Guidelines for Sexuality & Personal Safety Education for Parents/Caregivers of Children Under 7 Years

By

The Global Coalition to Promote Comprehensive Sexuality and Personal Safety Education.

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Introduction

Have you ever been caught off guard by questions from your children like, *"Where do babies come from?"* or *"I don't like Toto touching me. What should I do?"* Have you noticed your child exploring their private parts and felt unsure about how to respond? You're not alone. Many parents and caregivers feel unprepared for these moments because they themselves never received clear, open, or accurate information about sexuality, safety, and body autonomy.

Due to lack of accurate information, many children are growing up with confusing, shame-laden, harmful messages about their bodies, boundaries, and personal safety. Children under 7 years old grow up learning ambiguous names of their private parts mostly from their caregivers, they are told that these parts are dirty or shameful and not to be talked about. Some people may exploit children's ignorance and subject them to sexual abuse. The below example explains one of the potential consequences of not teaching accurate names of private parts:-

At 3 years of age, a child has been taught that the name of the genitals is 'flower'. The child, now 6, is playing hide and seek with a relative who touches the child's genitals. The child is confused and goes to check with the parent:

"Uncle is touching my flower."

"It's okay," says the parent, confusing this with flowers growing in a pot.

The child goes back to play with the uncle. When abuse becomes severe and comes to light, the parent realises that the child had reported unsafe touch a couple of months before!

Adults hesitate to discuss sexuality and safety with children, believing it 'robs their innocence' or 'frightens them' or that children 'will figure it out anyway' or that it encourages sexual activity. However, research consistently shows that age-appropriate, factual sexuality education reduces the risks of abuse, promotes healthier relationships, and enables more informed decision-making.

In this guide, you can:

- Learn how to talk to children in an age appropriate, accurate, and respectful manner, without shame and guilt.

- Understand and normalize their curiosity about bodies and provide accurate answers using age appropriate words and analogies that the child can relate to.

- Teach consent, boundaries, and personal safety in a way that empowers children rather than instill fear of people.

- Replace myths and misinformation with accurate, scientific and honest information.

- Build a safe, open relationship so your child knows they can always come to you.

Let's take this journey together of learning, unlearning, and relearning so we can raise confident, and informed children.

1

What is Comprehensive Sexuality & Personal Safety Education?

1. What Is Comprehensive Sexuality Education (CSE) and Personal Safety Education (PSE)?

Contrary to common misunderstanding, CSE does not focus solely on sex. It covers the following in an age-appropriate manner:

- Correct names, structure and functions of reproductive systems
- Puberty - emotional, cognitive, and physical changes, how to manage them, factual knowledge to counter myths, building respect for all parts and functions of the body
- Diverse identities, bias and violence
- Healthy relationships (fostering mutual respect and emotional well-being), self-esteem and body image
- Basic information on pregnancy, contraception, and sexually transmitted infections
- Personal safety - bodily autonomy, recognising safe and unsafe behaviours, personal safety guide - No-Go-Tell, reporting to Safe Adults
- Digital safety - Building awareness of cyber risks and online exploitation
- Laws for child protection, POCSO, and age for consent

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Some Concerns of Adults about Discussing Sex and Sexuality with Children

2. Some Concerns of Adults about Discussing Sex and Sexuality with Children:

#1 Teaching children about sexuality will destroy their innocence

This myth is extremely problematic as it implies that human sexuality, and learning about it, is dirty, bad, shameful, harmful or wrong. Knowledge is empowering, it doesn't corrupt. How knowledge is used depends on personal values and beliefs. Hence, providing value based information is what we can aim to do. The information infused with values can empower the child to protect themselves and others from abuse/harm and can create a space of trust and openness with their safe adult as they grow up.

#2 I'll get it wrong; I don't have the language to explain it

Your children are already receiving messages every day from the world around them. Your words, however imperfect, are better than the misinformation they might hear on the playground, cartoons, or stories. And comfort increases as we engage in more and more conversations about it and we can use external resources or seek support from people who might have more information about it. However, as awkward as it might be, the benefits of these conversations far outweigh your discomfort. Not talking about it is not a solution, learning how to do this is.

#3 They might ask about my own past, history and experiences

It's okay not to share your personal history/experiences if it feels too heavy or you are not comfortable sharing it with your child yet. You can say, "I don't feel comfortable speaking about it, but we can speak about the topic without discussing my experience. We can talk about other things you may want to know." It's a good way to teach about being authentic with one's feelings, while suggesting an alternative. It teaches children healthy boundaries without shutting down the child, and about choice, demonstrating that one doesn't have to answer questions or engage in activities that one is not comfortable with.

#4 Talking about sexuality will give them ideas - they might go out and explore or experiment or talk about these things in an inappropriate social setting

[WHO research](#)[1] shows that high-quality sexuality education delivers positive health outcomes with lifelong impacts. If children have access to accurate information from a young age then they are more likely to delay the onset of sexual activity – and when they do have sex, to practice safer sex – when they are better informed about their sexuality, sexual health and their rights. Sexuality education also helps them prepare for and manage physical and emotional changes as they grow up, including during puberty and adolescence, while teaching them about respect, consent and where to go if they need help. This in turn reduces risks of violence, exploitation and abuse.

For more information on this topic, you can use [this](#) link.

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[1] World Health Organization. (2018, March 14). *International technical guidance on sexuality education: An evidence-informed approach.* https://www.who.int/publications/m/item/9789231002595

3

Gender Identity and Sexual development

3. Gender Identity and Sexual development in Children under 7 year olds

As caregivers, it is important to understand gender and sexual development to support children in their early years with sensitivity and respect. Below is an explanation of some of these concepts in the context of young children, and how caregivers can support their children.

3.1 Understanding the Terms:

Sex

Sex is a biological classification based on characteristics like the genitals, chromosomes, hormones etc. It includes the categories female, male and intersex. When the genitals and other factors match what is expected in a 'typical female' the baby is assigned the female sex. When the genitals and other factors match what is expected in a 'typical male' the baby is assigned the male sex.

Intersex

Intersex refers to people who are born with sex characteristics that, according to the Office of the United Nations High Commissioner for Human Rights, "do not fit typical binary notions of male or female bodies". Intersex is an umbrella term and includes several variations in sex characteristics. Intersex Human Rights Australia (IHRA)[2] defines sex characteristics as "physical features relating to sex, including chromosomes, genitals, gonads, hormones, and other reproductive anatomy, and secondary features that emerge from puberty." While many intersex variations are apparent at birth, some intersex variations become apparent for the first time during puberty, or much later in life, and some may not be apparent at all.

Children assigned intersex at birth or during puberty, as well as adults, face a number of misguided attempts and pressure to 'correct' their anatomical features to conform with a binary (female or male) sex. The predominant 20th century 'treatment' of intersexuality rested on assumptions that individuals are psychosexually neutral at birth; and healthy psychosexual

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[2] Intersex Human Rights Australia. (2021, February 24). *What is intersex?*
https://interaction.org.au/18106/what-is-intersex/

development is dependent on the appearance of 'normal' (meaning binary) genitals.[3] The result of such an ideology led to various medical interventions to create the appearance of a 'normal' child. Various cosmetic surgeries on infants and hormone therapy on adolescents were administered without proper information given to parents or children either out of ignorance or in hopes of ensuring proper gender role development. A lack of information and repeated doctors' visits often left children feeling humiliated and stigmatized.[4,5] Such surgeries can also cause permanent infertility, incontinence, and loss of sexual sensation and function, causing life-long pain and severe psychological suffering, including depression and shame linked to attempts to hide and erase intersex traits (Carpenter, 2018), and hence must be postponed until the individual could make an informed decision and give unbiased consent to the procedure.[6]

The World Health Organization report titled 'Sexual Health, Human Rights and the Law',[7] states that sex 'normalizing' surgeries constituting intersex genital mutilation (IGM) should be deferred until the intersex persons are old enough to make the decision. It is important to note that any surgical intervention should not be considered IGM if it is chosen voluntarily by the individual, as the key issue lies in non-consensual, irreversible procedures performed during infancy. Some states and countries are passing laws banning sex reassignment surgeries on intersex infants and children, except in cases where such intersex variations may pose a life-threatening risk to children.

