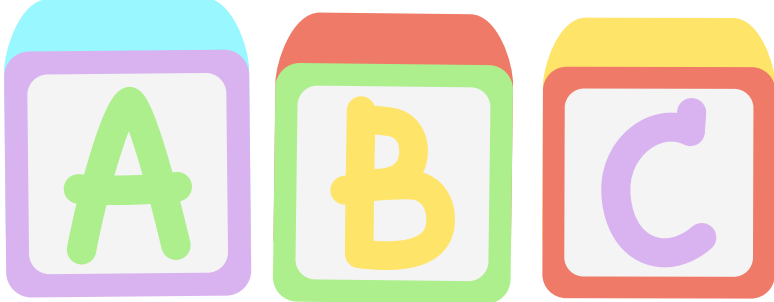
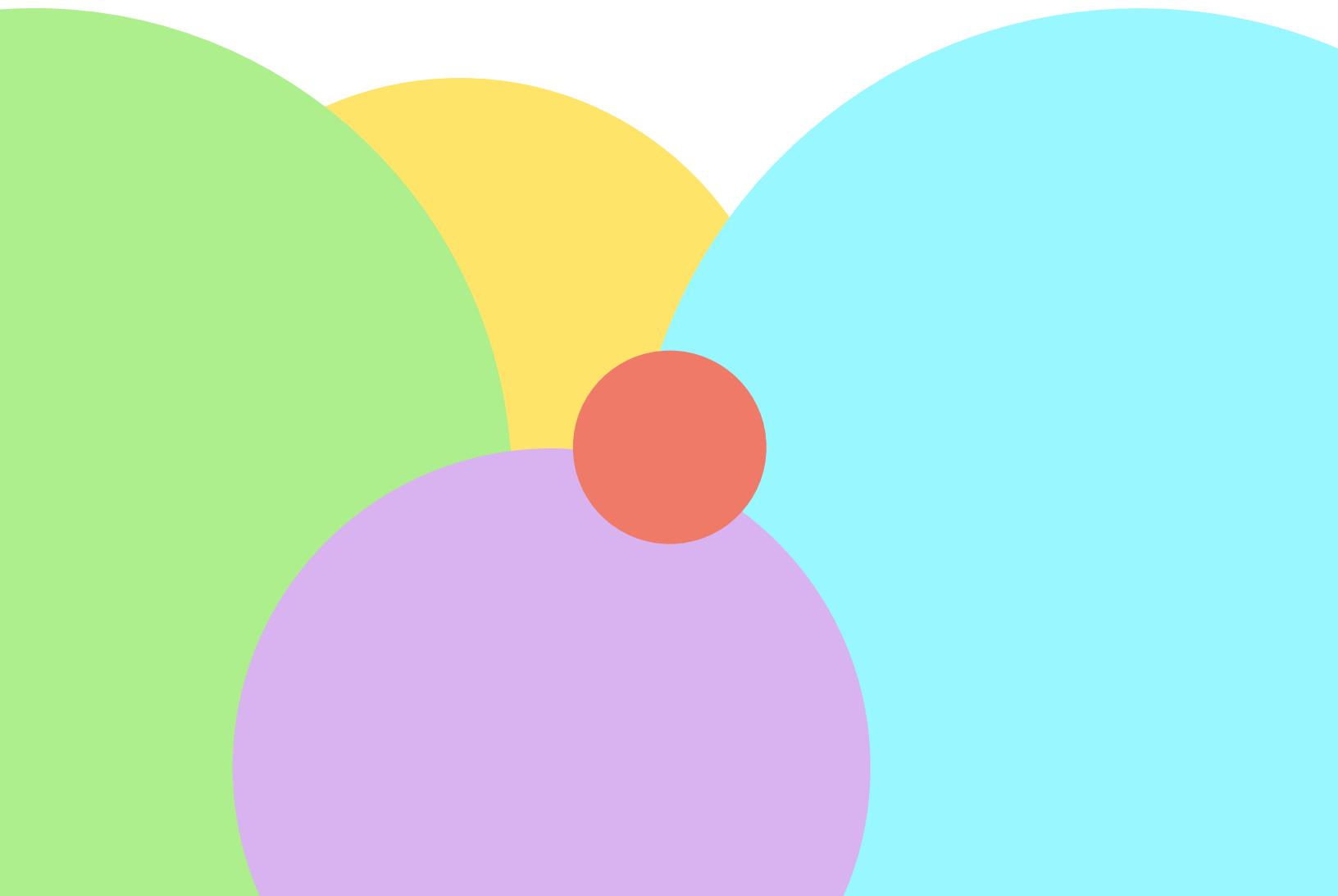


