Understanding Healthy Sexuality Development in Young Children

LORENA COUNTERMAN AND DONNA KIRKWOOD

Lorena takes us into her preschool, where she and her teaching staff are grappling with the sensitive issue of sexuality-related behaviors. The study shows the interplay between a director, her staff, her professor, and her college classmates—practicing teachers who became participants in the study.

With the encouragement and active support of her professor at the local university Donna Kirkwood, where she is completing her degree, Lorena unravels the complex emotions that arise as she and the teachers address the situation. Their journey begins with a high level of discomfort and reticence about the topic, but reaches honest and open discussions and feelings of empowerment and positive practice. Along the way we learn about influences on successful teaching practices in this area, such as Lorena's frank reflection on her own childrearing and parenting and Donna's important role in creating a "comfort zone" where they could begin to engage in the topic.

—Gail Perry

Lorena Counterman is director of Friendswood Christian School, a participant in the Texas School Ready! Project. She is also a student at the University of Houston-Clear Lake, pursuing a degree in Early Childhood Program Leadership.

Donna Kirkwood, PhD, is an Assistant Professor of Early Childhood Education at the University of Houston-Clear Lake. Her research interests are high-quality environments for young children, developmentally appropriate curriculum, and critical thinking and reflection.

Last fall, a teacher brought to my attention her concerns about what she considered a child's continuous sexual behavior at naptime. The teacher told me that one of the children in her classroom was rubbing herself or "humping" her blanket before she fell asleep. She stated that the child was noisy when engaging in this behavior, to the point of becoming a distraction for other children. She was unsure of how to interpret and address the child's behavior or how to communicate with her parents.

She had spoken with some of the other teaching staff and they assumed that the child's behavior must been the result of some sort of sexual abuse. They surmised that somebody had to show her how to get pleasure this way.

As the director of a preschool, I have encountered many challenges that I never would have expected—issues with children, teachers, parents, licensing, and facilities that keep me on my toes. However, I was caught off guard by this incident and unprepared to respond appropriately to the teacher's concerns about how to address the behavior. My initial response was to tell her that the parents needed to be made aware of the situation. I didn't want to make any unjustified accusations of sexual child abuse, and I wanted to have an informed answer to help both the teacher and the child. However, both the teacher and I were uncertain how to address this behavior or how to communicate about it with parents.

As educators I knew that we should make an effort to take a developmentally appropriate approach in addressing this sensitive topic. As always, I wanted to make absolutely sure that we were providing the highest level of care based on research and best practices. However, as I reflected on my own lack of knowledge and uncomfortable feelings regarding this topic I realized I didn't have the proper training to address sexuality-related behaviors in young children. All I knew was from my own personal experiences and upbringing. The only formal preparation I have had in the child care field was awareness training to prevent child abuse.

As an early childhood education student at the University of Houston-Clear Lake, I knew right where to start: I went straight to my professors for advice. One of my professors suggested that I might use this situation as my research subject for the semester. I decided to use a teacher research approach to explore and better understand the individual perceptions of the preschool teachers at my center. I wanted to find out how informed they felt about the topic of sexuality in early childhood, assess their comfort level, and discover their feelings about communicating with parents and children regarding sexuality development. I decided to include my classmates in the study, most of whom were teachers. My end goal was to improve my own and my staff's knowledge base about healthy sexuality in young children and our ability to guide young children.

Review of Literature

Healthy sexuality development is an area without an extensive research base in early childhood. My most important resource was *Healthy Sexuality Development: A Guide for Early Childhood Educators and Families* (Chrisman and Couchenour 2002). Their basic premise is that "Children learn about sexuality [and their developing bodies] the same way they learn about everything else—through words, actions, interactions, and relationships" (2002, 3). Just as we allow and expect children to learn about their world through exploration, we must demonstrate the same attitude as children learn about their developing bodies. Educators must show patience, consideration, guidance, and encouragement as children are learning to walk, talk, read, or understand themselves in other ways—without shame, embarrassment, or being misled.