Gender

While sex and gender are often conflated, they are distinct concepts; sex refers to biological characteristics, while gender is a social construct, typically presumed based on the assigned sex

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[3] Diamond, M., & Sigmundson, H. K. (1997). Sex reassignment at birth. Long-term review and clinical implications. *Archives of Pediatrics & Adolescent Medicine, 151*(3), 298–304. https://doi.org/10.1001/archpedi.1997.02170400084015

[4] Preves, S. E. (2003). *Intersex and Identity: The Contest Self.* Rutgers University Press. https://www.rutgersuniversitypress.org/intersex-and-identity/9780813532295/

[5] Dreger, A. D. (1998). "Ambiguous Sex": Or Ambivalent Medicine? Ethical Issues in the Treatment of Intersexuality. *The Hastings Center Report, 28*(3), 24-25. https://doi.org/10.2307/3528648

[6] Wiesemann, C., Ude-Koeller, S., Sinnecker, G. H., & Thyen, U. (2010). Ethical principles and recommendations for the medical management of differences of sex development (DSD)/intersex in children and adolescents. *European journal of pediatrics*, *169*(6), 671–679. https://doi.org/10.1007/s00431-009-1086-x

[7] World Health Organisation. (2015). *Sexual health, human rights and the law.* https://iris.who.int/bitstream/handle/10665/175556/9789241564984_eng.pdf

at birth. A baby assigned the male sex is presumed and called a boy (gender) and a baby assigned the female sex is presumed and called a girl (gender).

Gender refers to the attitudes, feelings, and behaviours that a given culture associates with a particular sex. For example, in many societies, men are expected to be strong and aggressive while women are thought to be sensitive, emotional, sacrificing and nurturing. However, these attributes aren't uniform across all cultures. Behaviours that are compatible with cultural expectations are referred to as gender-normative; behaviours that are viewed as incompatible with these expectations constitute gender non-conformity.

Gender Identity

Gender identity is the internal perception of one's gender and how one may choose to label themselves.

Cisgender: a cisgender (or cis) person is someone whose gender identity (their own sense of their gender) aligns with the gender assigned to them at birth. For eg. someone who was assigned male at birth and also identifies as a boy/man.

1. Trans*: an inclusive term to refer to all persons whose own sense of their gender does not match the gender assigned to them at birth. Spelt with an asterisk in this way, trans* is an umbrella term coined within gender studies in order to refer to all non-cisgender gender identities including genderqueer, agender, third gender, two-spirit, bigender, transman, transwoman, other, and (m)any others.[8]

Gender identity forms under biological-psycho-socio-cultural factors including how one is perceived and treated by others, their own feelings and experiences and degree of feminization or masculinization of their bodies. Brain studies are difficult to control for every factor that could be influencing the process - like how one is being treated by the family and peers, the level of stress experienced by the individual, their body image or even administration of puberty blocking hormones. Pubertal hormones could also be an influencer. Researchers concluded that, perhaps all these factors - pubertal changes, interactions with others, sexual feelings and

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[8] Steinmetz, K. (2018, April 3). The Oxford English Dictionary Added 'Trans*.' Here's What the Label Means. *Time.* https://time.com/5211799/what-does-trans-asterisk-star-mean-dictionary/

exploration of sexuality - have to be experienced and explored by adolescents with gender non-conforming identities before their gender identity is consolidated.[9]

Sexual

The word sexual is widely misunderstood and conflated with a desire to have sex. Its origin is, however, from the Latin 'sexus', which comes from a root *sec-* meaning "cut" (section or segment). The original meaning was "**division**", which shifted to "the division between men and women, biological sex". Later it changed to the adjective *sexuālis,* "**pertaining to the sexes**", as in "sexual reproduction". Over time, this adjective has been limited to the association with the act of **sex** through phrases like "sexual intercourse". Usually heterosexual (penis in vagina). Also often used to represent being male or female.

From a physiological perspective, the word sexual can be understood with the analogy to the word 'visual'. The word 'sexual' refers to all those stimuli (visual, auditory, touch, smell, taste, thoughts) that activate sexual parts of the brain, and this activation in turn leads to certain feelings and changes in the body - like increased blood flow and nerve sensitivity of the genitals and other parts of the body.

Sexual Orientation

Sexual orientation refers to a person's emotional, romantic, or sexual attraction to others. Scientists think that sexual orientation develops from a complex interaction between several biological, psychological and sociocultural factors and processes. It is not something that is decided, but rather something that is discovered. This self-discovery can be a lifelong process with the possibility of changes over time. In fact, some studies suggest sexuality is innately fluid and that the current dominance of heterosexual behavior is primarily the result of cultural forces.

Some common sexual orientations include:

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[9] Steensma, T. D., McGuire, J. K., Kreukels, B. P., Beekman, A. J., & Cohen-Kettenis, P. T. (2013). Factors associated with desistence and persistence of childhood gender dysphoria: a quantitative follow-up study. *Journal of the American Academy of Child and Adolescent Psychiatry*, *52*(6), 582–590. https://doi.org/10.1016/j.jaac.2013.03.016

Heterosexual: A heterosexual is someone who is attracted to people of a different sex than their own. For example, someone who considers themselves male and who is attracted to people who are not male might consider themselves to be heterosexual. If a person is attracted to more than one sex, they may use different words such as bisexual or pansexual.

Homosexual: A homosexual is someone who is sexually attracted towards people of the same gender and a significant lack of sexual interest in people of other genders. Note that sexual attraction and romantic attraction are different, and someone who feels romantic but not sexual attraction to the same gender may use heterosexual definition or describe themselves as homoromantic rather than homosexual.

Bisexual: A person who experiences attraction towards people of more than one gender. For example a person may be attracted to males and non-binary people or they might be attracted to males and females.

Pansexual: a term to describe someone who can have sexual, romantic or emotional attraction or desire for members of all gender identities or expressions. Gender or sex of the other person are not determining factors in this feeling of attraction.

Asexual: A person who experiences little to no sexual attraction to others. Asexuality is a sexual orientation where individuals might not feel a desire for sexual activity or relationships, though they can still experience romantic attraction or form emotional connections.

Humans are sexual beings from birth until death.[10] They have the capacity to perceive and respond to sexual stimuli. Just as babies are visual and perceive light - this capacity increases and refines (visual acuity and colour vision) as they grow; so does the capacity of the child to perceive and respond to sexual stimuli develop over time - especially during puberty. Newborn babies and young children can experience pleasure when they touch their genitals. They, however, do not fully experience sexual or romantic attraction or any conscious desire to have

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[10] Graaf, H., & Rademakers, J. (2006). Sexual Development of Prepubertal Children. *Journal of Psychology & Human Sexuality, 18*(1), 1-21. https://doi.org/10.1300/J056v18n01_01

sexual experiences with another person until they enter puberty and hormones produce changes in the parts of the brain involved in experiencing sexual attraction and arousal.

3.2 Development of Gender Identity in Young Children[11]

From infancy, children absorb messages about gender through clothing, toys, and interactions with caregivers and peers. By around two years old, they begin recognizing gender categories and identifying themselves within the patterns they observe. While many children describe themselves as a boy or a girl, some feel that these labels do not fully reflect their identity. Gender diversity, including non-binary, gender-fluid, and transgender identities, can emerge early as children explore and express themselves.

