to define because they are influenced by culture and societal norms. Additionally, because the topic of childhood sexuality is taboo in many cultures and therefore isn't openly discussed, parents may be left wondering whether their child's sexual and gendered behavior is "normal" or not. Freud's theory of psychosexual development proposed phases of sexual development for early childhood (oral, anal, and phallic), but postulated that children from 6-12 years of age are in a latency period of sexual development. Some researchers have suggested that this has led to a denial of childhood sexuality, contributing to a lack of knowledge and proactive parenting practice related to sexual and gender development (Wurtele & Kenny, 2011).

From ages 0-2, children are forming attachments with caregivers and developing a sense of security and safety within relationships. Their level of security can also impact their ability and willingness to explore the world around them (Murray, et al., 2017). Sexually, children may self-stimulate their genitals as a response to physical pleasure. By two years old, children are able to recognize the gender of others and self-identify their own gender (Wurtele & Kenny, 2011).

From ages 3-6, children may start purposefully exploring their own genitalia and express curiosity about their own body as well as others. It is not abnormal for sexual play to emerge at this age as long

as it takes place with similarly aged peers or siblings (Wurtele & Kenny, 2011). In terms of gender, children typically have rigid ideas of gender at this age and gender membership carries more weight than individual differences (Meyer & Gelman, 2016). Gender stereotyping of self and others may be prominent (girls wear pink, boys wear blue). Some (but not all) children go through a stage of gender rigidity at this point, either fully refusing or embracing gendered clothing and activities. In general, younger children in this age range tend to be more rigid in their conceptualization of gender and become more flexible as they grow older, perhaps due to increasing cognitive capacity (Bussey & Bandura, 1999; Bandura, & Bussey, 2004). This is also the age range where gender role attitudes (GRAs) are beginning to form and tend to be more traditional than older children's GRAs (Dawson, Pike, Bird, 2016). Gender stereotyping may begin to take form and can include both descriptive stereotyping (what girls and boys *are)* and prescriptive stereotyping (what girls and boys are *supposed* to do) (Meyer & Gelman, 2016). While seeing gender as discrete categories and gender rigidity are both normal parts of gender development for young children, very traditional GRAs and gender stereotyping can contribute to later issues with self-confidence and perceived limitations in career and family paths (Dawson, Pike, & Bird, 2016).

From ages 6-9, children gravitate towards peer groups as their main social influence. Children learn to cooperatively play with their peers and navigate conflict resolution, which will impact their ability to take part in meaningful intimate relationships in the future (Murray, et al., 2017). Gender identity development continues and overt sexual behavior decreases as children gain understanding of what is considered socially appropriate in their culture (Wurtele & Kenny, 2011).

In terms of how parents can help support their children in positive sexual and gender development, research indicates that parents can take a very active role. Parents may (purposefully or subconsciously) encourage or discourage certain gender stereotyped behaviors or preferences based on their own gender beliefs (Dawson, et al., 2016). Dawson, et al. (2016) also found that children's GRAs correlated with their parents and that parents with more egalitarian beliefs and behaviors had children with more flexible gender-type schemas. Additionally, parents have influence over their children's gender development in terms of what activities and objects for play are provided. Apart from awareness of their own beliefs related to gender and sexuality, parents can support their children through open and honest age appropriate discussions and accurate information regarding these developmental issues (Wurtele & Kenny, 2011).

Lastly, we would like to briefly address what available research indicates about positive gender and sexual development in transgender and gender nonconforming children (TGNC), who may identify with a gender incongruent with their biological sex. While this will be covered more fully in chapter 7, this discussion would be incomplete without acknowledging that distress in TGNC is largely contributed to by lack of social support and recognition of their chosen gender identity (Sharon, 2016).

3. Possible Counseling Issues (e.g., Individual, Family, and/or Couple)

Possible counseling issues for parents include appropriately supporting sexual development as well as the development of a positive view of gendered identity in early childhood and elementary aged children (Wurtele & Kenny, 2011). By examining their own feelings, attitudes, and biases toward positive gender and sexual development, parents may come up against a multitude of concerns related to their child's development. Some questions counselors may encounter from parents include questions focused on the prevention of negative consequences (What are some safety tips or information for preventing child sexual abuse and teaching young children about consent? What is age appropriate vs. what is not, and what are some red flags to watch out for? What should I do if my child discloses they have engaged in sexual play?), the promotion of healthy sexual and gender development (What does healthy sexual development look like? What is the best way to talk to my child/introduce this topic? How can I encourage positive gender identity development?), and general information (What is the impact of gender and sexual development on social functioning? What is the difference between

biological sex, gender, and sexual orientation? At what age does gender identity begin to develop? How can I support my gender nonconforming or transgender child?).

4. Additional Guidelines for Counseling Practice

Exploration of sexuality and gender occurs throughout the lifespan and parents are encouraged to provide children with age appropriate information that allows them to develop a healthy sense of self and normalizes gender identity and sexuality. Some ways to achieve this include teaching young children proper anatomical terms for their genitals, providing physical contact to promote the idea of safety, security, and love, open communication and frequent discussions of boundaries and appropriate touching regarding sexual play and exploration, and helping older children to decode messages related to sex that they are exposed to through the internet and media (Wurtele & Kenny, 2011). In terms of exploration of gender, research has shown a connection between parent's gender role attitudes and the subsequent gendered attitudes and behaviors of children. In general, the greater the level of egalitarianism modeled within the household, the greater the level of potential flexibility for the child (Dawson, Pike, & Bird, 2016). Additionally, role models can consist of same-sex parental dyads, opposite-sex parental dyads, or other role models within the family unit with the same result (Bandura, & Bussey, 2004; Bussey and Bandura, 1999).

Counselors can help parents with these tasks through role-play, processing parent's' feelings related to their children's developing gender and sexual identities, providing psychoeducation surrounding normal and positive development across the lifespan, and creating a safe and supportive environment for parents and children alike to explore sexuality and gender related issues. Counselors may wish to identify resources for themselves as well as for their clients that provide and promote positive sexual and gender health information, resources, and services (Murray, et al., 2017, p. 290). Counselors often occupy the role of advocate for their clients, and must be prepared to promote the concept of healthy sexuality as positive, necessary and normative (Murray et al., 2017, p. 287). Whenever possible, counselors should be encouraged to examine their own biases related to gender and sexuality and avoid stigmatizing language or heteronormative expectations of cognitions, behaviors, or feelings.

5. What resources (e.g., books, Internet sites, and journal articles) are available to help professionals learn more about this topic?

https://www.plannedparenthood.org/learn/parents/resources-parents
http://www.ashasexualhealth.org/parents/resource-for-parents/
http://positivesexuality.org/resources/sexologist-resources/
http://www.uua.org/re/owl - Our Whole Lives: Lifespan Sexuality Education Curricula
http://www.advocatesforyouth.org/publications/555?task=view
http://nsrc.sfsu.edu - National Sexuality Resource Center (NSRC)
www.siecus.org - Sexuality Information and Education Council of the United States (SIECUS)
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Chapter 4
Parenting for Positive Gender & Sexual Development: Adolescents
By Jen Jones and Hannah Mould

1. Background & Introduction

Parents can have a variety of feelings about talking to their teenager about sex, and may be unsure about how to foster healthy sexual development in their child. As a clinician, it is important to meet parents where they are in the process. It may be helpful to explore the parent's own sexual identity development. It is helpful to avoid using "should" language with parents, and instead educate them on what the research says, emphasizing the role of influence they have in their child's life. Counselors have a unique opportunity to model normal conversations with parents about sexual development, as well as an open and comfortable attitude about the subject. Offering a non-judgmental and empathetic stance will help parents to express their concerns and fears, as well as potentially role-play difficult conversations they might have with their adolescent.

2. Review of Relevant Research

When considering an adolescent's ecological system, parents are some of the most influential people in an adolescent's microsystem (Somers & Ali, 2011). This is even true of adolescent sexual development. One study showed that parental warmth acts as a protective factor against risky sexual behavior (Majied, 2013). Conversely, disengaged parenting may lead adolescents to seek intimacy and connection in maladaptive and unsafe ways. Research indicates that it is best to start these conversations before an adolescent's sexual debut and that these conversations are most effective when they are ongoing (Malacane & Beckmeyer, 2016, Somers & Ali, 2011). Most people would agree that keeping children safe is a key aspect of "good parenting," but Bay-Cheng (2013) cautions parents to avoid unilaterally limiting sexual activity as it inhibits autonomy and competence that lead to healthy sexual development. Instead, parents are encouraged to liken adolescent sexual behavior to teaching autonomous mobility in early childhood, providing safety and support without restricting freedom.

Even though research proves that increased parent communication increases adolescent sexual health, it remains a difficult task for many parents. Malacane and Beckmeyer (2016) identified four types of parent-based barriers: limited sexual health knowledge, perceptions of adolescents' readiness for sex, parental comfort with discussing sex, and demographic factors. They found that not only do parents initiate sexual conversation more when they feel educated, but adolescents are less likely to avoid these conversations when they perceive their parents to be knowledgeable. The second barrier, perceptions of adolescents' readiness for sex, can easily be underestimated, because adolescents often hide information about romantic relationships from their parents. Third, while parents feel uncomfortable discussing sex with their children, one study found that college students felt deprived of an important source of reliable information when their parents avoided the conversation (Goldfarb, Lieberman, Kwiatkowski, and Santos, 2015). Lastly, demographic factors play a role in how much parents initiate conversations about sex (Black parents initiate more than Asian parents and mothers initiate more than fathers). These barriers may be important to assess and explore in counseling.