In Ryan's study (2000), teachers who witnessed behaviors they considered sexual reported they usually did not respond to the situations in a meaningful, relevant fashion. Adults are hesitant to address sexuality-related behaviors due to their own level of discomfort, the prevalence of sexual abuse of young children, and the stigma associated with this topic (Sciaraffa & Randolph 2011; Essa & Murray 1999).

Children learn about sexuality [and their developing bodies] the same way they learn about everything else— through words, actions, interactions, and relationships.

Sometimes adults impose their beliefs and experiences on children's natural developmental processes, hindering children's normal interest in their bodies (Blaise 2009; Sciaraffa & Randolph 2011). Adults sometimes confuse healthy sexual development in young children with adult sexual activities. When children ask questions related to sex and gender or engage in behaviors like masturbating at school it can make teachers uncomfortable because they interpret the behavior through their adult lenses (Sciaraffa & Randolph 2011). As Chrisman and Couchenour found, "both educators and family members [were] uncomfortable discussing topics related to childhood sexuality" (2002, 6).

Chrisman and Couchenour also state that "teachers need a wealth of information on how to approach the subject and relate it to all developmental processes" (2002, 3). When these authors surveyed teachers in 1997, they found that that "most teachers in their interviews had not had formal training or course work promoting or understanding healthy sexuality development of children" (2002, 70). Even early childhood teachers who had taken child development courses had no specific course content or training in understanding young children's sexuality development (2002). Some teachers even questioned the need for information about healthy sexuality development in early childhood education.

Regarding teachers' understanding of sexuality development, Wilson declared that it can only be acquired through proper training, through which teachers will

> explore their own values with respect to sexuality, gain relevant knowledge about children's healthy sexuality development, learn appropriate methods of answering children's sexual questions, and practice appropriate methods of answering children's sexual questions. (1991)

Methods

My research plan was to examine my own attitudes and perceptions about sexuality development, as well as those of my staff and fellow early childhood education students. Specifically, I wanted to understand whether they felt they had knowledge about young children's healthy sexuality development and determine their comfort level, feelings about sexuality-related behavior in their classroom, and their ability to address the topic with children and parents.

Site and participants

Our school is a ministry of a Protestant church in the suburbs of an urban community. Sixty children between the ages of 18 months and 5 years old attend the school; the majority of our children are white. 95% of our children are non-church members living in the surrounding community. We use a hands-on, interactive developmentally appropriate curriculum including basic Bible stories and age-appropriate worship through song. Our ten staff members are between the ages of 21 and 46 years old; four are white and six are Hispanic. One teacher has an associate's degree in early childhood education, one teacher has a bachelor's degree in family studies, and four are pursuing a bachelor's degree in early childhood education. All members of our staff have experience working in childcare, and seven out of ten staff members have children.

My university classmates consisted of thirteen students enrolled in a bachelor of applied science in early childhood education program. Participants were between the ages of 24 and 50; four were African American, two were white, and three were Hispanic. All participants held associate degrees in early childhood education. Most (seven) of the participants had experience working in early childhood settings varying from 2–20 years.

Data collection and analysis

I conducted individual surveys, led focus groups, and facilitated professional development sessions that focused on participants' attitudes, perceptions, and experiences with the topic. I also engaged in self-reflection. The material for the workshops was based on *Healthy Sexuality Development* (Chrisman & Couchenour 2002). We selected the material to include based on the results from the survey.

My survey collected information from six preschool teachers at the preschool where I am the director and thirteen students enrolled in early childhood education courses at the university I attend (see Table 1). All participants answered a 15-question survey about comfort level, knowledge base, and communication concerning healthy sexuality-related behaviors in young children. I created the survey also using the book *Healthy Sexuality Development* (Chrisman & Couchenour 2002) as a guide. The Likert scale questions included items such as: "I am comfortable using correct anatomical labels when talking to children about their bodies," "I believe masturbation is normal in young children," and "I believe sex education is only the parents' role." Surveys were analyzed by calculating the number of answers participants marked "agree," "disagree," and "not sure."