During preschool years, children actively seek to understand what it means to belong to a particular gender. At this stage, they may believe that external changes, such as wearing a dress, can change their gender. However, by around five years old, many develop gender constancy, understanding that gender is stable over time. Traditional developmental models, such as Lawrence Kohlberg's Cognitive Developmental Theory of Gender,[12] suggest that children move through stages:

- **18 - 24 Months: Recognizing Gender Categories**

  At this stage, toddlers begin recognizing gender distinctions and seeking patterns in their environment. They start identifying people around them as "boy" or "girl" based on visible characteristics such as hair length, clothing, or voice pitch. Research suggests that even before they can articulate words for gender, infants as young as six months can distinguish between male and female faces. By 18 months, toddlers may begin associating gender with familiar people, such as calling a man "daddy" and a woman "mommy" even if they are not their parents.

- **Ages 3 - 4: Associating Gender with Specific Attributes**

[11] Lumen Learning. (2019). *Lifespan Development.* Retrieved March 27, 2025, from https://courses.lumenlearning.com/wm-lifespandevelopment/

[12] Kohlberg, L. (1966). *A cognitive-developmental analysis of children's sex role concepts and attitudes.* In E. E. Maccoby (Ed.), The development of sex differences (pp. 82–173). Stanford University Press.

As children's cognitive abilities develop, they begin forming associations between gender and behavior. This is a period of intense exploration, where children actively seek to categorize people and activities according to gender. By this age, they may:

- Prefer toys or activities (that have been gendered by society) that they associate with their gender (e.g., dolls for girls, cars for boys).

- Express preferences for gender-specific clothing and colors, often influenced by marketing and parental choices.

- Start making gender-based statements such as "Boys don't cry" or "Girls can't play with trucks," reflecting societal stereotypes they have absorbed.

- Children usually begin to identify themselves with a particular gender around 2 - 3 years of age, often coaxed by adults around them who are quick to assign a gender based on the sex assigned at birth. They also learn to announce their gender once they begin to talk. In early childhood, this awareness is predominantly binary, mostly because they are largely exposed only to binary possibilities.

- **Ages 5 - 7: Rigid Gender Norms and Early Gender Constancy**

  During this stage, children often adhere strongly to gender norms as they seek to understand societal expectations. This is what developmental psychologists call "gender rigidity." According to research,[13] children between ages 5 and 7 tend to strictly enforce gender rules. They might insist that:

  - "Only girls wear pink"

  - "Boys can't play with dolls"

  - "Mommies stay at home, and daddies go to work"

  As children develop, their understanding of gender may shift, and they may express preferences that do not conform to traditional gender norms. Children begin to respond to the prevailing social cues about dressing, hair style, and behaviour. They begin to

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[13] Martin, C. L., & Ruble, D. (2004). Children's Search for Gender Cues: Cognitive Perspectives on Gender Development. Current Directions in Psychological Science, 13(2), 67-70. https://doi.org/10.1111/j.0963-7214.2004.00276.x

choose toys and demonstrate differences in the kind of play they engage in. Gender identity forms as the child identifies themselves, often as 'a boy', 'a girl' and at times, as neither or as both.

Gender roles are practiced and reinforced by day-to-day interactions, for e.g., children may often be seen imitating a same-sex parent and play-acting the tasks that they have seen that parent do. Children imitate and play imaginary games of 'house-house', marriage, or being a parent. Around the age of 6, children begin to behave in a way that is consistent with the gender they identify with.

A child's persistent preference for activities, clothing, or roles typically associated with another gender indicates a strong and valid personal feeling rather than a phase. Gender rigidity often decreases with age, allowing children to develop a broader and more inclusive understanding of identity.

Children between 6 - 9 years of age are seen to engage more with same-sex and similar-aged playmates, friends and school groups. This may pose a challenge for children with gender non-conforming identities. They may also tease each other about having boyfriends and girlfriends or being "in love".[14]

Gender variant development is an umbrella term to indicate development of gender non-conforming identities where the gender identity does not conform with the sex characteristics or the assigned gender at birth.

3.3 Gender Identity Development in Intersex and Non-Binary Children

These developmental models primarily describe binary gender identity, but they do not fully capture the experiences of gender-expansive children. Some children experience a strong disconnect between their assigned gender at birth and their internal identity, which can be an early indication of being transgender or non-binary. Intersex children, who are born with variations in sex characteristics that do not fit typical definitions of male or female, may

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[14] Christian, K. & Couchener, D. (2002). *Healthy Sexuality Development: A Guide for Early Children Educators and Families.* National Association for the Education of Young Children (NAEYC).

experience gender identity differently.

There aren't a lot of studies exploring gender identity formation among intersex children, adolescents or even adults. Prenatal androgen exposure may affect gender role behaviour, but does not seem to have a definite, direct role to play in gender identity formation.[15] Once again, pubertal changes, hormonal exposure, psychological factors, exploration of sexuality and other environmental factors could play a role. Caregivers can be mindful of this and support the child as their identity develops and neither encourage nor dissuade any particular kind of gender expression.

3.4 Supporting Gender Expression in Young Children

Caregivers play a critical role in fostering a supportive and accepting environment for children as they explore their gender identity and expression. Here are some key ways to provide this support:

a. **Help the child explore and express their gender**

Avoid derogatory, discriminatory words, phrases or body language towards people of different genders. If children ask a trans person about their gender, it can be explained in this manner (this is an anecdote shared by a colleague at Enfold): a person's 4-year-old niece asked them if they were a boy or a girl. The person responded, "My body is that of a boy, but in my heart and brain, I am a girl". The child then proceeded to declare that, in that case, they were a girl, because two - brain and heart, is more than one - the body!"

b. **Respect Individual Expression**

Children naturally explore different aspects of their identity through clothing, play, and social interactions. It is important for caregivers to support this exploration without imposing gendered expectations. For example, if a young boy expresses a desire to wear a dupatta (a long scarf) while playing, instead of discouraging him by saying, "Dupattas (scarfs) are for girls," you could respond with curiosity and support: "That's a lovely

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[15] Dessens, A. B., Slijper, F. M., & Drop, S. L. (2005). Gender dysphoria and gender change in chromosomal females with congenital adrenal hyperplasia. *Archives of sexual behavior*, *34*(4), 389–397. https://doi.org/10.1007/s10508-005-4338-5

color! Do you like how it flows when you twirl?" Similarly, if a girl wants to play cricket with boys, she can be encouraged rather than told, "This is a boys' game." Allowing children the freedom to express themselves without fear of judgment helps them develop confidence in their identity.

c. **Avoid Rigid Expectations**

Traditional gender roles often dictate what activities or behaviors are deemed appropriate for boys and girls. However, children benefit most when they are allowed to pursue their interests freely. If a boy enjoys cooking or playing with dolls, it does not mean he is any less of a boy. A caregiver can say, "Cooking is a wonderful skill that everyone can learn!" rather than dismissing his interest as 'girlish.' Similarly, if a girl prefers climbing trees over playing with dolls, instead of discouraging her, a supportive caregiver could affirm, "You're adventurous and strong!" By avoiding rigid expectations, caregivers help children develop a well-rounded sense of self that is not restricted by societal norms.

d. **Model Inclusive Behavior**

Children develop their understanding of gender roles by watching and imitating adults, particularly their caregivers. This often results in the reinforcement of traditional gender norms, where tasks like cooking are associated with mothers and professional work with fathers. Scholars such as Judith Butler, in *Gender Trouble*,[16] argue that gender is performative; constructed through repeated social behaviors rather than being biologically determined. To disrupt these ingrained norms, caregivers can consciously model gender-inclusive practices by distributing household responsibilities equally among children and adults as per their age and capabilities rather than gendered expectations. When children witness a father cooking or a mother handling financial decisions, they learn that capabilities are not determined by gender. Caregivers can ensure children are exposed to diverse role models. For example, reading books or watching shows featuring female scientists, male caregivers, or non-binary characters

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[16] Butler, J. (1990). *Gender Trouble: Feminism and the Subversion of identity.* Routledge.
https://www.amazon.in/Gender-Trouble-Feminism-Subversion-Identity/dp/0415900433

helps normalize varied gender expressions. Additionally, supporting children to explore a range of activities such as a boy learning to knit or a girl taking interest in carpentry reinforces the idea that interests and skills should not be limited by gender.

e. **Encourage Fairness and Inclusivity**

Understanding that gender norms vary across cultures and communities can help children develop empathy and acceptance. In India, different regions and traditions recognize gender diversity in unique ways. The hijra community, for example, has a long history in South Asia, yet is often marginalized. When children encounter individuals who do not conform to binary gender norms, caregivers can help them understand that gender is not just about 'boys' and 'girls' but includes many identities. A child may ask why a classmate has two mothers or why an uncle prefers wearing big, decorative earrings. Instead of dismissing the question, a caregiver can say, "There are many different kinds of families - many have a mother and a father, some a single mother or father, some have two mothers or two fathers. People express themselves in many different ways - how they dress, with whom they live etc. What matters most is being happy and kind to each other." By fostering curiosity, respect and fairness, caregivers help children grow into compassionate individuals who value diversity.