A caregiver's guide to teaching

the  's of

Consent





a future without violence.

This guide was created in collaboration with  
Family Centres London and Strive



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# An Introduction

Think about the kind of adult you want your child to grow into. Do you want your child to be a leader? A problem solver? Someone who stands up for themselves and others? Now think about what we often call children who exhibit those qualities: bossy, disobedient, into mischief. The qualities that we want kids to grow into are the very ones that can be most inconvenient for caregivers when they're small.

But if their voice isn't listened to when they're little, how will they know how to speak up for themselves when they're big?

Whether you're a parent, guardian, or professional, there's information here for you.



## The ABC's

This guide discusses the building blocks of **Anatomy**, **Boundaries**, and **Communication** as the foundation upon which children come to know themselves and live in harmony with others. By understanding their anatomy, they can learn to protect their body and seek help when something is wrong. By having their own boundaries affirmed, they learn to respect the boundaries of others. And by seeing their communication cues recognized and respected, they learn to recognize and respect the communication of others.

This resource provides caregivers with the tools necessary to teach, model, and support these practices from infancy through childhood. For professionals who work with parents, this resource can help guide modelling behaviour for them, as well as prompt deeper conversation.



# is for Anatomy

As young children are learning to talk and becoming more aware of their body, a number of concerns can arise around naming body parts, touching themselves, and noticing differences between themselves and others.