An important part of adolescent sexual development is exploration. Parents may have their own values and beliefs around sexual identity, but in order for adolescents to feel comfortable talking with their parents about sexuality, it is important for parents to remain open and non-judgmental. It may be helpful to provide parents with psychoeducation around sexuality as a continuum, which changes and develops as an individual grows. This helps parents and their children adopt less discriminatory attitudes as well as not assume one's sexual identity too early (Majied, 2013). If a parent is presenting concerns about their child exploring their sexual identity, it may be helpful to normalize this behavior, and educate or role-play with them about how to have conversations with their child regarding how to explore their sexuality in a safe and healthy way (Horn & Wong, 2014). Additionally, parents can

benefit from focusing on what is most important to their kids. While parents tend to talk about the health concerns related to sex, adolescents are more interested in the social aspects (connecting socially, gaining popularity, etc.) (Majied, 2013). Only discussing the negative consequences of sex without acknowledging the positive aspects, such as physical pleasure and emotional intimacy, can seem disingenuous and even may discount a parent's credibility (Bay-Cheng, 2013).

Adolescents who disclose to their parents that they are gay, lesbian, bisexual, or any other sexual minority can raise unique parenting challenges. Many parents have different reactions, feelings, and concerns including worries about their child's health and safety, grieving the loss of their "dreams" for this child (heterosexual marriage, children of their own, etc), as well as some parents may feel closer to their child after they "come out" (Horn & Wong, 2014). Counselors should be aware and sensitive to the additional challenges in parenting sexual minority children in a culture that remains unaccepting.

Research indicates very clearly that parents who talk openly with their adolescents about healthy and safe sexuality, development, and exploration contribute to less sexual risk-taking, later onset of sexual intercourse, and more use of contraception (Bersamin, et al., 2008; Cox, et al., 2015; Majied, 2013; Somers & Ali, 2011; Malacane & Beckmeyer, 2016). In contrast, parents who do not talk to their children at all, or who restrict all sexual behavior actually contribute to higher sexual risk taking behaviors (Majied, 2013). As stated earlier, parents have tremendous influence in their adolescent's sexual development and parental warmth, connectedness, and open communication are all factors in contributing to healthy and safe sexual development and intimate relationships (Majied, 2013). While adolescents are highly influenced by peers and media messages about sexuality, parents who discuss beliefs and values around sexuality in an empowering way are able to buffer any incorrect information or negative influences (Cox et al., 2015; Bersamin, et al., 2008). For example, parents who mediate television content by watching shows with their adolescents and discussing "teachable moments" as they arise are more likely to have more frequent, direct conversations that lead to healthier sexual development. In addition, with increasing access to internet, it is important that parents monitor and discuss internet safety early on with their children (Bersamin, et al., 2008). Finally, Somers & Ali (2011) found that as communication with parents about sexuality increased, adolescents' communication with peers also increased, which highlights the importance of early and frequent parental conversations about sexuality.

3. Possible Counseling Issues

As seen in the review of the current research, the topic of parenting adolescent sexuality is fraught with issues that clients may bring into counseling. Parents may proactively seek parenting advice on how to talk to their children about sexuality, or they may be seeking counseling on how to deal with an unexpected sexuality issue, such as a teen pregnancy, a homosexual or transgender child, or a child who has contracted a sexually transmitted infection. With the onset of social media and dating apps, parents may be concerned about the safety of their child in the online world. Parents feel a responsibility to ensure the safety of their children, while also attempting to instill their values and beliefs about sexuality. Adolescents may present to counseling with sexuality-related presenting issues, such as how to obtain birth control and/or abortions, the coming out process, or sexual cyberbullying. Additionally, an entire family may present to counseling with conflict around sexuality topics such as a family member coming out or a struggle between a parent's values and an adolescent's sexual desires.

4. Additional Guidelines for Counseling Practice

According to Malacane and Beckmeyer (2016), counselors can play a vital role in helping parents have intentional conversations with their adolescents about sex. Counselors can use psychoeducation to teach parents information about healthy sexuality to improve their self-efficacy and thus increase the likelihood that parents will engage in difficult conversations. Counselors can also help parents identify the reasons they are not having these conversations and process their anxiety

around sexuality topics. Hesitant parents can also be shown the research that indicates early and frequent conversations about sex instill healthy sexual development and give parents the opportunity to counter negative messages adolescents receive in the media.

Parents could benefit from learning different ways and practicing bringing up sexuality topics from a warm, supportive, and nonjudgmental stance. Instead of only talking about sex when an adolescent has violated family values, parents can be proactive in initiating conversations. They can use examples from music, tv, movies, or even their adolescent's peer's lives to give their child an open space to discuss sexuality topics. Both parents and teens may find discussing a third party's sexual behaviors more comfortable than their adolescent's own experiences. Counselors can help parents by role playing a reluctant adolescent, followed by processing what feelings came up for the parent and helping the parent identify ways to keep the conversation informal and nonjudgmental. Reminding parents that there are no "perfect" times or ways to guarantee a non-awkward conversation can normalize any potential negative reactions a parent may receive. Counselors can also encourage parents that as they continue to have conversations with their kids, the awkwardness will diminish.

While most sexuality counseling issues can be covered using the above clinical recommendations, having a child in the coming out process can be a more complex experience for parents and thus warrants some additional recommendations. Not only are parents working through their own reactions to their child's coming out, but they are also often concerned with their child's safety. Horn and Wong (2014) give the following specific clinical recommendations for counselors working with fathers of gay sons including validating the father's emotional responses to son's identity, creating new conceptualizations of masculinities and fatherhood, validating the father's worries and fears and explore ways to find support, and providing psychoeducation about discrimination and homophobia and explore ways to communicate about these with the son.

Lastly, counselors can also advocate for healthier normative beliefs about parenting and adolescent sexuality by joining mass media campaigns that promote the importance of sexual health discussions. They can also launch their own smaller, public awareness campaigns in their own communities and spheres of influence.

5. Resources for Professionals

The following list includes many resources that may be useful to clinicians as well as parents of adolescents. This list is by no means exhaustive, but these resources cover a variety of issues and challenges that parents of adolescents may face when discussing sexuality and sexual health.

Websites

- Site for parents tackling tough topics - https://www.childrennow.org/parenting-resources/
- Articles, books, and online resources for parents - http://www.pamf.org/parenting-teens/sexuality/#RecommendedBooks
- Parents as Sex Educators - https://www.advocatesforyouth.org/parents-sex-ed-center-home
- CDC Division of Adolescent and School Health - www.cdc.gov/healthyyouth/index.htm
- Planned Parenthood Tools for Parents - www.plannedparenthood.org/parents/
- Information from the Center for Latino Adolescent and Family Health - www.clafh.org

Handouts/Guidebooks

- Handout about family communication - http://www.pubs.ext.vt.edu/content/dam/pubs_ext_vt_edu/350/350-092/350-092_pdf.pdf
- Let's Talk Month Planning Guidebook for Professionals - https://www.advocatesforyouth.org/storage/advfy/documents/ltm/LTMGuidebook.pdf

- Resource for educators/trainers for parent-child communication for asian, latino, native american teens - https://www.advocatesforyouth.org/storage/advfy/documents/pccapilatinona.pdf

LGBTQ Community

- PFLAG - https://www.pflag.org/
- Site for LGBT youth - http://oasisjournals.com/

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Chapter 5
Parenting for Positive Children's Gender and Sexual Development: College and Young Adulthood
By Shaunta A. Alvarez

Background and Introduction

Sexuality and identity development occurs over the lifespan, and each phase or stage of an individual's development lays the foundation for development at the next phase. It is helpful for parents to be aware of the types of development changes that are occurring for their children so they can be empowered to incorporate positive sexuality practices into their parenting throughout each phase. This chapter will discuss some of the issues that arise with regard to parenting children in the late adolescent and early young adulthood, or "emerging adult", stages and how those issues can be addressed in counseling.

Review of Relevant Research

Open communication has been found to be an important factor in contributing to young adults' perceptions of positive sexuality. Less conflict and greater openness with parents in general has been documented as a typical change throughout the young adult years (Morgan, Thorne, and Zurbriggen, 2010). The transition to young adulthood, particularly when their children go away to college or move out of the family home, will usually result in changes in the way parents and their children interact and communicate. Lefkowitz (2005) found that upon entering college, students reported increases in open communication with their parents, having more appreciation and respect for their parents, and perceiving their relationship with their parents as becoming more mature or like a friendship.

Researchers have noted cultural and ethnic differences in the ways parents communicate with their children about sex. For example, Kim and Ward (2007) found that rates of parental communication reported by Asian American students was significantly lower than those reported by Black, White, and Latino students aged 14 to 20. Kim and Ward noted differences in communication style among Asian American students, noting that their parents tended to express their opinions about sex through nonverbal or indirect means.

Parents may interfere in their children's sexual identity development due to unresolved emotions from their own sexual development. Mothers, particularly, may interact with daughters in such a way that conveys empathy, which is adaptive, or identification, which may interfere with the daughters' individuation in forming romantic relationships (Shulman, Scharf, and Shachar-Shapira, 2012). Morgan, Thorne, and Zurbriggen (2010) found increases in general closeness with parents, increases in sexual and dating experiences, and more sexually permissive attitudes between young adults' first and fourth years of college. As their children became more active in dating and sexual behaviors, conversations with parents shifted from the more general prohibitive messages of "Don't get a girl pregnant" and "Stay away from boys," to discussing issues in actual and ongoing relationships, and these disclosures were more reciprocal, which was attributed to increased equality in the parent-child relationship.

Boundary dissolution interferes with healthy development through parents' lack of mutuality of autonomy. Psychological control, a form of boundary dissolution, is defined as "parental behaviors that are intrusive and manipulative of children's thoughts, feelings, and attachments (Kerig, Swanson, and Ward, 2012, p. 137). Parents can be psychologically controlling in different ways. When exhibited in the context of a warm and accepting relationship, their children tended to be concerned about meeting other's needs and silencing their own thoughts, wishes, and opinions when they threatened to pose conflicts in their relationships. By contrast, youth whose parents exhibited psychologically controlling behavior in the context of a negative and rejecting relationship were more likely to develop relational styles characterized by dominance and self-centeredness. Psychologically controlling parenting has

been associated with negative outcomes in childhood and adolescence such as insecure identity, low self-reliance, risky sexual behavior, and greater likelihood of involvement in peer relationships characterized by aggression and victimization (Kerig, Swanson, and Ward, 2012).