By fostering an accepting and supportive environment, caregivers help children develop a healthy sense of self and confidence in their identity, laying the foundation for their emotional and social well-being.

3.5 Some Aspects of Sexual development in Children under 7 year olds

Understanding sexual development in young children helps parents, teachers and caregivers support children in this stage.

1. **Masturbation/Touching One's Genitals to Feel Good** - The genitals are supplied with nerves and blood vessels and respond to touch and other stimuli. Male babies can have erections in the womb. Small children touch themselves and derive pleasure from their own bodies. Similar to sucking their thumbs - genital touching feels good. When other
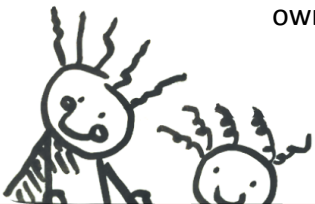
parts of the body are touched, the sensation is of simple touch. When the genitals are touched gently, the sensation is of touch mixed with pleasure. This is nature's design because once the person grows up, nature drives the person towards sex with another person for the continuation of the species. However, sex can be risky (infections, jealousy, etc.). Nature has built in a reward system, providing pleasure to motivate people to engage in it!

Toddlers' bodies can experience an orgasm response but it is a physical reflex reaction of the nervous system not based on thoughts or fantasy. This is because a child's genitals are supplied with the same nerves and blood vessels as those in an adult's body. Children touch and explore their body and begin to understand the sensations that arise from different parts of the body. This is a continuous process, beginning with their life in the uterus. It increases in complexity as the brain develops along with the body - from that of a child into that of an adolescent and then adulthood.

2. **Socio-sexual play**[17] - that is, children showing each other their genitals or touching each other's genitals. It is a typical part of children's sexual development between the ages of 3 to 7 years. It helps them learn about different types of bodies. It is typically expected if it is spontaneous and unplanned, between children of similar age, light-hearted, one does not have power over the other, and children don't hurt each other when they play like this. In fact, they laugh and joke about it. They are exploring each other's genitals out of curiosity and not with the intent to provide sexual pleasure to each other. They may do this in relative privacy, like behind a door, in a corner or in a bathroom.

3. **Sense of privacy -** this begins to develop around 6 to 7 years of age and is often expressed by the child asking for privacy when toileting, bathing or changing their clothes. Humans have sexual experiences in private. Researchers feel that this may be for safety - it's not easy for a couple to get up and run in case a lion attacks them, or to avoid sexual jealousy.

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[17] Renold, E. (2004). *Girls, Boys and Junior Sexualities: Exploring Childrens' Gender and Sexual Relations in the Primary School.* Routledge. https://doi.org/10.4324/9780203561584

4. **Kissing on the mouth -** Caregivers can avoid kissing children on the mouth to show affection, as it can blur healthy boundaries and create confusion about appropriate physical contact. While affection is important, gestures like kissing on the cheek, hugging, or holding hands are more appropriate and help children feel safe. Kissing on the mouth might confuse children, especially in situations where abuse is occurring, as they may struggle to distinguish between loving, appropriate touch and harmful behavior. Kissing on the mouth is a sexual act as well. Moreover, the mouth is also a private part though we don't keep it covered. It's important to explain this sense of privacy to children. A person may sexually abuse a child via the child's mouth.

5. **Proto sexual and proto romantic feelings (Early forms of sexual and romantic experiences/feelings before puberty)** - 6 to 9 year olds begin to experience feelings that can be described as early forms of romance and attraction. They talk about their 'special' friend who is more important to them, they also talk about love and how they like some one 'as a friend' or if they 'like someone' (as 'in love')[18] - though adults often disregard the use of such words by children. It's important to keep in mind that nothing - no structure, no organ, no feeling - develops over night when a child reaches a certain age. The physical, cognitive, psychological, emotional and sexual development of a child is a slow, continuous process with spurts and plateaus.

A note on touch - Skin is the largest organ, and one of the earliest sense organs to develop. Touch plays an important role in bonding with other living beings and even non living things. It results in the release of the hormone oxytocin which results in bonding and builds trust. Children need a lot of (non sexual) touching and hugging and the same remains true for many adults as well. This can't be restricted out of fear that some people may abuse a child. The aim of personal safety education is to support people in being safe people themselves and in differentiating safe behaviours from unsafe behaviours of others and taking appropriate action.

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[18] Trevison, G. (2005, June 29-August 3). *Love and affection among children – the social construction of feelings in peer interaction* [Paper presentation]. Childhoods 2005, Oslo, Norway. https://www.researchgate.net/publication/279506087_Love_and_affection_among_children_-_the_social_construction_of_feelings_in_peer_interaction

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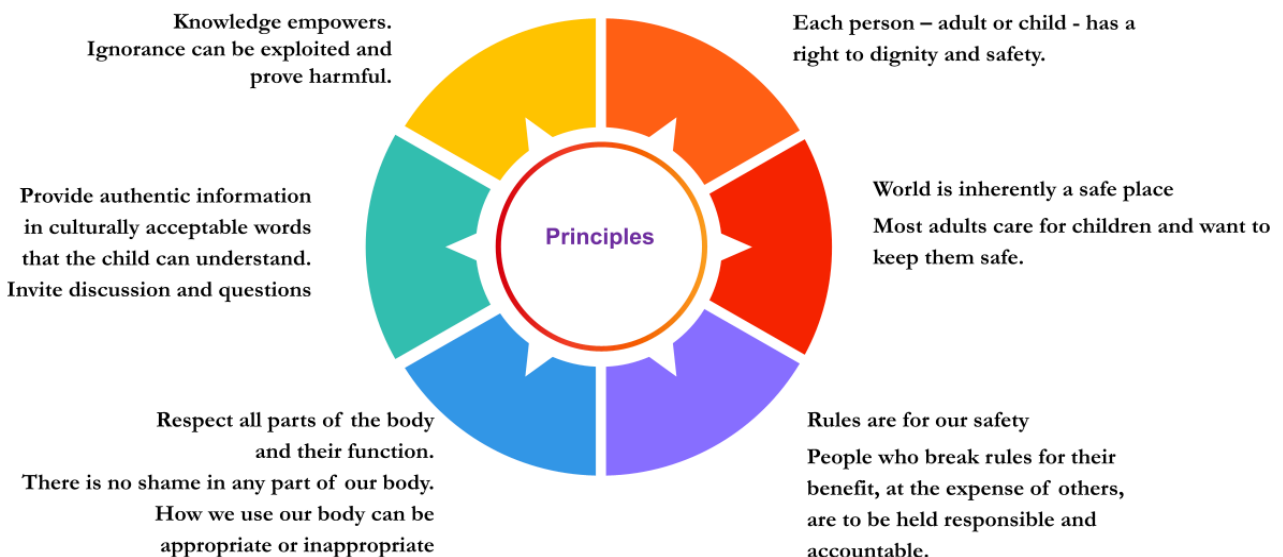# Child Sexual Abuse & the Need for Personal Safety Education

4. Child Sexual Abuse & the Need for Personal Safety Education

Child sexual abuse (CSA) is a serious issue. The Govt. of India 2007 study on Child Abuse found that out of 12,447 children (hailing from all strata of society), 53% had faced sexual abuse and 21% had faced severe sexual abuse. 52% of boys and 47% of girls said they had been subjected to sexual abuse of one form or the other. More boys than girls also reported severe form of sexual abuse.