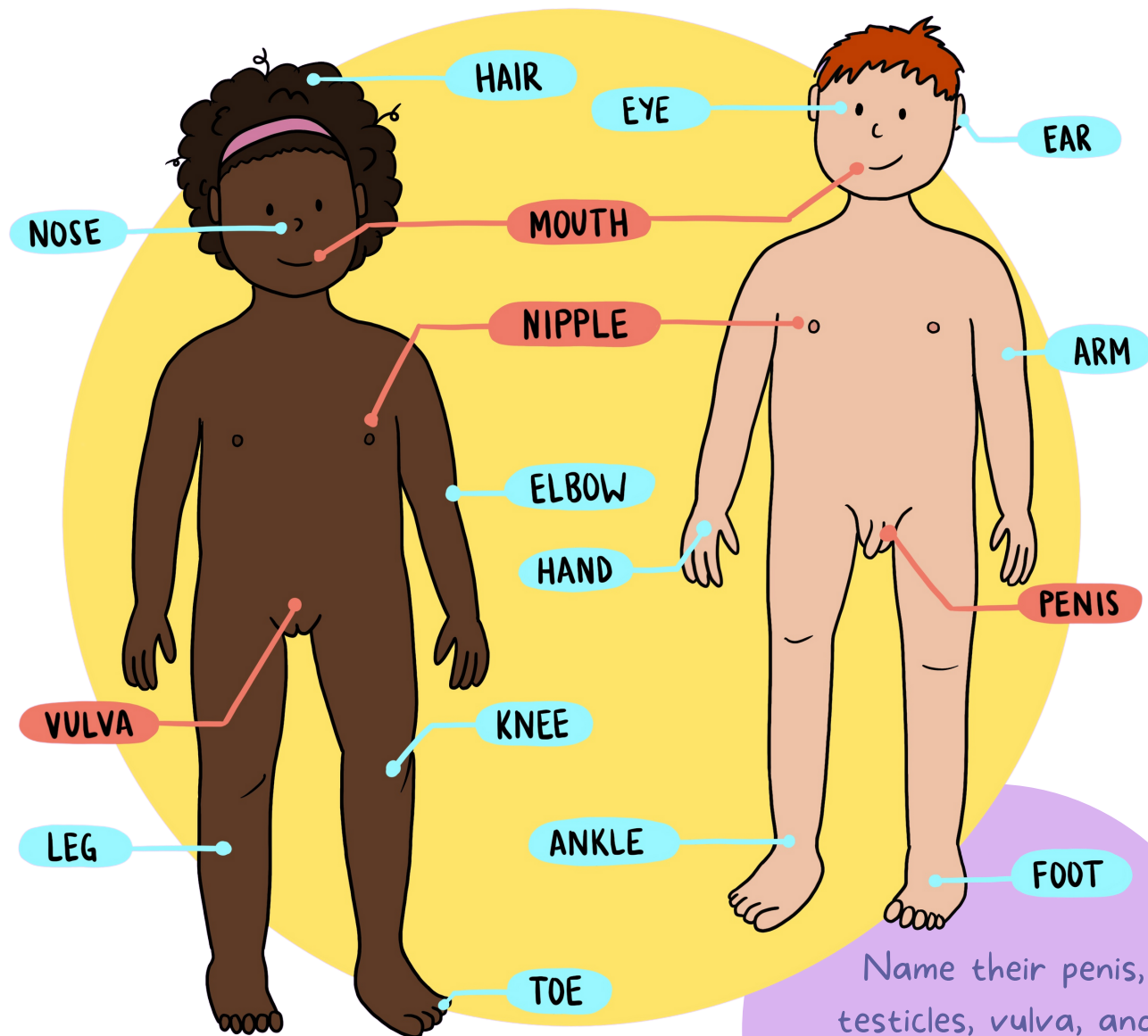
It's important to teach children the anatomical names of body parts, and you can start modeling this language right from birth. When you use nicknames or slang, it may be difficult for other caregivers to understand what the child is talking about. By using overly general terms such as "private parts", it sends the message that those parts are shameful or things that shouldn't be talked about. Either way, it can make it more difficult for a child to talk about problems that they may be having because they're lacking the language to articulate themselves. This can mean that medical issues go untreated because a child doesn't know how to explain where it hurts, or potentially abuse could go undisclosed because a child doesn't have the words to describe it.

## G's Story

"My mom used to watch my daughter, and whenever she changed her diaper she would say "I'm wiping your bum". By about 3 my daughter thought that her whole diaper area was called a bum, and it took us forever to figure out that she had a UTI because she just kept saying her bum hurt!"

## Private Parts

That isn't to say that we shouldn't teach children about private areas on their bodies, because we should! In addition to knowing the names, they should also know that certain body parts should only be touched by them, or adults that are helping them.



Name their penis, testicles, vulva, and rectum as freely as you name their head, shoulders, knees, and toes!

Private areas are those covered by a diaper or underwear, their nipples, and their mouth. The only times adults should be touching those areas are diaper changes, helping to clean them, doctor's appointments, or visits to the dentist. No one should be playing games that involve those body parts, asking to see those parts, or offering to show those parts to the child.

Why is their mouth private?

While it's not usually thought of as a sexual area, abusers may ask children to use their mouths for sexual purposes.

# Body Awareness

Children might notice that their siblings or parents have different genitals than they do. It's natural for them to be curious about these differences. You can tell them that some people have different body parts, teach them the anatomical names, and remind them that areas covered by a diaper/underwear are private for everyone.

You may notice a child touching themselves or rubbing their genitals against things like pillows or toys. If you react with anger or disgust, it can send the message that it's wrong to enjoy their body. Not only can they carry that shame into adulthood, where it can manifest into sexual dissatisfaction or dysfunction, but it can make them less likely to talk to you if they have questions or concerns about that area as they get older. Reacting harshly also misses the opportunity to ask if they're itchy or hurting, which may be what they're trying to alleviate. Instead, you can simply tell the child that they can do that in a private place, like the bathroom or their bedroom.