Male and female children may be parented differently by mothers and fathers, which can impact sexual development identity. Generally, mutuality in the mother-daughter relationship has been found to be important for the development of self-esteem and social adjustment. Paternal validation is seen as important to daughters' ability to trust and assert themselves with males (Kerig, Swanson, and Ward, 2012). Seiffge-Krenke, Persike, and Shulman (2015) assessed body image and perceived fathers' and mothers' support and negativity in a sample of males and females at ages 14 and 17 and again at age 21 and assessed for romantic attachment at age 25. Results indicated that females' positive body image was consistently lined with greater parental support over time and contributed to low avoidance in romance at age 25. Perceived negativity in father-daughter relationships impacted body image contributed to more avoidance in females' later romantic relationships. Higher maternal support at early ages was correlated with a more positive body image in daughters, which in turn reduced avoidance in later romantic attachment. Paternal negativity was not found to impact sons' body image; only positive body image during adolescence resulted in males' low avoidance of romantic attachment at age 25.

The opposite-gender parent is important for the formation of gender roles and body image. In general, boys learn from the mothers and girls from their fathers how to behave in heterosexual romantic relationships. While young men's romantic experiences tend to be defined by a pursuit for sexual gratification, women place greater value on intimacy and support in relationships. A supportive environment provided by both parents may be helpful for females to develop a more adaptive body image and healthy romantic attachments. (Seiffge-Krenke, Persike, and Shulman, 2015).

Parents may also observe changes in their children's attitudes toward long-held family values. Lefkowitz (2005) found that while students' views about religion remained largely unchanged, some did describe changes in exploration, being exposed to, or becoming more open-minded about other religions. As well as being more open to questioning and learning more about their own religion, or becoming more spiritual and less focused on organized religion.

Sexual attitudes and behaviors is another area in which parents may expect their children to change. Sexual behavior during college is most often a form of exploration resulting from more autonomy from parents and experimenting with new roles in relationships. Many of the students in Lefkowitz's (2005) research changed their sexual attitudes, with some becoming more liberal about sex while others viewing sex as "special" or appreciating the meaning more.

Morgan and Zurbriggen (2012) found that college students tend to have specific sets of sexual values that they bring with them to college and that these values may undergo modest changes during the 1st year at college and more extensive change over time. Parental influence on students' values tends to decrease while peers' influence increases over time. Students often cited parents as sources of sexual values that promoted restricting sexual activity. Other students expressed how parents were instrumental in their value of sexual safety. Students also reported that observing their parents helped shape their sexual values. However, parents may be in competition with other sources. Students often reported that the media offered information that was sometimes lacking from other sources, including their parents, that they found the media offered positive role models, and that there were more portrayals of recreational sex in the media. Religion was also described as a source of sexual values, which were described as formative from childhood. Gillmore et al. (2011) found that family support in adolescence, as defined by the extent to which youth felt that family members enjoy, love, and care about each other, was positively related to using condoms consistently in later adolescence/early adulthood.

Cultural and ethnic identity plays a significant role in young adult sexual identity development. Parents tend to be the conveyors of cultural and heritage values and attitudes and may be challenged in adjusting to differences in their children's values. Kim and Ward (2007) found that a portion of Asian parents did not view dating as a normative component of adolescent development, which is very different from the expectations conveyed in the dominant U.S. through the peer relationships and the media. Ahrold and Meston (2010) found that for Latino and Asian college students, higher acculturation predicted sexual attitudes similar to that of Euro-Americans. Unlike previous research, they did not find that acculturation had any influence on the relationship between religiosity and sexual attitudes.

Snapp, Watson, Russell, Diaz, and Ryan (2015) reinforced the idea that sexuality-related support from family, friends, and the community is an important protective factor for the well-being of LGBT youth and that in the particular sample researched, family support and acceptance during the teenage years was the only form of support that significantly predicated all measures of young-adult adjustment and that family acceptance during adolescence has consistently been shown to have strong associations with indicators of young adult well-being.

Possible Counseling Issues

Given the range of potential issues described in the previous section, counselors have many opportunities to offer support to parents of young adults that will help promote positive young adult sexuality development. While addressing the specific issues listed above, counselors contribute to the overall goal of positive familial and parental support for young adults. Gillmore et al. (2011) suggested that interventions to strengthen parent-child bonds in adolescence may have long-term benefits as youth transition into late adolescence/early adulthood.

Counselors can offer parents education about the stages of development and how they can be supportive of their young adults mental, social, and physical well-being at each stage.

Parents may need to address their own unresolved sexual development and identity questions. There may also be marital discord or negative interactions between divorced or separated parents that may lead to young adults fewer examples of positive and healthy relationships. Here, couples and/or individual therapy may offer additional support.

Particularly when working with families whose cultural and/or ethnic identities differ from those of those of the counselor, counselors and clients would do well to address their differences around values about sex and romantic relationships. Counseling would help to not only address these differences but to also help parents and their children figure out how to help the students synthesize disparate messages into a set of values that promotes their individual sexual identities.

Snapp et al. (2015) suggest that given the importance of family acceptance on young adult adjustment, efforts to educate parents and families about how to be supportive of their LGBT child are warranted.

Additional Guidelines for Counseling Practice

Counselor can strengthen the therapeutic relationship with individuals and families, especially those whose cultural/ethnic and sexual identities are different from that of the counselor, by practicing cultural awareness skills.

What resources (e.g. books, Internet sites, and journal articles) are available to help professionals learn more about this topic?

- American Association for Marriage and Family Therapy http://www.aamft.org/iMIS15/AAMFT/
- Arnett, J.J., and Tanner, J.L. (2006). *Emerging adults in America: Coming of age in the 21st century*. Washington, D.C. : American Psychological Association.
- Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling http://www.algbtic.org/

- Association for Multicultural Counseling and Development and Development Multicultural Counseling Competencies www.counseling.org/resources/competencies/multcultural_competencies.pdf
- International Association of Marriage and Family Counselors http://www.iamfconline.org/

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Chapter 6
Parents Talking to Sexually Active Teens
By Katie Lloyd

For most parents, a conversation about their teenage child's sex life isn't something to look forward to. In the United States in particular talking to adolescents about sex can be difficult for parents given the culture's taboo treatment of sexuality in general, and particularly teen sexuality. However, statistics show that US teens are having sex; out of all industrialized nations the US has the highest rate of unintended teenage pregnancy (Bay-Cheng, 2013). If teens are going to become sexually active, sometimes despite parents' wishes, it is important to give parents tools to talk to their teens about this subject beyond abstinence only models.

Why should parents talk to teens about sex after it's already happening? Parents who are particularly focused on making sure their child does not have sex may view the discovery that their child is sexually active as a failure. However, for parents who want to help protect their children and foster a closer relationship, talking about sexuality provides an opportunity to influence how adolescents behave sexually. It is important to note that despite some parents fears that their teenage children don't listen to them, studies have shown that communication with parents can influence teenager's sexual behavior once they become sexually active (Aspy, et al. 2007). In particular, communication between parents and adolescents can help to reduce the likelihood that adolescents engage in risky sexual behaviors (Aspy, et al. 2007).

Studies have shown several risky behaviors in particular that are negatively associated with parent child communication. One study by Miller, Levin and Whitaker (1998) found that teens whose mothers discussed condom use with them were more likely to use condoms during their first experience of intercourse and to continue to use them in subsequent encounters. It is important to note that timing played a role in this study; it was most helpful to talk to children before they had intercourse for the first time, so encouraging parents to talk to children before they are aware they are having sex is ideal. Other research has linked condom use to parent-adolescent communication through adolescents' likelihood of talking to their sexual partners. Research has found that adolescents whose parents talk to them about sexual health topics are more likely to talk to their partners about these topics, and that adolescents who talk to their partners are more likely to use condoms (Widman, et al. 2013). Communicating with sexual partners may have other positive consequences for teens as well. Two other behaviors that have been linked to parent-child communication about sex are birth control use and having fewer sexual partners. Researchers have found that teens whose parents talk about birth control with them are more likely to use it when they have sex, and that those whose parents teach them about birth control, promote abstinence, or teach them how to say no are more likely to have had only one sexual partner (Aspy, et al. 2007).

It is not only the presence of conversations about sex that is helpful, studies have found that the quality of these discussions is important. In particular, one study found that adolescent's perceptions of their parent's competence in communicating about sexual topics was the factor that most strongly reduced teens' likelihood of engaging in risky sexual behaviors (Holman & Kellas, 2015). It may be helpful for parents to practice conversations with each other, or in the mirror to increase their confidence before speaking to their children. Another study by Young Pistella and Bonati (1999) asked adolescents to report ways in which their parents could make sexual conversations more helpful. Some things that adolescents listed as helpful to these conversations include: parents treating their children more as adults (particularly, adolescents wanted to be respected as a fellow adult), and the perception that children could count on their parents' unconditional support in a crisis. Something that adolescents cited as inhibiting communication with their parents about sexual topics were parent's perceived likelihood or history of getting angry in conversations with their children, and the hectic pace of day to

day life (Young Pistella & Bonati, 1999). Overall these findings indicate that children may be most receptive to talking to their parents about sexuality when parents are available for conversations, treat them with respect, and are not easily angered.

Finally, research has indicated that not only can conversations be practically helpful in decreasing adolescents' risky sexual behaviors, adolescents actually appreciate the opportunity to talk to their parents about sexual topics (Bay-Cheng, 2013). Further, 85% of teens surveyed in one study reported that they almost always or sometimes agreed with their parents on sexual topics (Young Pistella & Bonati, 1999). Parents may find conversations about their adolescent's sex lives difficult, but these conversations can be vital in helping teens, and could help to foster an open and honest relationship between parent and child.