All children have the right to age and developmentally appropriately personal safety education that is value and rights based and culturally relevant. They have the right to learn about and exercise the personal safety rules. Such education enables children in developing an understanding of and respect for their body and its functions. It would help them understand and follow social sexual norms for clothing, touching and talking, identify unsafe behaviour and confidently report it to their safe adults without fear of being shamed, blamed or stigmatized.

Principles of Personal Safety Education

Knowledge empowers. Ignorance can be exploited and prove harmful.

Each person – adult or child - has a right to dignity and safety.

Provide authentic information in culturally acceptable words that the child can understand. Invite discussion and questions

Principles

World is inherently a safe place
Most adults care for children and want to keep them safe.

Respect all parts of the body and their function. There is no shame in any part of our body. How we use our body can be appropriate or inappropriate

Rules are for our safety
People who break rules for their benefit, at the expense of others, are to be held responsible and accountable.

4.1 Age Specific Guidelines to Build Healthy Attitude towards Sexuality and Personal Safety

0 - 2 year old child

1. Name external body parts using accurate **words**: vulva, nipples, penis, scrotum, testicles, buttocks (bottom).

2. It's ok to have cultural or social names but it is recommended that children are taught the **anatomical names** as early as possible keeping socio cultural context in mind. For example, if you give a name to the genital of your child which people in the school or surroundings might not be aware of, it might be difficult for the child to convey if any abuse has occurred, as they don't have the accurate or known vocabulary. If the socio-cultural environment is very constrained and restrictive of any discussion on sexuality, one can use unambiguous words like 'su-su/ka-ka' (Hindi) and 'pee/poo/potty' (English). It is important to teach the accurate words for genitals, to help normalise it like any other part of the body. Given the generations old taboo, stigma and shame around these parts, it may not be easy or acceptable for a caregiver living in an extended family, to use the actual words. Young children may repeat these words in public causing much embarrassment and even may result in the caregiver who taught them the words, being reprimanded! A compromise is to use unambiguous words (like pee/poop) to refer to the act of passing urine or stools/motion in that culture.

3. **Avoid giving ambiguous words** like 'Flower, Parrot, Cookie' to the genitals. These have time and again caused confusion and misunderstanding when the child has reported unsafe touch to the adult.

4. Be mindful of facial expression, tone of voice, and words when bathing, cleaning the child, or cleaning urine or stools (poop). Do not show disgust or shame so that you do not pass that unhelpful approach on from your past to theirs.

5. Have a neutral response towards children touching their genitals because it feels good. It is a normal physiological response of the body. It's akin to a child's ability to taste

sweetness or see colour. We don't guilt or scold a child for having the ability to do so! It is pleasurable, just like sucking their thumb is soothing. Make a non judgemental space for this as well. Avoid reprimanding them, calling it dirty or bad. Ignore it. If you feel that it is 'too much' or 'too often' then you may distract the child. For example: "I know it feels good to touch your vulva/penis, but you can do that in a private place.

2 - 5 years old child

1. Name all body parts

   For example: Father while helping the child bathe: "Wash your face, nose, ears, chest, susu and potty place, legs and feet". If comfortable, use words like genitals/vulva/penis,scrotum/anus/buttocks. Use anatomical terms in the native language (for e.g., Yoni/Ling for vagina/penis in Hindi). Refer to the section above if living in a conservative family.

2. Keep in mind that evidence shows that NOT naming the actual anatomy can be exploited by an older person to abuse a child. Avoid words that have other meanings like flower, cookie, parrot etc as these interfere with understanding the situation if the child reports unsafe behaviour.

3. As the child grows older, teach correct words: vulva, vagina, breasts, nipples, penis, scrotum, testicles, buttocks (bottom), anus, womb/uterus, ovaries.

4. Privacy - explain that the penis, vulva, buttocks (bottom), breasts and mouth are private parts. Discuss who can touch their private parts and when (using the toilet, dressing, visiting a nurse or doctor). Tell them that no adult or big kid should ask a child to touch their private parts. If they do, they are breaking the touching rules for personal safety.

5. Positive reactions towards them when they touch their own body, when they ask about sexuality or when they play games with their peers (avoid shaming).

6. Genital touching; teach the correct context and avoid shaming the child. The child is touching themselves because it is pleasurable and self-soothing. It's like eating

something sweet. They can taste the sweetness - we don't guilt them or shame them for this! Ignore if you find a young child touching their genitals in a private space. If they are doing it in a public space or in front of other people, tell them that we don't touch our genitals in front of others - and that it's a personal safety rule. *Refer to the section below on personal safety rules.*

7. Socio-sexual play[19] - It is best ignored or distracted by an alternative game, if children are within two years of each other, light-hearted and curious. Later on, one can tell the children, "Sometimes we are curious and want to know how bodies are different. Yes, some of us have a penis with a long urethra through which urine comes out. This is called a penis. Some of us have a short urethra that opens in the vulva. We might play and show our private parts to our friends who are of our age. Remember that when you are playing with your friends, you don't force any child to play this game if they do not want to. Also, no older person should join this game."

8. Answer questions about reproduction and sex as and when asked - Explain 'Babies come from … a special place inside the pregnant person's body called the womb/uterus …' (not just 'tummy'). Answer a child's questions as and when asked, truthfully, using simple words. All questions are appropriate, the answers need to be age appropriate as well. If the child has a doubt, question, it needs to be answered in a way that the child understands it. Use simple analogy of traffic rules or other body parts, and use words that the child understands. This is called age appropriate sexuality and safety education. *Refer below for a list of commonly asked questions and suggested answers.*

9. **Teach personal safety in a culturally relevant manner, in day to day contexts, with ease, using words that they understand.**

    ○ **Clothing Conversations/Recommendations**: We keep our private parts covered in front of others. Others too should keep their private parts covered in front of us. Our mouth is also private, though we don't cover it. If a child runs naked into a gathering, we can say, "Hello, go wear your clothes! Wear your pants/chaddi".

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[19] Davies, S. L., Glaser, D., & Kussoff, R. (2000). Children's sexual play and behavior in pre-school settings: staff's perceptions, reports, and responses. *Child Abuse & Neglect, 24*(10), 1329-1343. https://doi.org/10.1016/S0145-2134(00)00184-8

If the child asks, "Why?" We can say, "See, all of us are wearing clothes." If the child says "It's too hot!", we can say "Just wear your underwear. If you want to be without any clothes, you can stay inside your room or bathroom! This is a public space and we don't show our private parts in public."

Explain the exceptions - explain to the child while helping the child bathe, "It's okay to take off your clothes now, in front of me because I am helping you take a bath. Otherwise we keep our private parts (susu, potty area) covered in front of others. Even when we go swimming we keep these parts covered." **Though we don't cover our mouth, it is private too.**

- ○ **Touching conversations/recommendations:** We don't touch our private parts in front of others. Others too should not touch their private parts in front of us. If the family is watching a program and the child's hand is inside the underwear, we can distract the child. Later we can take the child aside and say, "You were so absorbed in watching the program that you didn't realise where your hand was. We don't touch our private parts in front of others. I know it feels good, where is a safe and private place to do that?"

We can explain the exceptions - "In case you are hurt or need a check up, a doctor or a nurse or the person taking care of you may need to look at and touch

your private parts. It's okay. Usually I or another trusted adult is there beside you, when the doctor or the nurse examines you"

- ○ **Talking conversations/recommendations:** We talk about, ask questions, share our concerns about the private parts with our safe, trusted people in private.

