BODIES, CURIOSITY & TOUCHING
WELCOME
COMMUNITY AGREEMENTS

- Being vulnerable
- Unpacking our own stuff
- Take care of yourself
- Asking questions
- Expect a lack of closure...
I. Welcome, Agenda, and Goals
II. Defining Sexuality in Early Childhood
III. Scenarios
IV. Sexual Development
V. Sexual Abuse
VI. Healthy Relationships and Teaching Consent
VII. Working with Families
SEXUALITY

- What is sexuality?
- What does children’s sexuality look like?
- What does healthy sexuality and healthy sexual development look like?
Sexuality is not just about sex.

Sexuality is about our bodies, our genders, our relationships, our feelings, our sense of closeness, intimacy, love, and care.
What would it mean to think of sexuality in terms of other developmental processes?

- **physical** (exploring bodies and what they do)
- **cognitive** (asking questions and learning information, such as where do babies come from, etc.)
- **emotional** (learning to handle and express feelings)
- **social** (establishing relationships)

“Healthy Sexuality Development in Young Children” by Kent Chrisman and Donna Couchenour (NAEYC)
Child sexuality is different from adult sexuality:

1. Children are curious and playful

2. Children are as spontaneous and open about sex as they are about anything else (unlike the deliberate and private adult sexuality)

3. Children may find the topic of sexuality at once exciting and disgusting, and they may imitate the sensuality of adult models in their lives. Because of cognitive and biological differences between children and adults, however, children lack the eroticism evident with adult sexuality.

“Becoming Sexual: Differences between Child and Adult Sexuality” by Fred Rothbaum, Avery Grauer, and David d. Rubin
GOALS FOR CHILDREN’S DEVELOPING SEXUALITY

1. Facilitate the development of limits and a sense that bodily activities (masturbation and nudity, but also peeing and eating) have particular times and places (alternative framework to public and private)

2. Foster children’s feelings of comfort about sexuality and their body

3. Avoid instilling shame
Take a minute and think about an early childhood memory of sexuality.

What happened? How did you feel? How did the adults in the situation respond to you? What messages did that send?
Why is it important to reflect on our own feelings and experiences of childhood sexuality?
When you hear the title “Bodies, Curiosity, and Touching,” what are some situations, scenarios, questions, conversations with your students that it makes you think of?
What are kids curious about?

What kind of questions do they ask?

How can we encourage their curiosity?
SCENARIO #1: CURIOSITY

- What are these children curious about? What do they want to know?
- In the moment, how should the teacher respond to them?
- Later on, how could the teacher follow up with these students, with the class as a whole, or with the parents?
- What conversations might the program/teacher have wanted to have with parents before this situation arose?
How can we help children learn to talk about and feel comfortable with their bodies?

One strategy: Give children anatomically correct names for all their body parts, including their genitals.

Why is this important?

- Helps to normalize bodies and sexuality, so children don’t think there is something “wrong” with their genitals.
- Research has shown that when a child knows the correct words for private body parts, they are more likely to report sexual abuse.
- In addition, when abuse is being investigated, a child who uses the correct words when talking to police, lawyers, or judges is more likely to be understood and believed.
Start by validating the child’s question or feeling. Then you can provide an answer, instruction or redirection.

- For example, “That’s a great question. How about we ask your mom later?” or “Let’s read a book together to figure it out.”

It’s okay to not know how to respond or how to answer a question.

- One strategy is to say, “I’m so glad you asked me that! I need to get some more information. Can we talk about it later?”
- Make sure you follow up with them when you say you will.

If your first instinct is to shush them or act ashamed, then practice it alone or with a partner. The more you practice, the easier it will be.
CHILDREN’S BOOK RESOURCES

- *What Makes A Baby* by Cory Silberberg
  - beautiful illustrations and inclusive discussion of where babies come from

- *It’s Not the Stork! A Book about Girls, Boys, Babies, Bodies, Families, and Friends* by Robie H. Harriz and Michael
  - really gendered, but helpful illustrations of naked bodies

- *Everyone Poops* by Taro Gomi (classic)

- *Amazing You: Getting Smart About Your Private Parts* by Gail Saltz
SCENARIOS #2 & #3: NAP TIME AND DOCTOR

- Why did the teacher do that? What was the teacher feeling? What were they thinking?

- How do you think the child reacted? How would this situation make them feel?

- In the moment, what could the teacher have done differently?

- Later on, how could the teacher follow up with these students or with the class as a whole?
What do children learn when...