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Chapter 7
Teaching Children to Understand Consent
By Javiette Grant and Lavender Williams

Background and Introduction

According to loveisrespect.org, consent is permission that is given or an agreement made within a healthy relationship on what kind of activity the partners will engage in ("Healthy relationships", 2016). Consent can be given in many situations ranging from casual hand holding to formal medical procedures. In regard to sexual activity, consent is crucial to healthy and safe behaviors. It is important for children to understand sexual consent as hundreds of Americans are affected by sexual violence everyday ("Statistics", 2017). According to a study conducted in 2013, 10.4% of students who had dated within the year had been "...kissed, touched, or physically forced to have sexual intercourse when they did not want to…" by their date (Kann et. al., 2014). Children should be equipped with knowledge about their right to decline any act or behavior done to their body, when this right has been ignored or taken away, and how to respect this same right of others.

Review of Relevant Research

Sexual harassment during adolescence is increasingly being recognized as a public health concern in the U.S. Cross-sex social contacts become more prominent during adolescence, which provides not only opportunities for cross-sex friendships and intimate relationships, but also for sexual victimization, such as sexual harassment (as cited in Doshi et. al, 2016). It is never too early to teach children about healthy boundaries and consent. It is important for kids to grow up knowing that they are the boss of their own body. During the pre-teen and teen years this is when children start to navigate sex for the first time. Many students undergo displaying inappropriate behavior to another peer or receiving the inappropriate behavior due to lack of understanding. In a study designed to examine sexual harassment victimization, they found that Middle school students reported behaviors such as physical touch and pulling down pants as occurring in school settings (Doshi et. al, 2016). An interesting pattern that emerged when students were asked to describe sexual harassment experiences that were most upsetting was a tendency to describe these events as unwanted behaviors that are physically or verbally directed at them, but immediately dismissed these behaviors as "joking" and "meaningless" (Doshi, et. al, 2016). "Understanding and recognizing what constitutes sexual harassment and where it most commonly occurs among early adolescence is critical to preventing sexual harassment into late adolescence." Sex education can help prevent assault and other forms of harassment. (Doshi, et. al, 2016).

Depending upon the child's state residence, school district and type of school, the amount and kind of information they receive about sex from their school environment may vary from child to child. Although many schools have some form of sex education, research indicates that to prevent intimate partner violence and sexual violence, gender equity between males and females should be encouraged (Lundgren & Amin, 2015). The different types of sex education provided in schools include single awareness campaigns, single assemblies or discussion sessions that have been shown as less impactful as repeated exposure. When children are exposed to sex education repeatedly and across various settings they are more likely to have better and lasting results (Lundgren & Amin, 2015).

Possible Counseling Issues

Many families have different dynamics around the topic of sexuality and counselors may find varying reactions from family members if sexuality is brought up in a family counseling session. In these cases, it is important to join with the family and create a therapeutic relationship. This foundation will help the family to trust the therapist and allow themselves to be guided into such an uncomfortable topic. A second reaction parents may have to the suggestion of teaching consent to their child is that they may consider it as unnecessary. Parents may find it hard to imagine their child causing harm to

anyone else and may even assume that their child already knows what it means to respect others. In this situation, the counselor may validate the parents' confidence in their child's understanding of respect for others but should also encourage an open dialogue that allows for clear discussion about the topic of consent specifically.

When working with a parent individually, the counselor may also find varying levels of discomfort. Although their child may not be present in the room, the parent may find the topic uncomfortable because they are anticipating this conversation with their child. It is important for the counselor to validate the client's discomfort and possibly process where it is coming from. The counselor can also try activities to alleviate the client's discomfort. First, the counselor and client may role-play with the counselor as the parent and the parent as the child. In this case, the client will see a model of how to present the information. Next, the client and counselor can switch roles and the parent can practice talking about consent with the counselor as their child. This will allow the parent to have some practice and hopefully feel more confident when discussing the topic with their child.

Additional Guidelines for Counseling Practice

When discussing sexual consent with children, other forms of consent may also be included to provide a broader definition of consent in its many forms, such as in healthcare. Even when they do not yet have the legal right to give their own consent to treatment, research has demonstrated that many minors possess the cognitive and emotional abilities to understand the consequences of their decisions, to include health care decisions. In fact, minors as young as 12 years of age frequently possess this ability (Redding, 1993). Although they may not have the legal right, many minors may be able to be active in the decision-making process. This is an essential way that children can learn about consent. By including the child in this process, counselors are demonstrating respect for the client's autonomy. The counselor is helping to promote the therapeutic relationship while empowering the minor for the benefit of them understanding that they have the right to be an active participant in every decision in their life. During this process, it is important for the child to know that there are key things necessary for consent to be valid. Snyder and Barnett (2006) assert that for informed consent to be valid, three criteria must be met: Consent must be given voluntarily. The person must be competent (legally as well as cognitively/emotionally) to give consent. The person asking for consent must actively ensure the receiver understands what she or he is agreeing to.

Adolescence is a period of physical and emotional growth. Many children experience being faced with risky and exploitative behavior at any early age. When it comes to talking about these situations, children are faced with feelings of guilt, shame, or embarrassment. Counseling is a practice which creates a safe space for children to talk about issues of boundaries and consent, and how to deal with them in a positive and responsible way. Counselors should view discussions about sexuality as an ongoing conversation in the therapeutic process. Strategies counselors should use when communicating with children include: addressing them directly and using open-ended questions, listening without interrupting, observe non-verbal communication, avoid making judgement, and ask for clarification during stories. Counselors should actively encourage parents to talk to their children about personal boundaries and what it means to give consent. Being aware of cultural factors is important as well. Counselors should educate themselves on their client's background and what attitudes, values, and beliefs were placed in the beginning of the child's life. Most importantly, when discussing consent with children, counselors should consult with other professionals and adhere to their profession's ethical guidelines.

Counselors should remind children in conversations about consent that they should always ask permission before touching or taking something from someone else. This will help them understand that it is important to get permission from someone first and it may reduce impulse control. Informing children that consent can be given and taken away at any time reinforces the idea that just because someone says "yes" to you the first time does not mean they are obligated to do so the next.

Counselors may also discuss the importance of "no". Children should know that the same consent that exists between them and their peer should exist between them and any adult; their refusal should be respected and validated. Counselors can teach their youth clients about consent in a variety of ways. During therapy, the child can role play different scenarios to practice how to say "no", consent games can be used to help build the child's comfortability with decision making, conversations can be held to explore the child's personal values and beliefs, and simply checking in about the child's daily life could strengthen the relationship and allow the child to be more comfortable to talk about this topic.

Resources available to help professionals learn

There are many great books on how to teach consent to children. While some of them may be labelled as resources specifically for parents, the information is applicable for professionals as well. *Everyone's Got a Bottom* by Tess Rowley, is a book that talks about how to be the boss of your own body; *My Body What I Say Goes!* by Janeen Sanders is about personal body safety, feelings, safe and unsafe touch, secrets and surprises, and consent; *No Means No* by Janeen Sanders is about personal boundaries respect and consent (Hakanson, 2016). Websites that provide more information about this topic include: www.teachconsent.org, www.advocatesforyouth.org, www.powerupspeakout.org, www.theconsenualproject.com, www.consentiseverything.com, www.projectconsent.com. The National Sexual Violence Resource Center provides lesson plans used in conjunction with a series of educational videos about consent available on their site. Planned Parenthood also has lesson plans and videos on teaching the youth about consent. Professionals should also check at their local health care centers, hospitals, and community agencies about workshops, speakers, and programs available to schools, parents, and children specifically.

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Chapter 8
Parents of Children Who Have Been Sexually Abused
By Victoria Lusk, Lindsey Jefferies, and Jessi Matlock

1. Background and Introduction

This chapter serves the purpose of introducing key issues associated with child sexual abuse (CSA). CSA has many implications that affect not only the child, but also the caregiver and the family system. Mental health concerns such as anxiety, PTSD, depression, and behavioral disorders may arise from sexual abuse, and it is important for counselors to be well informed about CSA to best support clients and their family unit. To best help the victim of sexual abuse a holistic approach should be implemented, where non-offending caregivers are provided with resources and support as well as the child. Research about CSA, counselor considerations, and useful resources have been included to assist counselors working with this population.

2. Relevant Research

Research shows that a parent's perceived competency and self-efficacy greatly influence the way a parent interacts and parents their children who has been sexually abused. In addition to this, parents of children who have been sexually abused tend to feel less competent in the parenting abilities, report more distress, and are at an increased risk for depression and anxiety. They can also develop less secure attachment styles with their children. To best help parents of children who have been sexually abused, clinicians can dispute inaccurate perceptions parents have and enhance their parental self-esteem. This will increase the overall well-being of parents and caregivers. Focusing on parental self-esteem in the treatment plan will increase the positive outcomes for parents of sexually abused children and reduce the chance of any further victimization experienced by the children (Johnson, E. L., et al., 2014, pgs. 505-507).

In addition to the negative effects CSA has on the caregivers of the victim, research has shown that mental health issues can arise in the child as well. While the child may display a heterogeneous range of symptoms that may not fit a single diagnostic label (e.g., PTSD) or be treatable by a single treatment strategy (e.g., exposure therapy), it is important to consider the negative outcomes associated with the abuse. Research has shown that symptoms of posttraumatic stress disorder (PTSD), depressive disorders, anxiety disorders, and behavioral disorders are common among children exposed to CSA (Child Sexual Abuse) (Hubel, G. S., et al., 2011). Group CBT has shown to be an effective method of treatment for child victims as well as their caregivers. Including caregivers in the child's treatment has had positive outcomes and has shown to buffer mental health issues that children may experience following CSA. Research examining treatment outcomes for sexually abused children has demonstrated that cognitive-behavioral therapy (CBT) can be helpful in decreasing symptoms associated with CSA (for reviews, see King et al., 2003; Saywitz, Mannarino, Berliner, & Cohen, 2000).