  If a child calls out to the father in public, "Daddy! Are your pants zipped up?" We can tell the child, "We talk about the private parts with people who help us take care of ourselves-like parents/doctor and at home. We don't talk or draw attention to these parts in front of others/in public. You can go close to daddy and ask him".

10. **Awareness of potential negative content on the internet** and what to do if they come across harmful content. Explain that sometimes they may see pictures of people without any clothes on. It is not okay for anyone to show them such pictures and the naked pictures should not be on the internet which is a public place. Also, it's not okay for anyone to take their picture without any clothes on. Similarly, it's not okay for anyone to show their private parts or ask children to show them their private parts. Such people are breaking the clothing rules for personal safety.

5 - 7 year old child

Continue conversations about sexuality and personal safety rules in greater detail with more nuanced contexts.

1. Name the sexual and reproductive system in as much detail as required. Internal body part words like fallopian tubes, clitoris, urethra etc can be introduced. Understand that "sex" can mean many things. Sexual intercourse example: 'When the people are ready, the vagina accepts the penis. The penis delivers the sperm, and the sperm travels up to meet the egg.' *Refer to the section below for suggestions on how to answer some commonly asked questions.*

2. Use the internet in the presence of a safe adult. On the internet there are many users. Some may trouble children. Don't use the internet on your own.

   ○ We follow personal safety recommendations about clothing, touching and talking for ourselves and with others.

   ○ We often touch each other when we talk, play and do various activities together.

   ○ We don't touch others in the private parts.

   ○ We don't remove other's clothes from their private parts

   ○ We talk about private parts with people who take care of us like parents/ doctors. We don't casually talk about private parts with others.

   ○ Though we don't cover our mouth, it is private too.

3. **Avoid saying 'good touch and bad touch' as some 'bad' touches may feel 'good'.**

   ○ Instead say 'safe and unsafe touch'

4. **Avoid saying "Don't let anyone touch your private parts."** This statement places responsibility on the child to prevent abuse, and also for not doing enough to avoid the abuse! A child (and for that matter an adult) can't really stop a person(s) who has made up their mind to abuse them. A child never 'gives permission' or 'lets a person abuse them'.

5. **Avoid 'Stranger Danger' approach** most sexual abuse is perpetrated by people known to the child - adults and older children. They may be in the family, at school, or in the neighbourhood. Instead of building a mistrust of people and strangers in particular, children can be taught to identify unsafe behaviour. Most people a child meets or comes across in public, on the road, in a bus, in a market or mall are strangers and most people care for children and want to keep them safe. Stranger danger paints the world as an unsafe place where people are out to harm and hurt each other. This is not true. Humans are social animals and are wired to be good and do good to each other - that has helped societies thrive. However, some people deliberately choose to harm others

and such behaviour can be identified, called out and reported - so that the person is held responsible and accountable and most importantly, does not go on to harm others.

6. **Talk about unsafe touch and unsafe behaviour.** One way to explain all this could be - "Most people are safe people. They care for children and want them to be safe. Like some people may steal or rob, some people break personal safety rules purposely. They may trouble children by touching them and showing them private parts. These people are doing something wrong and should be held responsible for their actions. They are at fault. Come and tell me if anyone behaves in an unsafe manner with you or your friends."

- ○ **Accidental vs. deliberate unsafe behaviour** - Any one who breaks the personal safety rules and recommendations is behaving in an unsafe manner. It could be accidental - by chance. Or they could have done it on purpose. Accidental unsafe touch is not repeated and the person generally says sorry. Intentional unsafe touch is repeated, can get worse and the person usually does not apologise.

- ○ **Reiterate the personal safety guide** in case someone behaves in an unsafe manner - **Say No if you can - Go away from the unsafe person - Tell a safe adult as and when you can.**

4.2 When Child Sexual Abuse is Suspected or Reported

When sexual abuse is obvious

When there is obvious sexual abuse we can say: "**I am sorry you had to face this. It was not your fault.** The person who broke the personal safety rules is at fault."

When sexual abuse is suspected

We can sensitively ask the following questions to determine the emotional and psychological well-being of the child. This way we can broach the topic of sexual abuse without instilling fear, shame or guilt in the child; or blaming/distancing the child. Some pointers:-

- ○ "I care for you and want you to be safe."

- ○ "You know that you can tell me anything."

- ○ "Has anyone touched you in a way you didn't like where you felt unsafe or uncomfortable?

- ○ Has anyone ever touched you in the private areas of your body that we talked about? Sometimes even a person we know, like a friend/family friend/relative or someone who works where you stay or study or a stranger, might be the person who might do this."

We can explain - "I am asking you because some people trouble children in this way. They may pretend it is a game. They may threaten you or give you gifts and ask you to keep quiet. The things that they do may make you feel yucky or upset. You can talk to me about such things. I care for you and I am there for you"

We can avoid the following as these interfere with healing:

- Making promises that you can't keep - " I will send that person to prison"

- Questioning the child in an accusatory manner - "Why didn't you tell me earlier? Why did you go there?"

- Instructing/advising the child to forgive, forget and/or adjust

Dealing with the person who abused the child

We can deal with the alleged perpetrator of the crime by saying:-

- " A child has accused you of inappropriate, unsafe touch/ behaviour."

- "Such behaviour shows no respect for children or the values that this family/institution stands for."

- "Stay away and do not contact the child from now on."

Take steps to report the abuse as per the laws and provisions in your country.

5

Digital Safety

5. Digital Safety

Are we keeping up with the increasing use of technology and the internet, and children's exposure to various online risks such as cyberbullying, online predators, identity theft and exposure to inappropriate content?

Children are digital natives. They have been exposed to digital technologies since birth and are the most frequent users of emerging technology. Technology is embedded in their lives and this naturally has consequences when it comes to their sexual health and wellbeing.

Having clear, open conversations about digital safety, pretty much the way we talk about road safety can help children learn how to navigate the digital world from an early age. They will also need supervision as the child may inadvertently come across adult content. Talk about how uploading private information or images can be misused by other people on the internet and that it's almost impossible to know who is a real person and who is an imposter. Some people are on the look out to trouble children and trap them. In-app purchases can be made inadvertently, by mistake leading to a lot of money being lost. It's important your children know that trusted adults are available if things go wrong. Importantly, avoid punishing your child (by removing their device or game) If they tell you they're in trouble online.

5.1 Conversation Starters

- ○ If you ever feel your early warning signs - sweaty brow, start to cry, heart beats faster, sweaty palms, feel sick in the tummy, wobbly legs, shaky all over etc when you see something on the phone or laptop, come and tell me. I won't take it away from you, I will help you be safe.

- ○ Sometimes on the internet there are things that are scary or confusing. If you see something scary, stop, go offline/turn your device over and tell a safe adult straight away.

- ○ On the internet there is a lot of content that isn't very nice to see, such as about violence, war, death and cruelty to animals. There are also images and videos of naked people having adult experiences. These are not really how people treat
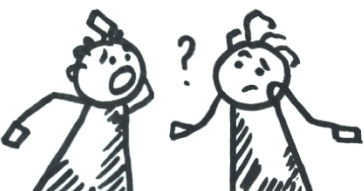
each other and could even be harmful, and they're confusing for kids to see. In fact many adults don't like seeing them either. It is not your fault if these adult images pop up on your screen. They are hard to unsee so it's best to try to avoid them. Turn your phone over, shut the laptop and tell us about it straight away.

- I will not take your game or device away from you if you tell me about any images or videos that come up on your screen. You can tell us anything. You will not be in trouble.

5.2 Choosing the right content

Not all animated movies/shows are appropriate for children. Some contain sexual content, violence and language inappropriate for younger audiences. **Common Sense Media**: Provides reviews and recommendations for age-appropriate apps, games, and content, along with tips for parents. It helps parents determine whether a particular movie or cartoon is suitable for their child's age based on reviews from other parents. **Internet Matters** offers resources and guides on setting up parental controls and discussing online safety with children. It provides a wealth of tools and advice, tailored by age group, including for children aged 0-5.