In addition to the written survey, I conducted two consecutive professional development sessions/focus groups with nine of the early childhood education students in my college class; these were transcribed. During these sessions, I shared the knowledge about healthy sexuality development I gained in my research and asked questions taken from the survey (see Appendix A) to learn more about their perceptions and comfort level.

Self-reflection. It was my job to educate my staff, but I had to start by educating myself. I felt that it was important to begin by evaluating my own opinions, comfort level, and disposition when approaching healthy sexuality development in children. What were my perceptions of sexuality in children, and where had those perceptions originated?

I realized my own knowledge of sexuality development in young children was very limited because the only professional development I had related to this topic was on sexual abuse prevention.

My only understanding of the topic was through my own experiences as a child and through raising three boys. As a child, my parents never talked to me about healthy sexuality development. Instead, I learned or believed that it was something bad. My perception was that sexuality-related behaviors weren't natural. As a parent, I talked with my own boys about sexual abuse and the "birds and the bees," but ignored many of their "normal" sexual behaviors when they were young. I didn't know how to handle these situations, so I always went to my husband for guidance on the issue. I knew instinctively that some behaviors were normal, but was clueless about how to address them and what to expect.

As an early childhood educator I realized my own knowledge of sexuality development in young children was very limited because I hadn't had any formal (or appropriate informal) training on the topic. The only professional development I had related to this topic was on sexual abuse prevention, which made me hypersensitive to negative perspectives on the topic. I realized that I was unconsciously imposing my own discomfort with childhood sexuality on

the teachers and children regarding situations involving sexuality-related behaviors or issues. These biases and lack of knowledge on the topic impacted how I guided my staff and the children they teach.

<div style="background-color:#fce9c6;">

Findings

My study led to the following findings:

1. We as early childhood educators all experienced some level of discomfort with the subject of childhood sexuality in our schools.

2. Early childhood educators are inadequately prepared and informed on the subject of healthy sexuality development and teaching strategies with children and parents.

3. Early childhood educators find it difficult to communicate to parents about healthy sexuality development and behaviors.

4. The years of professional experience and age of the children in the teacher's classroom influenced teacher comfort level.

5. The comfort level of study participants increased with training and education, which imparted a better understanding of healthy sexuality development in young children and provided opportunities to discuss the issue in a professional setting.

</div>

Finding #1: We as early childhood educators all experienced some level of discomfort with the subject of childhood sexuality in our schools

Teachers want to talk and learn more about what is normal behavior, but don't want to be seen as ignorant on the topic (especially teachers with their own children). Most of the teachers were uncomfortable discussing the topic because their own beliefs might not correspond to those of the rest of the group—it's like politics and religion, you just don't talk about it. Some participants expressed apprehension when they first read the survey, but all willingly completed it. One teacher later explained to me that she was shocked to receive the survey from her employer in a faith-based program. This teacher, who had a bachelor's degree in family and child development, had never had any education or training regarding sexuality development in children and was surprised to be discussing it in a church-based preschool.

T**eachers initially did not feel comfortable when addressing sexuality-related behaviors in children**. As my data indicated the teachers varied greatly in the areas of talking to children about healthy sexuality-related behaviors, supporting sexuality development, and viewing sexual activities (like masturbating or anything mimicking adult sexual behavior) as uncomfortable and problematic.