3. Possible Counseling Issues (e.g., Individual, Family, and/or Couple)

When a parent first becomes aware of a sexual assault or an offense towards their child, a multitude of thoughts and feelings such as anger, embarrassment, hurt, and shame may be experienced. As an individual or a single parent, it is typical for self-blame and guilt to be the underlying emotion expressed especially if they are the primary caregiver of the abused child. When counseling these individuals, it is important focus on the internalization of the shame and the anxiety that may be present as well. When counseling a family, possible concerns may include a series of mental health problems such as depression, Post-Traumatic Stress Disorder, anxiety, and placing blame on the child for the CSA. In addition, families may and experience a shift in their expectations for their child's future (Kouyoumdjian, H., et al., 2009). Couples may experience a division due to the lack of oversight and protection they may feel was not provided for their abused child. It is possible for the couple to

overlook their role in their child's recovery due to the resentment they are experiencing between each other. Because CSA can impact the victim and their family unit in many ways, it is vital that counselors are sensitive to the client's needs. Considerations to keep in mind in working with this population include avoiding retraumatization, developing coping skills with the victim and their caregivers, and helping the client re-establish their autonomy. (Knauer, S. 2000, pg 52)

4. Guidelines for Counseling Practice

Parents of children who have been sexually abused tend to feel less competent in their ability to be a parent and feel a lot of distress around parenting practices and connecting with their child. It important for counselor and clinicians to dispute any irrational believes a parent might have about their ability to be a parent and connect with their child. It is also important to help parents build their parental self-esteem. This will increase their parental self-efficacy and decrease the chances of their children feeling victimized by their parents. (Johnson, E. L., et al., 2014, pgs. 505-507).

Research shows that parents can see "a range of emotional changes in their abused children, including anger, lower confidence, anxiety, low mood, mood swings, and feeling unsafe. They also noted behavioral changes such as sleep problems, being more withdrawn or avoidant, noncompliance, sexualized behavior, and regression. For a small number, it was also identified that they had suicidal or self-harming behaviors, poor self-care, lack of motivation, and controlling behaviors. Other changes for children also included having school problems, having personality changes, and increases in interpersonal problems" (van Toledo, A., & Seymour, F., 2016, pg. 407). With these concerns in mind, it is important to help each parent find the appropriate resources and learn ways to help their children cope with these concerns. After a disclosure is made by a child about a sexual abuse that took place, parents often report wanting to know how to respond to their children's difficulties in the most helpful way, how to deal with their own coping, and what support is needed to work through these difficulties with their child (van Toledo, A., & Seymour, F., 2016, pgs. 407-408). It is important for mental health care professionals to meet each parent where they are at, teach them how to best support their child, and how to cope with possible secondary trauma they may be experiencing.

Parents have also reported the desire to learn behavioral management strategies and coping strategies and gaining education about abuse issues. A mental health care provider can be helpful by giving parents the resources they need to work through these concerns. Overall, it has been shown that children need extra support after the disclosure of sexual abuse and that when parents provide this support there are more positive outcomes for children who have experienced abuse. Parents should focus on being supportive and help the child cope with what has happened. Each child will have different needs and parents should try and understand the individual needs of each child in a way that does not re-victimize the child.

5. What resources (e.g., books, Internet sites, and journal articles) are available to help professionals learn more about this topic?

http://www.stopitnow.org/ohc-content/resources-for-parents-of-survivors
https://www.childwelfare.gov/pubPDFs/f_abused.pdf
https://www.rainn.org/
http://www.nctsn.org/trauma-types/sexual-abuse
http://www.againstsexualabuse.org/resources.html
https://www.childhelp.org/

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Chapter 9
Balancing the Demands of Parenting with Couples' Intimacy
By Molly Adams and Barrie Johnson

1. Back ground and Introduction

Intimacy and marital satisfaction are commonly impacted by the addition of children. Since child-rearing requires significant energy and attention from the caregiver, children's needs tend to be prioritized by parents, often at the expense of their marital relationship. Logistical changes, particularly with the first child, can lead to new stress and conflict in a relationship. Such conflict affects relational intimacy and a couple's sex life. By helping parents redefine and integrate new forms of intimacy into their relationship, couples can sustain and grow in relational satisfaction in the midst of changing family-needs and demands.

For couples who choose to carry and birth their children, parenthood brings biological and physiological changes, particularly for women. These changes can influence libidos, hormones, and stress levels for both partners. Pregnancy and childbirth requires women's' bodies to undergo serious physical changes, some irreversible. These changes often require women to reevaluate their perception of their bodies and their overall body image. All of these shifts can impact a couple's desire for and experience of sex.

2. Review of Relevant Research

Data from the 2006 Marital and Relationship Study revealed that couples who adopt an egalitarian perspective of household responsibilities, including child care, enjoyed better quality in their emotional and sexual relationship (Carlson, 2016). These findings challenged previous studies, conducted decades earlier, that found egalitarian relationships to have a negative effects on marital intimacy and satisfaction. This recent study found greater relational-satisfaction for both men and women when child care responsibilities were shared between both adults (Carlson, 2016).

Studies show that having children decreases marital quality while also increasing stability in the relationship. In general, mothers experience more depressive symptoms than fathers following the birth of their child; especially if the pregnancy is unexpected or the mother is young (HOUTS, 2008). Satisfaction in marriage has been linked to a couple's ability to solve problems, not the absence of conflict (HOUTS, 2008). Improved problem-solving skills has been shown to increase marital satisfaction and lower distress. As the birth of a child brings with it the introduction of new issues and potential conflicts, a couple's ability to problem-solve during these years of early childhood greatly predict the satisfaction they experience in their relationship and their ability to achieve intimacy.

One marital workshop, lead by Jill Peyton, encouraged couples to expand their definition of intimacy, particularly their understanding of physical intimacy, to include other forms of physical touch, such as touching, petting or kissing (Times, 2005). This workshop found that loss of intimacy in marriage was common across many different demographics and life-seasons and that by reframing their perception of intimacy, many couples experienced more satisfaction in their intimate lives (Times, 2005).

Studies suggest that perception of parenting difficulty is related to intimacy and sexual satisfaction in both new and experienced parents (O'Brien & Peyton, 2002). One study assessed 97 couples' marital intimacy over the first three years following the birth of a child. The measures used targeted stress levels, intimacy, parental locus of control, traditional attitudes about child rearing, and child-rearing agreement and were administered 5 times within the first three years after the birth of the child. The researchers found that wives' and husbands' marital intimacy declined consistently during this time (O'Brien & Peyton, 2002). Importantly, each partner's degree of difficulty with parenting was correlated with marital intimacy, such that those who experienced parenting as easier tended to be higher in marital intimacy. The study also found that wives who had husbands who held more

traditional views about child rearing or in cases where views of child-rearing differed reported steeper declines in marital intimacy over time. Looking at gender roles and distribution of parenting responsibilities in co-parenting are important to address when helping parents foster connection after having children (O'Brien & Peyton, 2002).

Postpartum body satisfaction can also impact intimacy (Michelson & Johnson, 2012). Researchers interviewed 85 heterosexual couples in the US 9 months after the birth of their first child to understand two things. The first was to examine how gender differences in postpartum body satisfaction varied for men and women. The second was to examine the association of self and partner body satisfaction with postpartum intimacy. Participants rated their self and partner body satisfaction, intimacy satisfaction and conflicts, perceived partner rejection on a likert scale. The study found that mothers were slightly dissatisfied with their bodies, and fathers had significantly higher body satisfaction (Michelson & Johnson, 2012). Interestingly, each partner perceived their counterpart as having higher body satisfaction than themselves. For women, it was found that her sense of intimacy was impacted by her perceived partner rejection. That is, new mothers who were dissatisfied with their bodies indicated more perceived rejection from their partner towards their sexual advances, which resulted in decreased intimacy satisfaction. For new fathers, intimacy satisfaction is directly related to their satisfaction with both their and their partners' bodies, underscoring a need for the new fathers to maintain body satisfaction as a factor pertaining to partner intimacy following the birth of a child. Body satisfaction is important for both parents in maintaining intimacy following the birth of a child (Michelson & Johnson, 2012).

3. Possible Counseling Issues

Parents who come to counseling with intimacy-related issues could present with a myriad of concerns. Some issues commonly shared within this population, include but are not limited to: women struggling with body-image postpartum; lower libido for one or both partners, disagreement over the delegation of parenting responsibilities, bonding issues between parent and child, familial conflict related to the child, disagreement over parenting approaches or discipline, one or both parents feeling neglected, etc.

4. Additional Guidelines for Counseling Practice

Emotionally Focused Therapy (EFT) is a highly regarded, empirically-supported approach to fostering deeper intimacy and developing stronger marital relationships when discord arises (Greenman & Johnson, 2013). EFT has its roots in experiential, humanistic, and systemic approaches and consists of three overarching stages. Cycle de-escalation is the first stage, and focuses on helping partners identify problematic styles of interacting to highlight difficulties in the relationship. The second stage focuses on restructuring the couple's interaction and creating secure attachment bonds between the partners as a way to reduce partner defensiveness and emotionally withdrawing and reacting by partners. The final stage focuses on consolidating and integrating the therapeutic gains couples have made. EFT values emotional and affective experiencing to initiate and maintain interpersonal changes made. Clinicians help partners get in touch with their emotions by continuously reflecting feelings, which in turn helps client to expand their emotional repertoire and understanding of themselves. Using EFT is a supported and effective approach to helping foster intimacy among couples that can be used following the arrival of infants and children (Greenman & Johnson, 2013).

5. What Resources (e.g., books, internet sites, and journal articles) are available to help Professionals learn more about this topic?