6

Answering Children's Questions

6. Answering Some of Children's Questions

Speaking about private body parts, sex and different types of love can be a little awkward for all of us, but it is always important to provide shame free, accurate and age appropriate information so that children learn the right information from their trusted adult, otherwise they will hear it from the world around them.

Here is how one can answer some of the questions young children ask.

The child points to a person who is pregnant and asks "Why is Aunty's stomach so big and fat?"

She is not fat. A baby is growing in her tummy (womb/uterus).

"How does the baby come out?"

Mummy's body has a baby house. The baby grows in it. When it is big enough, it comes out of the 'baby passage', which is called a vagina.

"Where is this?"

There is a baby birth passage near the susu place in mummy's body. That's why mummy's body is different from daddy's body.

"How did the baby get inside the mummy?"

Our bodies are made of cells, like a house is made of bricks. When mummy and daddy want to make a baby, the daddy's baby cell enters mummy's body, and joins mummy's baby cell to form/create a baby in a special place in mummy's tummy called the baby house /womb/uterus.

"Can boys have babies too?"

A person who has a penis and testicles cannot grow or carry babies because they don't have the special baby house needed for a baby to grow (it's called a uterus). Mummy's body has a special place called a womb/uterus, and that's where babies grow.

"Why do boys and girls have different private parts/ why do mummy's body differ from daddy's body?"

Our bodies have many similarities and some differences. The different bodies make special cells

that help start a baby. Girls' bodies also have a special place to grow a baby. They also have a special baby-birth passage near the susu-place for the baby to come out. Therefore their private parts/ bodies are different.

"Why do mommy and daddy kiss?"

When two adults love and care for each other, they sometimes show their love in this manner - by hugging and kissing each other on the mouth. This is mostly done in private, when both of them feel like doing it. When mommy and daddy kiss, it's often a way of showing their romantic love and affection for each other which is different from how family members/friends/peers show love and affection.

"What are periods? What are sanitary napkins for?"

When children get older, their bodies start getting ready for having babies someday. Those (mostly girls) with a baby house/womb/uterus, and baby birth passage (vagina) builds up a special cosy place inside the baby house/ womb/uterus. Every month, in case there's a baby on its way. But if there's no baby, the womb removes this cosy lining over a few days. Discharge comes out of the baby birth passage. This is called menstruation/a period. The discharge would leave a mark on the clothes. So they use a sanitary napkin - like a diaper - to keep the discharge from getting on to their clothes.

Pointing to a love-making scene in a movie "What are they doing?"

When two adults love and care for each other, they sometimes show their love in this manner - by hugging and kissing each other. This is something that adults do in private. When it is shown like this, in a movie and all of us can see it, it is public. People would not really do this in public, especially where children might see it, so I am going to change the channel for now.

"Why do boys stand up to pass urine?"

Where the urine comes out of the body is different for different types of bodies. People with a vulva have a small opening for the urine to come out - it is called a urethral opening. It is in front of the vagina opening/baby passage. The urine comes out of that. It will run down the leg, so it's easier to sit on the toilet. People with a penis, have a longer tube. It has a urethral opening at its tip. Urine comes out of this. Because the penis is a little away from the body, urine won't

run down the legs. Also, they can hold the penis and point the urine away from the body. They can stand and pass urine. They can also sit down and pass urine.

"Why do some adults touch us in places we don't like? What can we do about it?"

Some adults and other (bigger) kids may break the personal safety rules for touching, talking or clothing. This is very wrong, and especially the adults know that it is wrong. If a kid or an adult does something to you or says something that makes you feel unsafe or uncomfortable, you can tell your safe people. If they touch your private parts or show you pictures of private parts, its not okay. You can tell us and we will help you.

"What is rape?"

We have talked about how mummy and daddy come very close together so that daddy's baby cells can meet mummy's baby cell inside her body. When something like this is done by force, and one person does not want it, it is called rape. It is never okay to do this. Our laws punish people who do such things.

"How do gay people have sex?"

Sex can happen in many ways. It doesn't matter what body parts people have. Big people can experience special, pleasurable feelings from kissing, hugging and massaging each other.

7

Techniques to Discuss Sexuality and Personal Safety

7. Techniques to Discuss Sexuality and Personal Safety

Below are some suggestions on how caregivers, professionals and educators can discuss sexuality and personal safety with children in a safe, respectful and affirming manner:

1. **Be the askable and tellable person - a safe person**

   To be askable, you can explicitly let kids know that they are safe to come to you with any questions, even if they think the question might be 'rude'. Tell them that it's alright to ask questions about anything. It's good to ask questions and clear one's doubts - for example, it is okay to ask questions about how the body works and why people's bodies differ. Tell them that you are a safe person and though they may feel embarrassed or a bit afraid to ask a question, they can still go ahead and ask it, and that you will not get them into trouble for asking any question! Show this through your facial expressions.

2. **Know that the benefits outweigh your discomfort**

   Let your child know that it's okay to talk about these topics. Even if you are shocked or angry, it is important to keep the communication channels between you and your child open. It's also okay to say you are a bit embarrassed because you are not used to talking about these topics– no-one ever spoke to you about this when you were young, but you want your child to have a better experience. Try to respond positively. Your tone of voice is just as important as the words you use. Let go of your own history. We need to step outside of our own sexual journey, experiences and thoughts when we're teaching our children about human sexuality. Remember, young children's questions are mostly not sexual- they do not experience the desire or the intent to have sex before puberty.

3. **Rights-based approach**

   A rights-based approach with children grounded in frameworks like the UN Convention on the Rights of the Child (UNCRC), emphasizes the importance of ensuring children's right to safety and dignity. This approach teaches children about their inherent rights and empowers them to recognize and assert their right to be protected from harm, discrimination, and exploitation. By fostering an environment where respect for every children's safety, dignity, and well-being is prioritized, children learn to value themselves

and others, creating a foundation for a more inclusive, just society. Education rooted in these rights helps build awareness and ensures that children grow up with the knowledge and confidence to claim and protect not only their rights, but other's rights as well.

4. **Remember it's about more than just about sex or safety**

You are responsible for teaching your child about human sexuality and all the interesting topics, it's diversity, richness of experiences as well as how it can be abused. Have a positive and open attitude towards human sexuality rather than being focused on fear and danger. Learning about human sexuality, bodies and relationships, is not dangerous, disgusting, shameful or taboo. On the contrary, evidence shows that kids make better decisions and are healthier and happier when they have had many open, positive conversations with their safe adults.

5. **Giving information is not giving permission, especially if you add your values to the conversations**

Initiate a values-based discussion on healthy sexuality, don't wait for them to ask for it – as they may have questions that they feel awkward to ask. Use day-to-day opportunities to talk about sexuality - e.g., watching a show on television, which may have the occasional intimate scene. Explain that the sexual activities shown are adult behaviours that are usually conducted in private.

6. **Use a respectful and positive tone to discuss sexuality**

In many cultures, shame has been placed in the genitals and certain functions of the sexual and reproductive system - more so of the female body. **People who harm children exploit this shame and silence**. We must speak about all parts and all functions of all bodies in a respectful manner. After all, there is nothing wrong or shameful about them. We do not choose or make or know how to grow and develop or repair our body - it does it on its own! It happens to every human, we can respect this. **No part or function of the body is inherently bad, shameful or negative. How we use our body,**

what we do and say, can be appropriate or inappropriate, can be respectful or disrespectful.

7. **Help children get in touch with their emotions**

Even though our society says this is embarrassing or shameful, it is not and it is ok and safe to speak from our heart - about what we are really feeling; and listen from the heart when someone is sharing their feelings, without judging them. Accepting our feelings and feelings of others helps them feel safe. Not all actions and responses are acceptable - we can choose those actions that respect our own and other's right to safety and dignity. Sharing about how one feels and discussing what can be done about it can help us all be safer.