For more information about signs that a child's sexual behaviour might indicate a problem, see Disclosures on page 13.

# Body Safety

Another way that we can teach children about their bodies is by talking to them about situations where their body feels safe or unsafe. Sometimes this gets oversimplified to teaching them about "good touch" and "bad touch", but that can be confusing because it's not necessarily the touch itself that's good or bad, but rather how that touch makes the child feel. It's also about more than just touching: we want kids to know that any time they feel unsafe, they should tell a trusted adult.

## Good or Bad?

If you had to say hugs were a good or bad touch, what would you say? You'd probably say it depends on who's giving it! It's not about the touch, it's about the feeling.



## Sound the Alarm!

Our bodies have incredible built-in alarm systems that even young children can learn to recognize. In our youngest friends, this alarm system automatically compels them to seek out a caregiver by crying to be held or running into your arms. As children age they may avoid seeking help for fear of being a “tattletale” or “baby”. By focusing on the very tangible ways a child can identify whether they feel safe or unsafe, you’re able to teach kids concrete skills to alert them to danger.

## Teaching Body Safety

For verbal children, you can start the conversation by asking them what “safe” feels like. You might hear words like happy, cozy, or silly. You can ask about times that they’ve felt safe: when they’re having a cuddle, falling asleep, or playing with their friends. If they have a hard time grasping the concept, talk about what your body feels like when you feel safe: your muscles feel relaxed, your breathing is slow and deep, you might get the urge to laugh, or sing, or dance. Similarly you can ask what unsafe feels like:

sad, mad, surprised, afraid. Talk about what your body feels like during those moments: tight muscles, fast heartbeat, upset tummy, having the urge to yell, or cry, or hide.

For verbal and nonverbal children alike, you can help them begin to recognize these feelings just by noticing when you see them or feel them yourself.



“I love cuddling with you. It feels so safe to be snuggling with you and reading this book.”



# is for Boundaries

Boundaries are the limits at which you feel comfortable or safe. As caregivers, we set boundaries for children because they don't have enough experience to set safe boundaries for themselves or respect the boundaries of others. But that doesn't mean children don't also have boundaries of their own! Have you ever picked up a baby and had them start screaming, only calming down when they're returned to their parent? For preverbal infants, crying is one of the only ways they can tell us that their boundaries have been crossed. For older children, you'll likely hear refrains of "mine!" or just "no!". It's important to acknowledge their boundary, even when you can't honour their wishes in that moment.

## Whose Boundaries?

Sometimes as caregivers we get so busy thinking about everything that needs to get done, we can forget to pay attention to the cues that children are sending us. When a child is setting a boundary by expressing that they don't want to do something, ask yourself these questions:

1. Is this necessary for health, hygiene, or safety?
2. Is this necessary for other reasons (ex. school)?
3. Is there room for compromise?

If what you're asking them to do is necessary, you set the boundary about it. If it isn't necessary and they say no, respect their answer gracefully, modelling how you'd like for *them* to respond when *you* say no to something.

# Boundaries Set by Caregivers

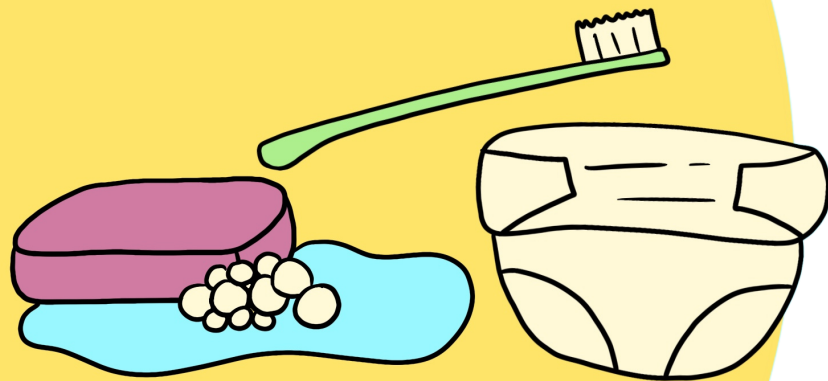


## HEALTH

Parents and guardians make the call when it comes to appointments, vaccinations, medications, and therapies.