Sexuality Perceptions Survey Results

Comfort Level	Agree	Disagree	Not Sure
1. I am comfortable talking to students' parents about sexual development in children.	12	2	5
2. I am comfortable around children who are curious and playful with their body.	11	2	6
3. I feel comfortable talking to children about healthy sexual behaviors and supporting sexuality development.	6	4	8 (1-no response)
4. I view sexual activities (like masturbating) by children as being uncomfortable and viewed as problematic.	6	6	6 (1-no response)
5. I am comfortable in using correct anatomical labels when talking to children about their bodies.	14	2	3
Knowledge Base			
6. I believe a great deal of specific research has been done in children's sexual curiosity and behaviors.	6	7	6
7. I feel empowered to respond to sexual behaviors in a meaningfully relevant fashion.	6	5	7 (1-No response)
8. It is important for childcare professionals to be knowledgeable of healthy sexual development in young children.	18	1	0
9. I believe early childhood teachers need to include information about healthy sexuality development in their curriculum.	7	5	7
10. I know the difference between child abuse and healthy sexuality.	10	2	6 (1-no response)
11. I believe masturbation is normal in young children.	10	4	5 (1-no response)
12. I believe child's play should be limited by gender roles (boys play with trucks, girls with dolls).	1	17	0 (1-no response)
Communication			
13. I believe sex education is **only** the parents' role.	2	13	3 (1-no response)
14. I support issues surrounding sex education in the schools.	15	2	2
15. I believe parents often speak to teachers about their child's sexual behaviors.	2	12	5

In survey results, respondents indicated that they were

less comfortable speaking with parents about children discussing sexually-based topics, like seeing mommy and daddy kissing, children completely undressing themselves under the covers at nap, or children talking about or showing curiosity about other children's genitals.

However, most of the teachers agreed in the survey that they felt comfortable talking to parents about sexuality-related behaviors in children that were not associated with adult sexual behavior. They were comfortable around children who are curious and playful with their bodies. For example, results indicated that

Teachers felt comfortable speaking to parents when their child used "potty" words, came out of the bathroom with their pants down, or pulled their pants down during class time to be silly.

Some answers were contradictory; as respondents reported,

Teachers were comfortable when talking about and observing children being playful with their bodies, but not when children engaged in behavior like masturbating.

Finding #2: Early childhood educators are inadequately prepared and informed on the subject of healthy sexuality development and teaching strategies with children and parents

Prior to training sessions and professional discussions the children's natural exploration was often viewed as something way beyond their level of comprehension. In the anecdote at the beginning of this article, what the teachers interpreted as sexual behavior resulting from probable child abuse was really just a child soothing herself to sleep in a very typical way (no more sexual than sucking her thumb).

Similar to Chrisman's and Couchenour's findings from sixteen years ago, these early childhood teachers reported a lack of professional development or coursework that addressed the topic. Most of my respondents reported that they wanted knowledge about typical sexual development in children and an understanding of how to respond to sexuality-related behaviors in a meaningful and relevant fashion. Unfortunately, they **did not feel empowered to seek out the information they needed**. In my experience**,** many administrators like myself are not adequately prepared to address these concerns.

Participants in this study were not sure of the resources available to them regarding this topic. While textbooks on developmentally appropriate practice address physical development, gender awareness, and health and body awareness, they do not typically address children's sexuality development specifically. This is not surprising, given the lack of research and few resources regarding healthy sexuality development for young children (Chrisman and Couchenour 2002; Sciaraffa and Randolph 2011). When I began this journey I wasn't even aware that these resources existed, nor where to find them.

Finding #3: Early childhood educators find it difficult to communicate to parents about healthy sexuality development and behaviors

Results relating to communication between parents and teachers were clear. Teachers reported that **most parents don't speak to them often about their child's sexuality-related behaviors and the teachers in turn had difficulty** talking with parents. As one teacher said, "I can talk to children about their parts all day, but I just can't say penis to a child's parent!" **However the teachers believed that teachers and parents should both participate in children's sex education** and supported developmentally appropriate sex education in school.

As I recorded in my transcripts,

One teacher shared that she was really nervous to talk to parents about their children's sexuality development in the faith-based setting, and was concerned that she would be reprimanded if she did. For example, she stated that talking to parents about normal potty issues such as bowel movements and cleanliness was easier than talking to parents about a child's erection during diapering. I assured her that all discussions related to the whole child's development would be supported by the administration and gave her some suggestions to ensure those conversations went smoothly and comfortably. For example, we talked about the importance of explaining to parents only what they witnessed or heard children say without making judgments. Another suggestion was to communicate to parents that our concern is for their child's success and healthy development while at our school.

