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Culture and Trauma Brief

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Cultural and Family Differences in Children's Sexual Education and Knowledge

Two women residing in Northern Pennsylvania had the following conversation, which provides insight into Amish beliefs about sexual development and childbearing and parents' role in providing this information to their children:

A non-Amish neighbor was talking with a young Amish mother about the birth of her fourth child. The young mother's older children's ages ranged from two to eight years old. As they were talking, the neighbor asked if the siblings were excited about the new baby. The Amish mother informed her that the children were not told that they had a new sibling until they came home from staying with relatives while their mother gave birth, and were introduced for the first time. If the children had noticed changes in their mother's body it was considered inappropriate for them to speak or ask about them. The young mother further explained that the purposefully modest and uniform traditional garb of Old Order Amish women serves to conceal an adolescent girl's development as well as a woman's pregnancy.

As children grow and develop, their knowledge and understanding about sexuality changes both as a function of their exposure to sexual content and their capacity to understand what they experience.

Introduction

Children and adolescents can differ dramatically in their level of sexual knowledge, as a result of both their own development and the family and culture into which they were born and raised. Professionals should take these factors into account when providing services to children and families who have experienced a potentially traumatic event. For instance, when working with children who have been sexually abused, professionals must acknowledge that, while there are many aspects of the experience that may occur cross-culturally (e.g., the child and family's feelings of shame or guilt), there are also substantial differences in children and their families' sexual beliefs, attitudes, and knowledge.

How does children's sexual knowledge vary across the developmental spectrum?

As children grow and develop, their knowledge and understanding about sexuality changes both as a function of their exposure to sexual content and their capacity to understand what they experience.

- By age 3 or 4, children begin differentiating between males and females based on visual factors that vary from culture to culture (e.g., such as dress and hairstyle), and soon after are able to identify genital differences (Gordon, Schroeder, & Abrams, 1990; Volbert, 2000).

- Research has shown that both boys and girls are able to identify male rather than female genitalia more readily (Bem, 1989; Fraley, Nelson, Wolf, & Lozoff, 1991; Moore, J.E., & Kendall, D.C., 1971).

- Most children have only a vague understanding of how babies are conceived until about age 6, at which time about a third of children are aware of the concept of fertilization, and most know that birth occurs via caesarean or vaginal delivery (Volbert, 2000).

- A study by Volbert (2000) investigating children's knowledge of sexual activity between adults (independent of procreation) found that only 20% of children aged 5-6 described explicit sexual activity. At this age, the researchers found that most knowledge of adult sexual relations was restricted to behaviors such as kissing and cuddling.

Parents may alter how, what and when to provide information about sexual matters, depending on multiple considerations, including the child's age, maturity, safety issues, and cultural factors.

- School-aged children's knowledge and awareness of sexuality and sexual behaviors increases. By age 10, most children can have a general, realistic understanding of pregnancy, birth, and puberty if provided the accurate education (Gordon & Schroeder, 1995).

- Most adolescents have some information about sexual intercourse, contraception, and sexually transmitted diseases (STDs), although others may not. However, accuracy of their knowledge about adult sexual activity can vary substantially (Alford, 2003; Kirby, 2001).

How children obtain sexual knowledge

Children and youth learn about sex through many different sources. Family, friends, neighbors, school, and the community provide both implicit and explicit messages about sexual behavior. In addition, the media, through television, movies, music and music videos, magazines, and the Internet, provide numerous and often conflicting messages about sexuality.

For example, a study by Aronowitz, Rennells, and Todd (2006) found that African-American girls are provided sexual information in both formal and informal settings. Formal exposure (i.e., curriculum-based or adult-led) occurs in the school setting, community centers, or with parents, and deals mainly with puberty and development. Informal exposures (i.e., within day-to-day living) were found to occur via the media, peers, the community, and societal norms and are the primary source of sexual knowledge and attitudes.

Parents may alter how, what and when to provide information about sexual matters, depending on multiple considerations, including the child's age, maturity, safety issues and cultural factors. Furthermore, different states may have very different requirements for what is taught in schools (i.e., school health, life skills, or "sex

education" classes). As a result, there may be significant discrepancies between what kids are told at home and at school.

Children face the task of sorting out these multiple and often conflicting messages about sex, sexuality, intimacy, and relationships. Parents can help; research has shown that attentive parenting (involving close supervision and good communication) is associated with a reduction in risk-related sexual behaviors (e.g., unprotected sex, sex with multiple partners).

Entertainment television can also have a positive impact on youth's sexual knowledge, particularly when realistic consequences to sexual behavior are portrayed and when the media is paired with good parent-child communication (Collins, Elliott, Berry, Kanouse & Hunter, 2003). For example, Collins et al. studied an episode of a popular television show called *Friends* in which a woman became pregnant after the condom she and her partner used broke. The researchers found that the group of adolescents who viewed the episode and spoke with an adult about it were more likely to report an improvement in knowledge about condoms and condom efficacy from the show.

