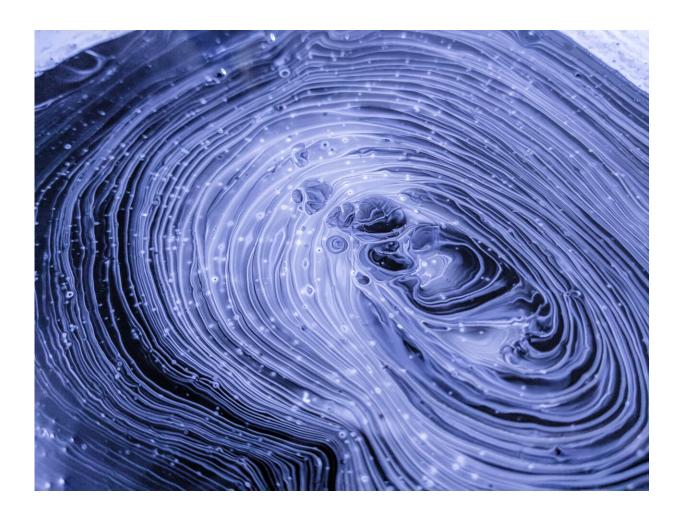


When sex education emphasizes shame, it harms youth who have been sexually abused

September 3 2015, by Monica Faulkner



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Sex education has long been a controversial topic in the United States. In



Texas, where I work, sex education does not really exist, at least not in schools. About <u>47% of school districts</u> provide nothing in terms of sex education and state-approved textbooks lack information on contraception. If a school chooses to teach sexual health education, they must emphasize abstinence and inform youth about the "emotional trauma" associated with sexual activity before marriage.

As a result, the <u>school</u> districts in Texas that do address sexual health convey a strong message that self-worth is tied to virginity. Twenty-four other states have similar policies that <u>force educators to stress abstinence before marriage</u>. Some programs even use the analogy that virginity <u>is like gum or a candy bar</u>. The take-away message is that no one wants a chewed up piece of gum or an unwrapped candy bar that has been passed around.

While evidence-based, comprehensive curricula offer more practical information about sex and contraception, they too can contain messages of shame about pregnancy and STDs.

How do you think those messages sound to a young person who has been sexually abused? Sex education curricula that tie premarital sex, getting pregnant or getting an STD to shame don't leave much space for anyone to develop healthy views about sex and sexuality. But they are especially unhelpful, and even harmful, for youth who have been sexually abused.

Sexual abuse is not rare

Sexual abuse is a more common problem than many people realize. In the US, a conservative estimate is that 25% of girls and 16% of boys experience sexual abuse as a child.

We know that sexual trauma affects sexual health throughout a <u>person's</u> <u>life</u>. Youth who experience sexual abuse are <u>more likely</u> to contract a



sexually transmitted infection and/or get pregnant in their teen years. Perhaps the most telling example of this phenomenon is that half the girls in foster care will have been pregnant by the time they are 19.

Because there is so much shame associated with sexual abuse, victims integrate that shame <u>into their self-image</u>. A child may feel she is damaged and view what happened to her as her own fault. From an adult perspective, it might be logical to tell a child that sex against his will is not his fault. But children don't think about these things from an adult perspective; they're kids.

From the child's perspective, disentangling consensual and nonconsensual sex is confusing and often results in distorted views about choice, desire and pleasure. They view themselves as bad and sex as bad. Yet, they may ultimately engage in compulsive sexual behaviors that resemble the abuse they experienced because it allows them to feel a sense of power over their sexuality.

Despite the fact that so many children have been exposed to harmful sexual experiences and struggle with related shame, we put them in sex education classes as teenagers and tell them that sex, sexually transmitted diseases and pregnancy are bad, gross – the worst things in the world. In short, we shame them and scare them in hopes that they will not have sex.

How sex ed can shame victims of sex abuse

I've come across this firsthand in my research. I am evaluating the impact of two evidence-based, comprehensive teen pregnancy prevention curricula on youth in juvenile detention, foster care and substance use treatment in Texas. These youth have the highest risk for pregnancy, but we don't know very much about how these curricula impact them. That's because sex education prevention curricula are often



tested on youth in easy-to-reach populations like schools or youth groups.

Both male and female youth in our study have <u>experienced intense</u> <u>sexual trauma</u> including rape by multiple people, sex trafficking and <u>sexual abuse</u> beginning at early ages. Those experiences are related to their placement in foster care, juvenile detention and substance use treatment. Both their experience of sexual trauma and lack of stable caregivers leave them at high risk for pregnancy or a partner's pregnancy.

In my study, youth attend six to eight one-hour sessions focusing on topics like life goals, relationships, STD prevention and pregnancy prevention. Because we are not working in schools, we are able to do condom demonstrations and provide information about birth control that would otherwise be prohibited.

But even though we are using comprehensive, evidence-based curricula, youth are still told that STDs are gross, unnatural and if you get one, it is your fault. Very little, if any, information is provided about consent and sexual trauma. And that, perhaps surprisingly, is common for evidence-based sex ed curricula regardless of whether it is abstinence-based or comprehensive. Given that the bulk of federal funding is rightfully designated for evidence based programs, there is little room for programs to choose anything but these curricula.

Our team has found the youth who go through these evidence-based classes learn more about their sexual and reproductive health. However, they emerge with the same confusion, avoidance, self-hate and deep shame related to sex and sexuality.

These curricula are failing to create a space to allow youth to understand that sex should be a healthy, consensual and (dare I say) pleasurable part



of their lives when they are ready for it. And for those youth who have had an STD or pregnancy, they are definitely not receiving a message that they can be healthy and deserving of pleasure too.

Leaving the shame behind

Many scholars have advocated that <u>sex education</u> take a <u>sex-positivist</u> <u>approach</u>.

We need to make sure youth know how to identify, prevent and treat STDs, but they should also receive a message that they can heal and have healthy sex lives after an STD. We need to make sure <u>youth</u> hear a message that outcomes are best when pregnancies are wanted and planned, but that teen parents are not horrible people whose lives are ruined.

Most importantly, we need to make sure that survivors of sexual violence hear a consistent message that abuse is not their fault and that they are deserving of love and healthy sexual experiences.

To be clear, we should still use evidence-based curricula, talk to kids about abstinence, teach them about condoms and talk to them about when they want to be a parent. However, we have to push ourselves to have slightly braver conversations where adults listen more than they speak and where we leave the fear and shame aside, because ultimately, every child regardless of whether she has been abused, could benefit from a shame-free discussion about <u>sex</u>.

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