In addition to our references at the end of this chapter, parents who are looking to reclaim or sustain intimacy in their relationship could benefit from the following resources:

http://www.parenting.com/article/sex-after-baby
http://www.parents.com
How to save your marriage your kids

A Bridge Back to Love: How Busy Parents Can Help Their Intimacy Thrive

To Raise Happy Kids, Put Your Marriage First, by: David Code

The Intimacy Factor : The Ground Rules for Overcoming the Obstacles to Truth, Respect and Lasting Love, by: Pia Mellody

And Baby Makes Three: The 6-Step Plan for Preserving Marital Intimacy and Rekindling Romance After Baby Arrives, by: John M. Gottman, Julie Schwartz Gottman

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Chapter 10
Parenting LGBTQ+ Youth
By Elizabeth Carter

Introduction: Parenting LGBTQ+ Youth

Growing up as an LGBTQ youth presents a multitude of personal and social obstacles in our generally hetero-normative/homophobic society. Youths in this community must deal with fears of social and familial rejection upon the revelation of their sexuality or gender variance. These kinds of rejections can lead to severe psychological upheaval in the form of higher rates of depression, suicidal ideation, and drug abuse (Gray, Sweeny, Randazzo & Levitt 2016). Being an LGBTQ youth is especially trying for children in minority communities. Often their sexuality or gender variance is viewed as reflecting poorly upon the whole community. This creates a more negatively nuanced form of social shame for these youths (Pullen, Robichaud, & Dumais-Michaud, 2015). However, studies have shown that children who receive higher levels of acceptance and familial support report high levels of self-esteem, social support and overall health (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010) (Roe, 2017). In the absence of parental support LGBTQ youth can look to extended family members, friends and members of the community to find support. Ultimately, finding acceptance and understanding of who they are leads to more positive emotional outcomes for youths in the LGBTQ community (Roe, 2017).

The Road Less Traveled: Parenting an LGBTQ Child, A Review of The Relevant Literature

For cis-gendered heterosexual parents learning that their child is LGBTQ can be a bit of a shock. Many parents have to process this news on multiple levels. They must first process their own feelings surrounding the LGBTQ community, and ideally work towards a stance of acceptance of their child. However, they are not the only family members who may be surprised. Siblings may react negatively, and it is the parent's job to manage sibling behavior toward their newly outed LGBTQ child. Grandparents and other relatives may also have rejecting responses, and it is the parent's job to help buffer the reactions of other family members. Often parents struggle to understand how to support their kids in having a "normal childhood". However, parents can take on advocacy roles in the community, and this serves to help protect their children from stigma, as well as helping them feel that their parents are "on their side" (Gray et al., 2016). Many parents must also cope with uncertainty about the future, and feel powerless to protect their children from social ostracism, bullying, or physical violence. This can create an increase in both stress and anxiety for parents of LGBTQ kids (Pullen et al., 2015) (Hill & Menvielle, 2009).

For those whose children are transgender decisions must be made around whether to remain in their community of origin, or to "stealth" and relocate after their child has changed their gender identity. If parents choose to "stealth", once in the new community the trans-child's gender shift may go undetected, and this allows both the parents and the child to exist in a non-stigmatized way in their community. However, "stealthing" comes with its own drawbacks and fears of being "outed again" in the new locale (Gray et al., 2016). For LGBTQ kids with LGBTQ parents there is a risk of feeling "doubly marginalized" by society. In spite of this, they also have role models from within the family who may be more accepting than heterosexual parents, as they are more likely to receive guidance and lessons in coping skills garnered from their parents first hand experiences with coming out (Kuvlanka & Goldberg, 2009). All in all LGBTQ children need what all children need: unconditional and openly expressed support of their identity. When given this type of support from their parents, LGBTQ children are buffered against so many of the pitfalls of self-esteem and self-concept that those who are rejected fall prey to (Roe, 2017) (Ryan et al., 2010).

Possible Counseling Issues when working with families of LGBTQ+ Youth

For the families of LGBTQ kids multiple issues may arise after the revelation of their sexuality/gender variance. In the study Roe conducted, "Parent reactions ranged from disappointment, to anger, to choosing to ignore the disclosure." Parents of LGBTQ youth may present with a lot of stigma or homophobia surrounding the LGBTQ community. (Kuvlanka et al., 2009) People from more orthodox religious backgrounds may view homosexuality (and all things related to it) as sinful and therefore something to be "corrected" (Roe, 2017). Historically reparative therapies have blamed the parents for "making their child gay". For parents who view the LGBTQ community as being comprised of people whose parents failed them and need to be fixed, it can be a serious blow to ones sense of self as a parent when their child comes out, and this fear can have a very negative influence on the attitudes parents present to their LGBTQ children (Hill & Menvielle, 2009). Fears of social ostracism by their greater community may also abound for parents of LGBTQ youth (Pullen et al. 2015). Interestingly, and unfortunately, internalized hetero-normative biases surrounding how kids are "supposed to be straight" have been reported even in homosexual couples with children who come out as part of the LGBTQ community. These parent's fear if their children are gay it will reinforce the stigma that gay parents "turn their children gay", and that ultimately this could lead to government restrictions on LGBTQ people being allowed to have kids (Kuvlanka et al., 2009).

For families with negative reactions to their child's LGBTQ status the "family emergence model" outlines the common form of upheaval and a return to normalcy within the family system. Typically there is a stage of initial turmoil after the disclosure of the child's sexuality/gender. During this time underlying issues in the family bubble up, and demand processing. After turmoil comes negotiation. This is when the family attempts to adjust to their child's new way of identifying thus regaining a sense of homeostasis and equilibrium. The final stage is balance. In this stage the family will ideally learn to balance their child's needs with the overall needs of the family (Hill & Menvielle, 2009).

Other important considerations when working with families of LGBTQ+ Youth

A lot of parents think their children's revelation of being LGBTQ is just a phase or that they'll grow out of it. Acting on this belief, many parents will begin policing their children's gendered choices—such as not allowing boys to play with dolls or girls to cut their hair short (Hill & Menvielle, 2009). Unsurprisingly, multiple parents, who had previously been instructed to police their children's gendered choices, noted in the Hill study, that these policing behaviors were ultimately destructive to their children's emotional wellbeing and overall morale. Overall, parents of LGBTQ kids, whether fully accepting or fully rejecting generally benefit from psycho-educational courses surrounding their children's LGBTQ identification. Likewise, LGBTQ kids also benefit from being connected to outside sources of support such as counseling groups, or being connected with other members of the LGBTQ community. For those parents who struggle more greatly with their child's revelation, or who are receiving social criticism finding a trusted confidant, connecting with other parents of LGBTQ children, or beginning counseling can be a great source of support. In spite of the many challenges to parenting an LGBTQ child, in the long, run parents have expressed that they've had to grow personally and have deepened their understanding of both themselves, and others, by having a child in the LGBTQ community—for many what initially began as a difficult journey ultimately became one of personal growth and expansion (Hill & Menvielle, 2009).

Resources for Professionals Working With Parents of LGBTQ+ Youth

The Transgender Child: A Handbook for Families and Professionals

By: Cathi Dunn MacRa

Casebook for Counseling Lesbian, Gay, Bisexual, and Transgender Persons and Their Families

Edited by: Sari H. Dworkin and Mark Pope

Helping Families Support Their Lesbian, Gay, Bisexual, and Transgender (LGBT) Children

An Article By: Caitlin Ryan, Ph.D., A.C.S.W.

Director, Family Acceptance Project TM – San Francisco State University

PFLAG

An organization for families and allies of the LGBTQ community
https://www.pflag.org/

The CDC's Web Page for LGBTQ Health Resources—Includes information for Parents
https://www.cdc.gov/lgbthealth/youth-resources.htm

The Human Rights Campaign—Resources for Parents of Transgendered Youth
http://www.hrc.org/explore/topic/transgender-children-youth

The Child Welfare Organization's Page on Resources for Families of LGBTQ Youth
https://www.childwelfare.gov/topics/systemwide/diverse-populations/lgbtq/lgbt-families/

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Chapter 11
Infertility
By Hannah Moore

1. Background and Introduction

According to the Centers of Disease Control and Prevention, as cited by the National Infertility Association (2015), 1 in 8 couples have trouble getting pregnant or sustaining a pregnancy. With that being said, it is more than likely that as a practicing counselor, one will encounter infertility as a presenting or secondary concern of one's clients. This chapter serves as a brief introduction into possible concerns and counseling practices that one may research further in the development of one's practice of counseling couples and individuals struggling with infertility. We will address relevant research, specific counseling issues, and resources that may be useful for both clients and counselors. As with any specific area of counseling, it is important to be appropriately knowledgeable and seek supervision when beginning to counsel in an area that is perhaps new or unfamiliar to one as a counselor.

2. Review of Relevant Research

Luk and Loke recently published a meta-analysis of articles researching the effect of infertility on couples (Luk et al., 2015). This article specifically focuses on the effects of infertility, as opposed to adding the effect of infertility treatment. Luk and Loke's findings reveal that infertility "alters the sexual and marital relationships of infertile couples" (Impact of Infertility, 2015). This study also reports that stress due to infertility is found in higher instances in the woman than in the male partner (Luk et al., 2015). This study, similar to that of other studies, does not include research around how homosexual couples face and address infertility.

In separating the findings from the meta-analysis, Luk and Loke find that the results of different research consistently find that both women and men experience higher rates of depression, anxiety, and emotional disorders associated with infertility than those not experiencing infertility (Luk et al., 2015). Luk and Loke cite Ahmadi and colleagues in research that Iranian men struggling with infertility experience depression at a higher rate than Western men struggling with infertility (Ahmadi et al., 2011), but then go on to conclude that "the effects of infertility on couples are not population specific or cultural bounded" (Luk et al., 2015). This can be interpreted as saying that there is not one single population or group of people that exclusively experience negative effects of infertility. In the same vein, this statement should not be interpreted as saying that all groups and all populations experience effects of infertility in the same way. While no one group is exempt from negative psychological effects of infertility, it cannot be said to be uniform in qualitative experience across all individuals.