8. **Encourage understanding of consequences and responsibility**

Restorative conversations emphasize empathy, understanding the child's feelings, and guiding them toward recognizing the impact of their actions on themselves and others. Instead of blaming or shaming, we can engage children by asking open-ended questions like, "Was that behaviour safe", "Was it respectful for everyone involved" and/or "How do you feel about this situation?". This encourages self-reflection and accountability while fostering a sense of belonging and connection. Restorative approaches can support them in building awareness of their responsibilities towards themselves and others, and the importance of respecting both their own and others' boundaries in a compassionate, non-judgmental way.

9. **Discuss rather than condemn a behaviour**

Children are naturally curious about their bodies and the world around them, including their sexuality. When adults react with fear, discomfort, shame or punishment, it can create feelings of shame and guilt which can impact their self-esteem and self-image. Instead when adults have a calm, open and respectful discussion, children learn that their curiosity about bodies is natural and that there's nothing wrong with asking questions or exploring their bodies. For instance, if a child touches themselves in a public place, rather than scolding or punishing them, a simple, non-punitive explanation

like "We touch our private parts when we're alone, in our room, or in the bathroom", helps them understand boundaries and social norms while still validating their curiosity. When adults engage in open and respectful conversations rather than reacting with condemnation, children feel safe and it builds trust. They are likely to come to their trusted adults when they have questions or experiences related to sexuality not only now, but even as they grow older.

10. **Be the first person to explain each topic to your child**

Ask yourself, when do you need to have a conversation with your child to make sure you get in first to educate about each topic- before other kids, adults, the media, the internet or advertising give them information/messages? Be brave and get started. It's never too late (or too early) to start. Don't worry about giving a child too much information: they will tune out if they are not ready to hear what you're saying. Use teachable moments to get started, or buy some books to read with your child. Remember, this is not just one 'big talk'- it is many, many conversations over the years as your child grows up and can continue into their adulthood as well.It's about building a relationship with your child so that you are the one they trust to give them the information they need.

11. **Keep it simple and accurate**

Use accurate names for body parts, provide accurate descriptions of the different types of intimate experiences that humans can experience, and tell the truth. Remember education is not 'permission' and is not harmful, especially when you add in your family values, intentions and respect for each other's rights. Make sure your kids know that home is a safe place for any question and discussion. Explain that we talk about these topics with our safe, trusted adults.

12. **Answer questions as and when asked (or soon thereafter)**

Respond to questions regarding pregnancy and sexuality, as and when asked, factually, in an age-appropriate manner. **Age-appropriate** does not mean telling the child that 'You will learn about this when you grow up!". It means using simple words that the child can

understand to explain and answer the question. **Give them actual biological terms or commonly used terms in the language spoken by the child**, and explain how slang words and jokes are inappropriate. (*Refer to the section above for suggestions on how to answer some commonly asked questions.*)

13. **Buy yourself time when faced with challenging questions.**

Positively reinforce to your child that you are happy they asked such a great question, then curiously ask them: "What do you know about that already?" or "What made you think of this?" or "Where did you hear about that?"This can be done for any questions the child asks. It helps you understand what they are thinking. You can buy yourself time to formulate your response. Knowing what to say can be hard, but remember you don't have to be perfect. Saying something is better than saying nothing! It's okay not to answer right away. It's okay to say' 'I'd like to look that up so I can answer the question the best I can- I'll get back to you'.

14. **Use accurate and inclusive language that promotes choice, consent and mutual respect**

The languages we use to describe human sexuality and sexual activity or sex is important and can significantly impact the way our message lands. Inaccurate terms and phrases that are commonly used should be replaced by more accurate, expansive and inclusive alternatives. For example, it is often stated that 'sex is the act of the man inserting his penis into the woman's vagina'. This statement can be changed to 'sex is the act when two or more people are happy to accept closeness with each other's bodies, especially the genital area.'

15. **Normalize personal safety education**

Talk about personal safety 'rules'/ recommendations and guidelines in the same tone and manner as traffic rules. **Present the world as a safe space where most people care for children and want to protect them.** It's very much like road safety - most people are safe drivers, follow rules and don't cause accidents. **Explain that rules are made to enhance safety.** Explain the social norms around clothing, touching and talking with reference to what are considered the private parts of the body in the socio-cultural

environment they are growing up in. Explain that just as some people break traffic rules deliberately, some people break personal safety rules. It's wrong to do that and the person should be held responsible for their unsafe behaviour. Encourage children to use the personal safety guideline - No-Go-Tell - in case someone behaves in an unsafe manner with them - say "No" to the person breaking the rules if they can, "Go' away from that person as and when they can and "Tell' safe adults to get the help they may need. Explain that most adults care for children and want them to be safe. They would take steps to stop the offender, if they knew about the offender's unsafe behaviour.

16. Power to choose how we behave

Explaining to children that sometimes we might not be able to control how other people behave but we can choose how we behave. Emphasizing this empowers children to understand that their behavior is within their control, even when faced with difficult situations or others' negative actions. By modeling respectful, calm, and responsible behavior, you can help children learn how to handle challenges without reacting impulsively or hurtfully. This value not only promotes emotional intelligence but also builds resilience and self-regulation, enabling children to navigate their interactions, relationships (as they grow older) and experiences with greater confidence and integrity.

17. Discuss how adult's behaviour often reflects their choices

A person's actions, reactions, and behavior are a reflection of their inner world, including their values, beliefs, emotions, and experiences. How someone behaves in a situation gives us clues about their values, beliefs and mindset. For example, if a person is patient and kind, it may reflect a belief in empathy and respect for others. Conversely, if someone behaves aggressively or dismissively, it could indicate underlying frustration, insecurity, or a lack of understanding. This understanding can help children recognize that people express their beliefs and emotions through their behavior. Just as we are responsible for our actions, others too must be accountable for theirs.

Conversations about CSE and PSE must go beyond classroom settings and time-bound sessions organised by schools - they need to become a part of everyday conversation in our homes. It's helpful for parents and caregivers of children to initiate open conversations about sexuality and personal safety with their children from birth onwards. This can help children learn about their bodies and personal safety and their curiosity about topics such as pregnancy and birth will be satisfied accurately. They will begin to trust the caregiver and will not hesitate to come and ask them their doubts. This can avoid discomfort and awkwardness around such discussions as children reach puberty and adolescence. Navigating and talking about decisions that may not always be as thoughtful also becomes easier, as the children are aware that their parents and caregivers are supportive allies.

Initiating and having conversations about personal safety, sexuality, and reproductive health with young children in respectful and nonjudgmental ways can demonstrate values that can potentially be adopted by children. The responsibility towards a healthy, guilt-free, non-judgemental way of talking about mental health, sexuality and sexual, and reproductive health begins (and continues) with being a safe adult for the children. Talking about sexuality is just as important as giving your kids other health and safety messages such as water safety, healthy eating and road safety.

Be the askable and tellable parent/caregiver your child needs **YOU** to be.

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Resource links

https://www.childsafety.gov.au/resources/resource-library

https://www.talkingthetalksexed.com.au/resources

https://www.esafety.gov.au/

https://tsto.gdhr.wa.gov.au/

http://www.aap.org/pubserv/PSVpreview/pages/behaviorchart.html

https://enfoldindia.org/reports/guidelines-and-standard-operating-procedures/

https://www.commonsensemedia.org/

https://www.commonsensemedia.org/movie-reviews/inside-out-2

https://www.researchgate.net/publication/232893622_Sexual_Development_of_Prepubertal_Children

https://www.researchgate.net/publication/27650328_Girls_Boys_and_Junior_Sexualities_Exploring_Childrens'_Gender_and_Sexual_Relations_in_the_Primary_School