In order to educate the whole child in a family-friendly environment, we have to overcome our discomfort and speak honestly and openly with parents about their children.

Finding #4: The years of professional experience and age of the children in the teacher's classroom influenced teacher comfort level

I not surprisingly found that **those educators with the most professional experience were the most comfortable with the topic**. Some of my younger, less experienced classmates were uncomfortable when my professor and I used anatomically correct terminology.

Another factor that contributed to ease of addressing this topic was the age of the children in the teacher's classroom. Teachers who worked with infants or toddlers (in diapers) were more comfortable than those who worked with preschoolers already toilet trained. Teachers shared the following in focus group sessions:

One veteran infant teacher remarked,

We talk about body parts all the time in our classroom; after about a month, I got over that. Now I'm comfortable using anatomical terms without even thinking about it. I think the parents are more uncomfortable about it than I am now.

A teacher of toddlers mentioned that

Because toddlers are naturally learning about their body parts and are often on the changing table, the words "penis" and "vagina" come up frequently in toddler classrooms.

Another teacher smiled and said,

I work with two-year olds; sometimes we talk about body parts all day long. I'm used to it.

Finding #5: The comfort level of study participants increased with training and education, which imparted a better understanding of healthy sexuality development in young children and provided opportunities to discuss the issue in a professional setting

All participants' **level of comfort seemed to increase, even from the first session to the second**. Study participants who seemed uncomfortable speaking during the first professional development session were more willing to speak during the second. It was obvious in their posture, tone, and willingness to contribute to the conversation. One younger, less experienced student said, "I'm glad we had this conversation; it never occurred to me that I might have to talk to children and parents about sexual development."

This finding applied to me also. I found that **the more people knew and the more opportunities they had to talk with colleagues in professional settings about this sensitive topic, the more comfortable they were in addressing situations like using anatomical terms and interacting with children who express an interest in their bodies**. When I started this project I was completely uncomfortable with the topic; as I read more and spoke to my staff, classmates, and professors about it I became more comfortable. After I conducted a workshop in my class at the university by presenting the survey, the research PowerPoint presentation in my class at the university on healthy sexuality development in young children, and engaged in discussion with the focus group with my classmates, I became even more comfortable. After the two-and-a-half months during which I conducted my research, I finally felt empowered enough to provide for the first time a two-hour focus group and professional development training for my staff (with my professor) on healthy sexuality development.

The teachers walked away feeling empowered as well. They seemed relieved to have an outlet to share their thoughts about appropriate gender and sexual behaviors. In my transcripts, I recorded how one teacher shared an experience she had several years earlier with a 4-year-old child who didn't like to wear clothes and would often take his clothes off during naptime. She stated,

> *I didn't know what to do when he did things like that because he was so young. I was embarrassed to talk to his parents about it and when other adults came in the room and saw him.*

Teachers also used this opportunity to clarify some of their misconceptions. As one teacher said,

> *I'm glad we did this training session because I don't want to damage children for the rest of their lives if I say the wrong thing.*

I reassured her that she was not going to damage the children, and that together we would make sure that all children were honored and respected in our school. One teacher shared a story about her classroom:

> *One child walked out of the bathroom without her pants on, and another child told her to "Put her vagina back in the bathroom where it belongs!"*

Because of her healthy sexuality training the teacher was able to respond appropriately. She supported the child's use of the word "vagina" and talked to the child with her pants down, explaining that clothes need to cover her vagina before she comes back to class. The teacher didn't feel uncomfortable, and used it as a learning opportunity. She added that during the following months it seemed that vaginas were the main topic of discussion among her 4-year-olds. By the end of the meeting, everyone was laughing and sharing stories, even those who were visibly shaken when I told them what we would be discussing.

After the training was over, the conversation continued. It seemed that the taboo had been lessened for every teacher. Finally, I felt like we could discuss this topic comfortably and intelligently, which benefits the children we serve. Our goal to create an environment where we can openly talk and share information that may be uncomfortable seemed to be met.