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Cultural factors impacting sexual knowledge and behavior

Children's sexual knowledge and behavior are also influenced by the cultural values and beliefs of their families and communities. Racial identity, ethnicity, socioeconomic status, religious and spiritual beliefs, and historical events may shape how children behave sexually and what they understand about sex. Cultural differences in parents' attitudes towards children's sexuality have also been found to impact children's sexual knowledge and behavior. As a result of cultural factors, children vary widely in their knowledge and behavior regarding issues such as public and private sexual behavior, modesty, intimacy, relationships, physical differences between the sexes, pregnancy, and birth (Gordon et. al., 1990).

The following are some specific examples of cultural differences with regard to children's sexual knowledge and education:

- African-American mothers have been found to integrate story telling into the process of providing sex education (Nwoga, 2000). Story telling is also integral for American Indian, Alaska Native, and Native Hawaiian families (Bigfoot & Dunlap, 2006).

- Mothers of Dutch children report greater frequencies of typical (not unusual) sexual behaviors in their preschool children than do mothers of American children, which may be related to the Netherlands having a more permissive attitude regarding sexuality and nudity than Americans (Friedrich, Sandfort, Oostveen & Cohen-Kettenis, 2000).

- Western preschool girls have been found to perceive that babies were always in their mothers' bellies, whereas Asian boys thought the baby was swallowed (Rutter, 1971).

- In many Plain People communities (Amish and Conservative Mennonite), teenage children may be *fully aware* of subtle changes in the home and their mother's pregnancy, but such matters may only be discussed when initiated by the mother.

Taking these differing cultural values regarding sexual knowledge and behavior into account is critical when working with the families of children who have been sexually abused or have had sexual behavior problems.

Implications for treatment of children who have been sexually abused

Consideration of the child and family's cultural values, beliefs, and norms is essential when providing mental health and social services to children who have been sexually abused. For example, discussing sex or sexual abuse with Hispanic fathers may be seen as *falta de respeto,* or disrespectful. Racial identity, ethnicity, religion, spirituality, socioeconomic and other cultural factors impact individuals' and families' receptivity and response to treatments or services that address children's sexual knowledge and sexual behavior. Professionals are advised to take into account the impact of the specific social ecology of the child. Significant variation among children exists in their cultural and social context, as well as in family attitudes and educational practices that affect children's knowledge and behavior (Silovsky & Swisher, 2008).

Taking these differing cultural values regarding sexual knowledge and behavior into account is critical when working with the families of children who have been sexually abused or have had sexual behavior problems. Clinicians must become knowledgeable about the family's and community's beliefs, values, traditions, and practices concerning sexual behavior, including the spoken and unspoken rules about public and private behavior, relationships, intimacy, and modesty. Providing services in this manner may enhance the family's ability to accept and receive the services, which is critical not only for service outcome, but also to the initiation and retention of families in services. Clinicians must also ensure that their own biases and beliefs about what is normal are not affecting the treatment as well.

The following recommendations may be helpful to professionals working with children who have been sexually abused and their families:

- Be aware of family/community/religious beliefs (kids and families may have different levels of comfort discussing sexual abuse depending upon cultural background).

- Understand and respect cultural/family values/beliefs when introducing a discussion of sexual knowledge/behavior.

- Even if the family's or their culture's values are not consistent with an open discussion of sex or sexuality, there may be times when it is important that this discussion occur (for example, if the child has experienced sexual abuse or is engaging in sexually inappropriate behaviors). To do this in a way that is respectful of the family and culture, explain the reason to the family in a thoughtful way and give them options about how the topic will be addressed and by whom.
- Provide education in a manner consistent with cultural/family beliefs.
- Do not assume that children/youth are well-informed and/or knowledgeable about sexuality.

For more details about the information provided in this Brief, contact Susan Ko at *sko@mednet.ucla.edu.* or Judy Cohen at *jcohen@wpahs.org.*

Conclusion

Children learn about sexuality from a variety of sources including family, peers, school and the media. It is critical for professionals to understand, respect, and integrate the child and family's cultural context and how this context relates to issues of sexual knowledge and behavior into any discussion of sexuality. The cultural context of a family involves multiple aspects, including—but not limited to—race, ethnicity, religion, country of origin, and socio-economic status. To provide effective and culturally appropriate care to children who have been sexually abused, professionals should assess for sexual knowledge, values, and experiences in a sensitive manner. Treatment plans should include culturally sensitive, developmentally appropriate, and parent-approved psycho-education on healthy versus unhealthy sexuality.

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