- They are told they can’t touch themselves at nap time?
- They are yelled at for taking off their pants to show another child what their penis or vagina looks like?
- When people refer to their “private parts” or talk in hushed tones about their bodies?
What is “shame”? 

What are some ways the world shames bodies? 

When and how do children come to feel shame? 

What is the problem with shaming children about their bodies?
How can we teach children to talk about and think about their bodies without feeling shame?

Making school a safe place for talking about bodies by:

- Not being alarmed by children’s actions
- Not shushing them
- Not prohibiting their behaviors without explanation

Set limits without shaming children
BODY LOVE, SELF LOVE

- Importance of teaching body love and self love, particularly to girls

- In later years, what are the manifestations in girls and boys of not learning body love and a comfort with sexuality?

- How can we discuss this with parents?
What are the fears that come up for early childhood educators around masturbation? What are the fears around nakedness, touching or sex play?
What are your concerns relating to sexual abuse and being an early childhood educator?
SEXUAL ABUSE

- All early childhood educators receive mandatory report training in recognizing child abuse.

- But almost no teachers receive training in sexuality development, even if they had taken a course in child development (Couchenour, Gotshall, Chrisman & Koons 1997).
CHILDREN’S SEXUAL BEHAVIOR

- One- to three-year-olds more comfortable with their own nudity

- Four- to six-year-olds more curious about the mechanics of sexual reproduction and more likely to engage in exploratory “sexual” games like “I’ll show you mine,” doctor or house
Comfort with nakedness, masturbation, and exploratory sexual games are quite common in early childhood

- 34% of providers surveyed indicated that 4 to 6 year olds sometimes act out sexual activities with dolls or stuffed animals.
- 33% of providers surveyed said that children sometimes touch each other’s genitals.
- 33% of providers reported that children sometimes masturbate, particularly during naptime.

“Sexuality in Early Childhood: The Observations and Opinions of Family Day Care providers” by Susan Phipps-Yonas (1993)
According to “Sexual Experiences in Early Childhood: 18-Year Longitudinal Data from the UCLA Family Lifestyles Project” by Paul Okami, Richard Olmstead and Paul R. Abramson:

- 77% of mothers reported that their child had engaged in sex play (both interactive and masturbation) prior to age six.
- 48% of children were reported to have engaged in interactive sex play prior to age six.
- No significant differences in the responses of boys and girls were found.
- No significant associations were found between childhood sex play and long-term adjustment.

*Participation in early childhood sex play was determined by parents' self-report at children's age three and age six.*
## American Academy of Pediatrics: Clinical Report
### “Evaluation of Sexual Behaviors in Young Children”

<table>
<thead>
<tr>
<th>Normal, Common Behaviors</th>
<th>Less Common Normal Behaviors</th>
<th>Uncommon Behaviors in Normal Children</th>
<th>Rarely Normal</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Touching/masturbating genitals in public/private</td>
<td>• Rubbing body against others</td>
<td>• Asking peer/adult to engage in specific sexual act(s)</td>
<td>• Any sexual behaviors that involve children who are 4 or more years apart</td>
</tr>
<tr>
<td>• Viewing/touching peer or new sibling genitals</td>
<td>• Trying to insert tongue in mouth while kissing</td>
<td>• Inserting objects into genitals</td>
<td>• A variety of sexual behaviors displayed on a daily basis</td>
</tr>
<tr>
<td>• Showing genitals to peers</td>
<td>• Touching peer/adult genitals</td>
<td>• Explicitly imitating intercourse</td>
<td>• Sexual behavior that results in emotional distress or physical pain</td>
</tr>
<tr>
<td>• Standing/sitting too close</td>
<td>• Crude mimicking of movements associated with sexual acts</td>
<td>• Touching animal genitals</td>
<td>• Sexual behaviors associated with other physically aggressive behavior</td>
</tr>
<tr>
<td>• Trying to view peer/adult nudity</td>
<td>• Sexual behaviors that are occasionally, but persistently, disruptive to others</td>
<td>• Sexual behaviors that are frequently disruptive to others</td>
<td>• Sexual behaviors that involve coercion</td>
</tr>
<tr>
<td>• Behaviors are transient, few, and distractable</td>
<td>• Behaviors are transient and moderately responsive to distraction</td>
<td>• Behaviors are persistent and resistant to parental distraction</td>
<td>• Behaviors are persistent and child becomes angry if distracted</td>
</tr>
</tbody>
</table>
Self-stimulation, personal space intrusiveness, interest in language or images of a sexual nature, exhibitionism, and mutual curiosity in peers' genitals are **common normal sexual behaviors**.
- Normal behavior tends to be transient and responsive to parental redirection or admonishment.

