

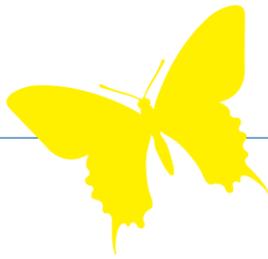
JACOB A. RIIS NEIGHBORHOOD SETTLEMENT SEXUALITY GUIDING PRINCIPLES

Sexuality Guiding Principles (SGPs) are a framework that helps staff to provide participants, community members, and those we partner with the information they need to make healthy, informed decisions about their sexual and reproductive health. Participants’ safety and well-being are at the heart of these guidelines. These principles are reflective of our mission and will serve as our collective, organizational values on these topics. When responding to questions or providing sexuality related information to participants, staff at Riis should refrain from sharing personal values and instead communicate these organizational values (ex. instead of saying, “I believe” it is our role to say “We at Riis believe...”). By learning and using these principles, all Riis staff will provide clear and consistent messages about healthy sexuality.

This document should guide staff in responding to questions from participants or addressing situations with participants, staff or community members as they arise. Staff should strive to “meet participants where they are” and so these principles should be shared with participants as applicable and appropriate. Staff are not expected to be experts in sexual and reproductive health and should use agency-provided resources to provide participants with more information and/or a referral.

A note about language: In some cases the word “participant” and “individual” is used. This refers to participants, community members, and those we partner with in our various roles and job functions. The plural pronouns “they/them/their” are used in an effort to be gender neutral.

1. Be open to questions and concerns from participants, community members, and those we partner with about sexuality topics.
 - Let participants know that it is normal to have questions.
 - Provide accurate and age appropriate information and educational resources.
2. Communicate about sexuality with a respectful and non-judgmental attitude.
3. Encourage individuals to seek support from other trusted people and resources.
 - Encourage young people to seek support from trusted adults (including parents, relatives, or other trusted sources) about sexuality, where appropriate.

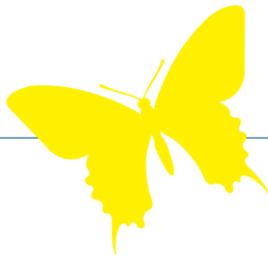


“Not just a place to go, but a place to grow”

4. Encourage those we serve and partner with to understand that homophobic¹, sexist, racist, or prejudicial statements are always hurtful and are a form of discrimination; as such, they will be addressed.
 - Model this by addressing hurtful comments immediately and publicly.
 - Educate participants who may be unaware that certain terms are hurtful by providing them with current terminology.
5. Provide individuals information about regular medical and sexual health check-ups and suggest they discuss regular check-ups with their sexual partners, whenever possible.
6. Let individuals know that they should wait until they are ready to have sex.
 - Talk to participants about the responsibilities that go along with a sexual relationship including partner communication, protection against sexually transmitted infection (STI), unintended pregnancy and regular sexual health services.
 - Encourage individuals to talk to their potential or current sexual/romantic partners about sexuality and/or reproduction.
7. Communicate that individuals have the right to choose not to engage in sexual activity (often referred to as abstinence²) at any point in a relationship, even if they are already sexually active with their current partner or have been sexually active in the past.
8. Encourage the consistent use of contraception, condoms and other barrier methods to protect against unintended pregnancy and/or sexually transmitted infections.
 - Provide resources and referrals to participants who need more information, including information on other forms of risk reduction such as pre-exposure prophylaxis (PrEP) for HIV. For more information on making referrals, please see the Riis Resource Guide.
9. Inform individuals who want to avoid pregnancy that emergency contraception is available if their regular contraceptive method fails, contraception was not used, or in the case of forced/ coerced sex.

¹ Homophobia: Fear or hatred of those who are attracted to people of the same gender. This can be expressed through actions, comments or perpetuating harmful stereotypes of the LGBTQ community.

² Abstinence: Not engaging in sexual activity (vaginal, anal, or oral sex) that can put a person at risk for an unintended pregnancy or a sexually transmitted infection (STI). Abstinence can mean different things to different people.



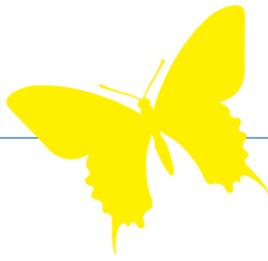
- Post-exposure prophylaxis (PEP) is available if condoms and other barrier methods fails, was not used, or in the case of forced/coerced sex to protect against HIV transmission.
 - For more information on emergency contraception, PrEP, and PEP, please see the Riis Resource Guide.
10. Refer individuals to options counseling whenever an unintended pregnancy has occurred.
- Options counseling discusses the three options a person has when faced with an unintended pregnancy: parenting, adoption, or abortion.
 - For more information on making referrals to options counseling, please see the Riis Resource Guide.
11. Encourage individuals to appreciate and love their bodies and to seek information about how to take care of their bodies.
- This includes learning and using the medically accurate terms for their body parts and the bodies of others, where appropriate.
 - Educate participants that bodies come in all shapes, sizes and abilities, and promote self-acceptance of different body types.
12. Let individuals know that sex can be a pleasurable experience and encourage them to discuss what they find pleasurable with their partners.
- Affirm that masturbation can be a healthy and safe way of discovering what they find pleasurable.
13. Demonstrate acceptance for all sexual orientations³.
- Communicate to participants that it is normal to question and/or redefine one's sexual orientation at any age.
 - For more information on making referrals to health care providers who welcome LGBTQ clients, please see the Riis Resource Guide.
14. Demonstrate acceptance for all gender identities⁴ and gender expressions⁵.
- Communicate to participants that it is normal to question and/or redefine one's gender identity and expression at any age.