Differences in responses due to gender differences is also addressed in "An Introduction to Infertility Counseling: A Guide for Mental Health and Medical Professionals". This article confirms that women experience greater amounts of infertility-related stress, and delves deeper into the different gendered coping strategies (Peterson et al., 2015). Their research reports that women are more likely to seek social support while men are more likely to distance themselves from infertility-related pain and instead use problem-solving strategies (Peterson et al., 2015). It is important for counselors working with those struggling with infertility to understand the different responses each member of a couple may exhibit. Validating each individual's response is more likely to gain the trust and buy-in of each member of the couple, increasing effectiveness of counseling.

It is also important to see the differences in responses in part because the response of each individual affects the coping strategies of their partner (Peterson et al., 2015). Differences in responses, if not communicated and processed, may invalidate one partner or another, or lead to

increased marital distress. Peterson and associates identify that avoidance coping is linked to increased psychological distress, and that meaning-based coping is linked to decreased marital distress (Peterson et al., 2015). For this reason, it is useful for the counselor to not only be able to identify the coping strategies of each individual, but also to be able to determine how each of the partner's coping strategies interacts with the other. In an article titled "Coping Processes of Couples Experiencing Infertility", Peterson and associates identifies that infertility counseling focused on the individual "often leads to unsatisfactory outcomes" (Peterson et at., 2006). It is important for counselors to be mindful of the relationship as their client, and work with the impact of infertility on that relationship. Helping couples to redirect their coping strategies into compatible styles and ultimately into meaning-based coping can help to reduce the effect of infertility related stress on the marital relationship.

The importance of psychological and mental health counseling in the treatment of infertility is addressed by Peterson and associates in their introductory article (Peterson et al., 2012). This article provides a concise description of the ways in which medical and mental health must work together and communicate in order to best serve those individuals or couples experiencing infertility. Peterson and associates emphasize that ongoing assessment of both medical and mental health professionals is imperative in working with the client/patient to determine the best resources and counseling interventions on an individual basis (Peterson et al., 2015). These different counseling interventions include support-counseling, short-term crisis counseling, addressing severe psychological problems, etc. (Peterson et al., 2015). Ultimately, it is important, even if not working within an integrated care setting, for counselors to work closely with their clients' medical health providers as couples present for infertility counseling.

3. Possible Counseling Issues

Some specific counseling issues that may present themselves through infertility counseling are different multicultural concerns, issues related to internalized gender roles, and specific difficulties related to differences in socioeconomic status. While of course every couple and family presenting for counseling around infertility presents differently, counselors should take care to become informed around the ways that these issues can affect their clients. The therapeutic relationship cannot exist in a vacuum, and counselors will need to be mindful about the way specific concerns are affecting the relationship, even if the client does not broach them initially.

Practicing in a culturally competent way has developed into a specific competency of ethical counseling practice, and for good reason. It would be inappropriate to assume that all of one's clients experience life and cultural messaging in the same way. In the same way, it would be inappropriate to expect that one's counseling practice would take on a "one size fits all" look. This extends even further into the way couples and individuals experience issues around fertility. Cultural differences can affect the different messages received around fertility, as Burnett addresses in her article around cultural considerations (2009). A couple may have taken in the message that the woman is primarily responsible for fertility, or that their struggle with conception is a sort of consequence of their behavior, or moral luck (McLeod et al., 2008).

Cultural considerations also affect a couple or individual's comfort with medical interventions (Burnett 2009). Different testing procedures or treatment interventions may not be recognized or appropriate in a particular culture. It is important for a counselor to understand different options that may be more culturally appropriate for a specific client. It may not be feasible to prescribe that a counselor have a thorough knowledge of all of the different cultural implications surrounding fertility, but it is imperative that a counselor know that these exist and be open to connecting and working with a client in that way.

A second specific concern that seems to be lacking literature, research, and familiarity is that of the experience of infertility in a lower socio-economic status. Ann Bell writes that

infertility has been deemed a problem of the wealthy, affecting only those of higher socio-economic status (Bell, 2009). She also brings to awareness the perpetuated myth of "the generalized image of poor women as hyperfertile" (Bell, 2009). Most strikingly, Bell writes of infertility as being a social construction (Bell, 2009). As an explanation, Bell describes that infertility is a medical diagnosis, and so has to be given by a medical professional. This is inherently limiting for those who may not have access to traditional medical care. Women and couples who are experiencing struggles with conception and fertility may even be denied the validation of the diagnosis that could explain or support what they are going through.

It is important for counselors not to compile on the invalidation felt by some. To validate and provide support for a concern denied socially could be the start of the necessary healing process. Counselors should also be aware of medical and non-medical alternatives when working with families of low socio-economic status. This is also assuming that these families are able to seek counseling around struggles with fertility. In this case, the counselor as an advocate to bring awareness to lack of availability of medical solutions around infertility is important.

Another counseling issue that may present itself in practice is that of gender roles. In many societies and cultures, including that of most Western beliefs, women are generally and ultimately held responsible for reproductive health. With that being said, struggles with fertility can affect a woman in more distinct and powerful ways than the same may affect a male counterpart. Of course, this cannot be said to always be true. However, it can be expected to often be the case of the individuals and couples that present for infertility counseling.

McLeod and Ponesse state that not only are women blamed societally for infertility, but it is also commonly the case that these women blame themselves for the struggles they are facing (Infertility and Moral Luck, 2008). This article goes on to connect the self-blame that women feel for infertility what that of female oppression (McLeod et al., 2008). That discussion is outside the scope of this guidebook, but it is important for counselors to be aware that this self-blame and oppression is something that may be occurring within their clients.

There is some literature to guide counselors on how to counteract or address the blame that women feel. For example, Raque-Bogdan and Hoffman present research on how self-compassion serves as an emotional regulation strategy for women who are experiencing self- or other-blame (Raque-Bogdan, 2015). Self-compassion is a specific example of a larger prescription for strengths-based constructs proposed by the same authors in working with those experiencing struggles with fertility (Raque-Bogdan, 2015). Of a similar idea, McLeod and Ponesse suggest that regret, as opposed to self-blame, is a construct less damaging personally and psychologically.

Obviously, multicultural concerns, socioeconomic differences, and gender roles, is not an exhaustive list of the counseling issues related to infertility. Nor can it be said that each of these will present separately and distinctly within clients. It is, however, a solid jumping off point for more in-depth research into the different facets of life that may intersect with infertility. It is up to the counselor to keep up-to-date on the research surrounding infertility counseling in order to practice within their scope.

4. Additional Guidelines for Counseling Practice

As has been mentioned previously, it is important to seek supervision and support around counseling couples and individuals with concerns around fertility as well as other areas of sexuality. It will also be important for counselors to be aware of specialists and experts in their area to which to refer clients, should the presenting concerns become out of the counselor's scope of practice. In general, as is the case with other areas of counseling, counselors should remain informed of research and changes in recommendations around infertility counseling as they arise.

5. What resources are available to help professionals learn more about this topic?

All of the references listed below have proven to be helpful in learning more about infertility and how it applies to counseling. Specifically, "An Introduction to Infertility Counseling: A Guide for Mental Health and Medical Professionals" (Peterson et al., 2012) provides a brief and comprehensive overview of several other useful sources. The article articulates the need for and process of counselors working with medical health professionals, and includes several measures used by medical health professionals to screen patients receiving infertility treatment for referrals to counseling services. Peterson et al. also provides a brief description of different types of treatments and when they would be appropriate for couples and individuals experiencing infertility. These considerations include cultural differences as well as gender roles and societal norms affecting the couple as well as an individual singularly.

Another useful resource is Judith Burnett's article "Cultural Considerations in Counseling Couples Who Experience Infertility" (2009). This article addresses the fact that a lot of research and support have been focused on the average family seeking infertility treatment, namely, white middle-class heterosexual families (Burnett, 2009). Burnett brings attention to the different ways cultural messages can affect a couple and their experience with infertility and infertility treatment. In addition, Burnett describes culturally competent ways to address and honor these cultural differences in infertility counseling.

The American Society for Reproductive Medicine, and The National Infertility Association, are both useful sites to connect clients to a wider range of resources and answers to medically specific questions. Both of these sites can be useful to both counselors looking to become more informed, as well as clients who are searching for treatments, statistics, insurance questions, etc. the American Society for Reproductive Medicine breaks this difference down explicitly, directing patients to reproductivefacts.org, and health professionals to asrm.org. Any of these sites could be sued to guide client questions or fact seeking, as well as a counselor feeling more well informed about different options and treatments.

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Chapter 12
Talking with Youth about Pornography
By Sara Freeman and Emily Taylor

Background and Introduction

While adolescent interest in pornographic material is certainly not a new phenomenon, the accessibility of pornography and the rate at which adolescents consume it has grown exponentially across the digital age. A 2008 study conducted by Sabina, Wolak, & Finkelhor, found that 93% of boys and 62% of girls were exposed to online pornography during adolescence, most between the ages of 14 and 17. It is reasonable to project that this percentage has trended upward over the course of the past decade as children have become more accustomed to having unsupervised screen time on their personal smartphones, laptops, and tablets.

With the odds of exposure so great, one might expect that parents are having open, ongoing conversations about pornography with their children. Yet, the lack of resources and support surrounding this topic suggests that the spike in porn consumption has far outpaced the readiness parents feel to directly address it. This absence of familial communication can create feelings of confusion, alienation, and shame among adolescences who actively seek out pornography or happen upon it in an unplanned or unwanted way (Bloom & Hagedorn, 2015). The content to which youth now have unprecedented access often surpasses pornography of the past in terms of intensity, explicitness, and depiction of extreme acts of sexuality. Exposure to such explicit material may generate negative feelings in young viewers and lead to negative behaviors, including isolation, aggression, and potentially addiction.

The purpose of this chapter is to stress the potential impact pornography has on adolescent sexual development and to provide resources for mental health professionals to feel more competent navigating pornographic concerns with their adolescent clients and their families.