Sexual behavior problems include behaviors that are coercive, persistently intrusive, injurious, and frequent and are associated with numerous situational and familial factors.

FACTORS THAT INFLUENCE SEXUAL BEHAVIOR IN CHILDREN

- Situational Factors (changes in environment or structure)
- Sexual openness of their environments
- Stress and family circumstance
- Developmental stage and (dis)abilities
- Adult response to the behavior
- Abuse/neglect
FOSTERING A SENSE OF BODILY OWNERSHIP

- How can we give children the tools to feel ownership over their bodies?
- How can we facilitate children’s ability to report abuse?
1. Give children the opportunity to say “yes” or “no” in everyday choices in addition to teaching them to respect and feel comfortable saying “no” and “stop.”
   - Let them choose activities and have a say in what they eat and do.
   - Obviously, there are times when you have to step in, but help them understand that you heard his or her voice and that it mattered to you, but that you want to keep them safe and healthy.

2. Talk about “gut feelings” or instincts.
   - Sometimes things make us feel weird, or scared, or yucky and we don’t know why. Teach them that this “belly voice” is sometimes correct, and that if they ever have a gut feeling that is confusing, they can always come to you for help in sorting through their feelings and making decisions.
   - Remind them that no one has the right to touch them if they don’t want it.

3. “Use your words.” Don’t answer and respond to temper tantrums. Ask children to use words, even just simple words, to tell you what’s going on.
ASKING CHILDREN PERMISSION
What does a healthy relationship look like?

What skills and practices do we need to teach children to help them have positive relationships?
What is consent?

Consent is to agree, to give permission. In the case of bodies and sex, consent is about asking and giving permission before touching someone else or being touched.

How does consent relate to respect and building positive relationships?
Why is consent important?

How does teaching consent intersect with other ways we teach children to behave?

- Emphasis on ASKING – i.e. don’t just take a toy from another child
- Learning to respect “stop” and “no”
- This is about teaching children how to have healthy relationships and to respect others. This is important both for developing a healthy sexuality and for healthy relationships more generally
What are some ways that we teach children to respect and take care of each other?
HOW CAN WE TEACH RESPECT AND CONSENT?

1. Teach children to ask permission before touching or embracing a playmate.
   - Use language such as, “Jasmine, let’s ask Joe if he would like to hug bye-bye.” If Joe says “no” to this request, cheerfully tell your child, “That’s okay, Jasmine! Let’s wave bye to Joe and blow him a kiss.”

2. Teach children that “no” and “stop” are important words and should be honored.
   - One way to explain this may be, “Jasmine said ‘no’, and when we hear ‘no’ we always stop what we’re doing immediately. No matter what.”
   - Also teach children that his or her “no’s” are to be honored. Explain that just like we always stop doing something when someone says “no”, that our friends need to always stop when we say “no”, too.
3. Encourage children to read facial expressions and other body language: Scared, happy, sad, frustrated, angry and more.
   - Charade-style guessing games with expressions are a great way to teach children how to read body language.

Why is this important?
4. Help create empathy by explaining how something they have done may have hurt someone.
   - Use language like, “I know you wanted that toy, but when you hit Angel, it hurt him and he felt very sad.”
   - Encourage children to imagine how he or she might feel if Angel had hit them, instead. This can be done with a loving tone, so the child doesn’t feel ashamed or embarrassed.

5. Teach kids to help others who may be in trouble.
   - Talk to kids about helping other children, and alerting trusted grown-ups when others need help.
   - Praise children for assisting others who need help.
Why is talking to families and other staff members about these issues difficult?
WORKING WITH FAMILIES

- What are some strategies you can use to involve and work with families?

- Why is it important to include families and parents?
PROACTIVE STRATEGIES

- Have clear policies which you communicate to families (include how the program handles sexual curiosity, masturbation, etc.). For example:
  - Anatomically correct terms will be used for anatomy
  - One staff member will never be alone with children
  - Families can ask questions and observe at any time
  - Masturbation will be allowed at naptime OR children will be told it is a private activity

- Explain the reasons for your policies (teaching bodily comfort and self love, minimizing shame)

- Inform families when situations arise (i.e. what came up, how the teachers dealt with it, what questions children asked)

- Provide parents with resources and information (a good book is “Healthy Sexuality Development: A Guide for Early Childhood Educators and Families” by Kent Chrisman and Donna Couchenour)
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