³ Sexual Orientation: Defined as a person's enduring physical, romantic, emotional, and/or spiritual attraction to others.

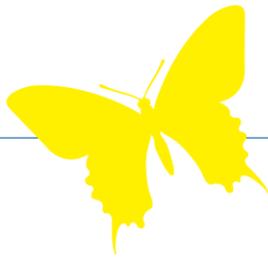
⁴ Gender Identity: An individual's sense of one's self as a woman, a man, or as transgender, gender non-conforming, or another gender identity. Everyone has a gender identity. Gender identity may or may not conform to an individual's sex assigned at birth.

⁵ Gender Expression: The outward expression of one's gender identity through behavior, clothing, hairstyle, voice and/or body characteristics, etc. Typically referred to as masculine or feminine.





- For more information on making referrals to services who welcome all gender and expressions, please see the Riis Resource Guide.
15. Encourage participants to explore their interests and talents, regardless of gender norms concerning dress, self-expression, hobbies, and career choices.
- Challenge gender norms and do not tolerate discrimination based on individual gender expression, dress, etc. For example, communicate to participants that it is okay for boys/men to participate in activities like dance and for girls/women to play sports.
16. Inform individuals about sexual consent and respect for other’s boundaries.
- Consent means that all partners involved in sexual activities verbally agree to participate in each interaction, free from coercion, pressure or violence.
 - In some instances full, informed and free consent cannot be given. Those include, but are not limited to: being intoxicated or under the influence of drugs, being asleep, being unable to communicate, being under force or coercion.
 - For more information on making legal referrals or for questions about the legal definition of consent, please see the Riis Resource Guide or contact the New York Civil Liberties Union (www.nyclu.org).
17. Let individuals know that all people have the right to be in relationships free of physical, sexual and emotional violence and coercion.
- Respect the different ways that survivors respond to and cope with violence.
 - Refer anyone experiencing abuse to services that will help secure a safe environment.
 - Use agency protocols regarding child abuse and mandatory reporting.
17. Raise awareness of victim-blaming statements and attitudes regarding sexual violence.
- It is *never* the survivor’s fault regardless of what they do, what they wear, how they behave, who they are, or what their relationship with the perpetrator might be.
 - Sexual violence is caused when a perpetrator chooses to abuse their power and control through behaviors such as violence; psychological, financial, reproductive coercion; and other manipulation.
18. Inform participants about what qualifies as sexual harassment and identify and address inappropriate behavior whenever it is observed.
- Sexual harassment is a form of discrimination. It is unwanted attention that can make someone feel unsafe, embarrassed, afraid, and powerless.



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- Consult the Jacob Riis Policies and Procedures and/or Human Resources for information on what constitutes sexual harassment and for protocols to determine the necessary response.
19. Use and encourage the use of language that is not stigmatizing or shame-inducing. Using stigmatizing words can make someone feel ashamed or embarrassed and prevent them from seeking medical care or information. For example:
- Let people know that using words like “dirty” or “clean” when referring to sexually transmitted infections (STIs) is inaccurate and stigmatizing.
 - Refrain from using words like “promiscuous,” which can be offensive and shame those who with multiple partners. Monogamy alone is not a risk reduction strategy; safer sex messages should focus on using protection, getting tested, and partner communication.
 - Avoid shaming those who practice diverse sexual behaviors, such as BDSM.
20. Inform participants that most pornography is created as an entertainment form, not as an educational tool.
- Let people know that pornography often conveys narrow standards of what sex and bodies look like.
 - Inform participants that pornography may be exploitative and/or illegal.
21. Encourage participants to be critical consumers of media.
- Engage in conversations with individuals about the types of healthy or unhealthy messages media sources convey regarding sexuality.
 - Encourage individuals to engage with social media tools in a responsible way. This means being aware of the legal, social and personal implications of posting private information and pictures on a public network, as well as the risks of texting sexually-explicit content.
22. If a staff member feels uncomfortable discussing a specific issue, they can refer the participant to a colleague, while also challenging themselves to become comfortable with and able to discuss the issue.
- To build comfort around new topics, talk to a supervisor and seek out professional development opportunities to learn more.