Conclusion and implications

From this study, I learned that these teachers wanted a better understanding of healthy sexuality development in young children. I believe that on-site professional development for working practitioners should be offered, and course work on this topic should be provided through professional preparation programs in early childhood education at the collegiate level. These experiences must be carefully planned and carried out if they are to support early childhood teachers in their understanding and application of healthy sexuality development in young children. Directors who wish to open up these lines of communication, but don't have the support or resources they need, can reach out to local

community colleges, universities, and resource and referral agencies for assistance. Often these agencies have resources or individuals who can assist.

After conducting my research, I have now made it a policy to train new employees in the topic during teacher in-service sessions in order to begin opening the communication doors. We discuss past experiences, concerns, and how to communicate to parents. My goal is to help staff get past the discomfort of discussing the topic; they need to know they will always have my support in addressing their concerns.

When teachers gain a better understanding of healthy sexual development in children through proper training and education it should increase their comfort level and improve communication with children, parents, and colleagues. My experience confirms these findings. My own comfort level has increased as I continue to speak to adults about healthy sexuality-related behavior in young children. I also now feel empowered to help those who work with young children gain an understanding of normal sexuality-related behavior by opening up a forum to discuss this topic without feeling embarrassed, intimidated, or uncomfortable. I believe that if we respond responsibly by caring and nurturing this area of development, then children can grow up feeling comfortable about their bodies and their sexuality, without stigma. They will then pass a healthy understanding of and response to sexuality along to their own children.

References

Blaise, M. 2009. "What a Girl Wants, What a Girl Needs. Responding to Sex, Gender and Sexuality in the Early Childhood Classroom." *Journal of Research in Childhood Education* 23 (4): 450–60.

Chrisman, K. & D. Couchenour. 2002. *Healthy Sexuality Development: A Guide for Early Childhood Educators and Families*. Washington, DC: NAEYC.

Essa, E., & C. Murray. 1999. "Sexual play: When should you be concerned?" *Childhood Education* 75 (4): 231–34.

Ryan, G. 2000. "Childhood Sexuality: A Decade of Study. Part 1—Research and Curriculum Development." *Child Abuse and Neglect* 24 (1): 33–48.

Sciaraffa, M., & T. Randolph. 2011. "You Want Me to Talk to Children About What? Responding to the Subject of Sexuality Development in Young Children." *Young Children* 66 (4): 32–38.

Wilson, P.M. 1991. *When Sex is the Subject: Attitudes and Answers for Young Children.* Santa Cruz, CA: ETR Associates.

Sexuality Perceptions Survey

Comfort Level	Agree	Disagree	Not Sure
1. I am comfortable talking to students' parents about sexual development in children.	☐	☐	☐
2. I am comfortable around children who are curious and playful with their body.	☐	☐	☐
3. I feel comfortable talking to children about healthy sexual behaviors and supporting sexuality development.	☐	☐	☐
4. I view sexual activities (like masturbating) by children as being uncomfortable and viewed as problematic.	☐	☐	☐
5. I am comfortable in using correct anatomical labels when talking to children about their bodies.	☐	☐	☐

Knowledge Base			
6. I believe a great deal of specific research has been done in children's sexual curiosity and behaviors.	☐	☐	☐
7. I feel empowered to respond to sexual behaviors in a meaningfully relevant fashion.	☐	☐	☐
8. It is important for child care professionals to be knowledgeable of healthy sexual development in young children.	☐	☐	☐
9. I believe early childhood teachers need to include information about healthy sexuality development in their curriculum.	☐	☐	☐
10. I know the difference between child abuse and healthy sexuality.	☐	☐	☐
11. I believe masturbation is normal in young children.	☐	☐	☐
12. I believe child's play should be limited by gender roles (boys play with trucks, girls with dolls).	☐	☐	☐

Communication			
13. I believe sex education is **only** the parents' role.	☐	☐	☐
14. I support issues surrounding sex education in the schools.	☐	☐	☐
15. I believe parents often speak to teachers about their child's sexual behaviors.	☐	☐	☐