Review of Relevant Research

Research indicates that adolescents use pornography, but prevalence rates vary widely (Peter & Valkenberg, 2016). Some children and teens seek it out - wanting sexual stimulation or information; others are exposed involuntarily. Considerable numbers of teens have seen images of paraphilic or criminal sexual activity, including child pornography and sexual violence, at least once before the age of 18 (Sabina et al., 2008).

The impact of this exposure remains a subject of research. Peter & Valkenberg's (2016) recent review of the literature notes that use of pornography among adolescents has been correlated with more permissive sexual attitudes and stronger-stereotypical sexual beliefs. Adolescents who frequently view pornography are more likely to question their sexual beliefs and to feel insecure in their sexual preferences. It also appears to be related to the occurrence of sexual intercourse, greater experience with casual sex behavior, and decreased likelihood of using safe sex practices (Peter & Valkenberg, 2016; Bloom & Hagedorn, 2015). Ybarra, Mitchell, Hamburger, Diener-West, & Leaf (2011) found that intentional exposure to violent X-rated material predicted a nearly 6-fold increase in the odds of self-reported sexually aggressive behavior, though exposure to nonviolent pornography did not show the same effect. Other studies have linked pornography use with increased risk of sexual victimization (Peter & Valkenberg, 2016).

Rothman et al. (2017) surveyed parents whose young children were exposed to pornography and found a variety of common responses, some of which were potentially problematic. While some parents react in a way that is calm and factual, others respond with panic or fear. Still others ignore, minimize, or deny what happened or lie to their child about what was viewed. Though rarely reported, some parents in their sample hit, scolded, shamed, or punished their children. Harsh parenting practices are associated with negative outcomes for children and have not been found to be effective in

inhibiting future pornography use or risky behavior. What evidence does suggest is that children whose parents are able to communicate factually with them about sex are more likely to be healthy and well-adjusted. Rothman et al. (2017) also found that many parents would like to receive evidence-based guidance from health professionals that could better prepare them to talk with their children about pornography.

Rasmuseen, Ortiz, & White (2015) explored the effect of parent-child conversations about sexual content, specifically those in which parents condemned or criticized pornography and its use. Conversations had with parents as an adolescent had significant impact on the attitudes and behaviors teens carry into emerging adulthood (the cohort among whom pornography use tends to be highest). Those whose parents consistently discussed the negative effects of pornography grew up to have less positive attitudes about pornography and to use it less frequently. "Negative active mediation" also had a protective effect on the self-esteem of emerging adults whose partners viewed pornography. It is possible that these youths are less likely to attribute any negative effects of their partner's pornography viewing to their own perceived undesirability. Discussing media content is also associated with a stronger parent-child relationship, which improves self-esteem in and of itself.

Possible Counseling Issues

Counselors are trained to create a space of non-judgement and safety for their clients that allows them to discuss difficult topics that are often tied to social stigma or sources of personal shame. As such, concerns about an adolescent's sexual development and his or her relationship to pornography are not uncommon subjects to emerge in the context of both individual and family counseling. It is important for professional counselors to actively confront any personal discomfort they experience around this topic and to feel competent in managing the various scenarios that may present in session to ensure they are providing quality care. While the list of potential scenarios that would introduce the subject of pornography into counseling are endless, it is proactive to consider how you might respond to a handful of typical client concerns.

Perhaps predictably, it is most often the parent of an adolescent that voices that their child's exposure to porn is causing the child or family members psychological or emotional distress. When this type of disclosure occurs, it is wise to gain an understanding of the context under which the exposure took place (i.e. Was the material accessed by an accidental click that likely lead to confusion rather than stimulation or were explicit search terms chronically cropping up on the family computer? Did the child have a curious playmate that introduced them to the material or did they act alone? Did the exposure occur without any formal sex education or after some ground work about sex had been established?). Answering these and other contextual questions will inform the guidance you offer parents, though the mainstay of your interaction should rest on normalizing the family's concern and reinforcing the message that the reaction of a caregiver to this discovery has a lasting impact on the child's sexual development (Rothman et al. 2017, Klass, 2017).

Though counselors can make great therapeutic strides by destigmatizing the pornographic issues their clients are experiencing, it is common for parents to experience significant stress upon discovering that a child - particularly a young child - has viewed pornography. Many of the parents surveyed by Rothman et al. (2017) reported feeling "distressed, upset, terrified, panicked, or having 'no clue what to do.'" Counselors can offer much needed emotional support and practical guidance in such situations. When sitting across from parents, a counselor has the opportunity to provide psychoeducation. Byrne, Katz, Lee, Linz, & McIlrath (2014) found that many parents significantly underestimate the frequency with which their children view "sexual imagery" (whether accidentally or on purpose). Many parents may have never considered the need to address pornography with their children. Your clients may hold different assumptions about the effects and implications of their children's exposure to pornography. As a counselor you can help to dispel myths and

misunderstandings by sharing a realistic picture of what current research suggests, thus making permissive parents aware of potential risks and providing a reassuring check to catastrophizing parents.

You may provide information to parents about preventative strategies of physical and electronic management (e.g. limiting location and time of computer usage, installing filters and pop-up blockers). There is evidence that some software may reduce unwanted exposure to sexual material by as much as 65% (Ybarra et al., 2011). But such interventions are rarely fail-proof given the technological savvy of the modern child and the number of devices they have access to. Marty Klein, a sex and family therapist and the author of *Sexual Intelligence*, notes that "filtering can be very helpful; however it is not substitute for the parent having a human relationship with their kid. Kids are going to make decisions when we are not there. It's not enough to control their behavior, we also have to realize we need to influence the way that they think" (O'Leary, 2012).

Stress to parents that the tone of the conversation is important and help to assuage their anxiety so that they can react in a productive way. Help clients to formulate their own approach to this parenting task, while sharing with them the current recommendations provided by experts in counseling and sex education. Parents are advised to reassure children that curiosity is normal while also helping them to understanding the risks associated with viewing sexually explicit content. You may counsel them to build conversations about pornography on earlier discussions with children about media literacy and sex (for example, just as the content of advertisements and televised violence aren't real, so to in pornography, people are acting, making things look pleasurable even if they are not necessarily so) (Klass, 2017). Parents should make children feel safe and comfortable coming to them with questions without fear of being judged or punished. Keeping lines of conversation open allows the possibility for children to bring up something that might have upset or disturbed them and provides an opportunity for parents to correct and combat any misperceptions perpetuated by pornography. It is a common mistake to wait to have the conversation until some event precipitates it (O'Leary, 2012). Start the dialogue early on. As a counselor, you may role-play possible conversations with parents to alleviate their anxiety and to prepare them to respond to their child in an intentional and thoughtful way that aligns with their personal values.

You may also find yourself directly engaging an adolescent client that has concerns about his or her own porn consumption. In this case, it is important to validate the youth's natural inclination to explore their sexuality while informing them of the inherent risks and misconceptions that porn can generate during adolescence. Keep in mind that not all adolescents respond to pornographic exposure in a uniform way. Sabina et al. (2018) found that youth varied in the degree to which they felt online pornography had an effect on them, and it evoked a range of feelings: sexual excitement for some, and for others guilt, embarrassment, and disgust. You may utilize some of the same tips that you provide to parents by responding to children's disclosures and queries in a non-shaming, yet individualized, way- but also be aware that parents have values around this that need to be respected. You may consider asking the child's permission to discuss the concern with his or her parents and coach them about how they might respond.

Additional Guidelines

Counselors who work with families or individuals dealing with adolescent porn consumption may increase the efficacy of their treatment by critically examining their skillset in a variety of areas specific to communicating effectively with this demographic.

First and foremost, counselors must be willing to evaluate their ability to discuss sexual topics with professionalism, tact, and sensitivity. While it is natural to experience a bit of discomfort when discussing highly sexualized topics with adolescences or their caregivers, it is imperative that you maintain a professional stance of approachability, trustworthiness, and non-judgment to make meaningful progress with your client. An extension of this professionalism includes making informed decisions about the appropriate sexual language, client-counselor gender pairing (if deemed clinically

necessary), and whether to address the issue as a systemic family or individual concern. Additionally, it is important for counselors to avoid presupposing what constitutes pornographic material to each individual client and work within the scope of this definition while remaining up-to-date on the nature of the content children have ready access to.

Counselors must also not underestimate the critical role they play when providing sex-education to their young clients. When youths enter counseling with concerns relating to pornography, they are likely to have received some measure of sexual education from the pornography they have viewed. Depending on the content, this could have sent positive, negative, or mixed messages about sexual performance, sexual expectations, and the role of consent in initiating a sexual encounter. Counselors are in a unique position to provide sexual psycho-education that can challenge problematic messages they may have received and add more complexity to the way they conceptualize sexual desire (Bloom & Hagedorn, 2015).

These additional guidelines are informed by current research, but it is always paramount to consider both cultural context and family values when broaching topics surrounding the sexual behavior of adolescents. Be cautious as to not be too prescriptive in the way you communicate with children and their parents as these topics can be very emotionally charged for some families. As is the case with all working therapeutic alliances, stay keyed into your client's responses and comfort level to meet them in a place where progress, understanding, and healing can transpire.

Resources to Learn More

The New York Times has created an interactive guide for parents who wish to talk to their kids about pornography (http://www.nytimes.com/interactive/2012/05/10/garden/porn-intro.html). It incorporates the stories of real parents and tips from counselors and other experts about handling different situations. The *Family Journal* has published an article that introduces guidelines and suggestions specifically for marriage and family counselors working with the issue of adolescent male pornography consumption (Bloom & Hagedon, 2015). The *Journal of Marital and Family Therapy* has also developed a primer, which introduces counselors to helpful terms and concepts related to technology and internet usage and provides assessment and treatment strategies for a number of concerns related to adolescent online sexual behavior (Delmonico & Griffin, 2008). Both are excellent starting places for counselors interested in learning more about the clinical implications of this issue.

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