## HYGIENE

Caregivers decide when it's time for diaper changes, tooth brushing, and other issues of cleanliness.



When it comes to things like car seats, climbing, and weather-appropriate gear, caregivers need to set limits.

## SAFETY

# Boundaries Set by Kids

Think about the last time your child visited relatives. Did anyone ask them for hugs or kisses, or did the adults just assume that it was okay? Some kids are super cuddly, but some prefer to take their time and don't want to be touched right away (or at all). This can be an excellent opportunity to show children that their boundaries are important.

Teach kids that they're the boss of their own body, and that they get to decide who touches their body, when, and how. Don't just talk the talk, but find ways to walk the walk. Look for opportunities to give them choices, and respect their answer. By showing them through words *and actions* that their body belongs to them, they will learn to speak up for themselves and to listen when others speak up as well.

"Would you rather hug or wave bye to Bibi?"

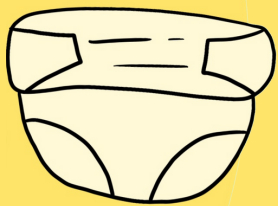
"Are you going to wash your penis and testicles, or do you want Papa to do it?"

"Can I take a picture of you?"

Sometimes it's hard to respect a child's answer if we feel like they're missing out on something by saying no. Try to remember that in the grand scheme of things, the memory of having their "no" respected will be much more valuable than the memory of being forced to sit on Santa's lap (for example).

## Hard & Soft Boundaries

*Hard boundaries* are what caregivers decide is necessary (often relating to health, hygiene, and safety). *Soft boundaries* are more flexible, and often have space for compromise. If hard boundaries are the goal, soft boundaries are the journey to get there. A caregiver might have a preferred route (soft boundary), but with creativity can find other paths that still lead to the destination (hard boundary). Let's explore hard and soft boundaries more by tackling a big issue in the early years: diaper changes.



# Diaper Dilemmas

Issues with diaper changes can be especially tricky. It's a matter of hygiene, which makes it necessary, but it also involves intimate care that we want to be respectful about. Sometimes caregivers worry about children reporting back to their parents about unpleasant changes in a way that could sound like abuse\*. How can we deal with diapering in a way that meets the needs of both caregivers and kids? Identify the hard boundary (or destination), and get creative about how to get there. That might look like this:

\*More on Disclosures of abuse on page 13

## Hard Boundary (destination):

- New diaper
- Clean genitals

## Soft Boundaries:

- Where it happens
- How you get there
- Who does the change (if multiple caregivers are available)

- Table or floor?
- Bedroom or living room?

- Do you want to run or hop to the bathroom?

- Do you want to crawl or be carried?

- Do you want Mummy or Mama to do it?

- Do you want Mr. J or Ms. C?

- Which toy would you like to bring?

- What song should we sing?

- Mickey or Winnie diaper?

- Do you want to wipe?
- Pants back on, or do you want to keep them off?

Not only is it likely to make your life easier by getting the child onboard, but it teaches them that boundaries don't have to be all or nothing. By working together as a team, you can find ways to uphold your boundaries as their caregiver, *and* their boundaries as the unique and important little person that they are.

**The overall takeaway message for teaching boundaries is this:** by seeking compromise (when possible) and giving choice (and accepting their answer), you're sending a powerful message that their boundaries matter, that their body belongs to them, and that they are deserving of respect. Not only are these important life skills to have as adults, but they're protective factors against abuse for children.



# C is for Communication

One of the main skills that children learn in their first five years is language, and how to communicate their internal world to others. Caregivers play an essential role, not only in teaching words but also in showing children that their words and voice matter. We do this by modelling consent and rejection, and being intentional with our words and messages.

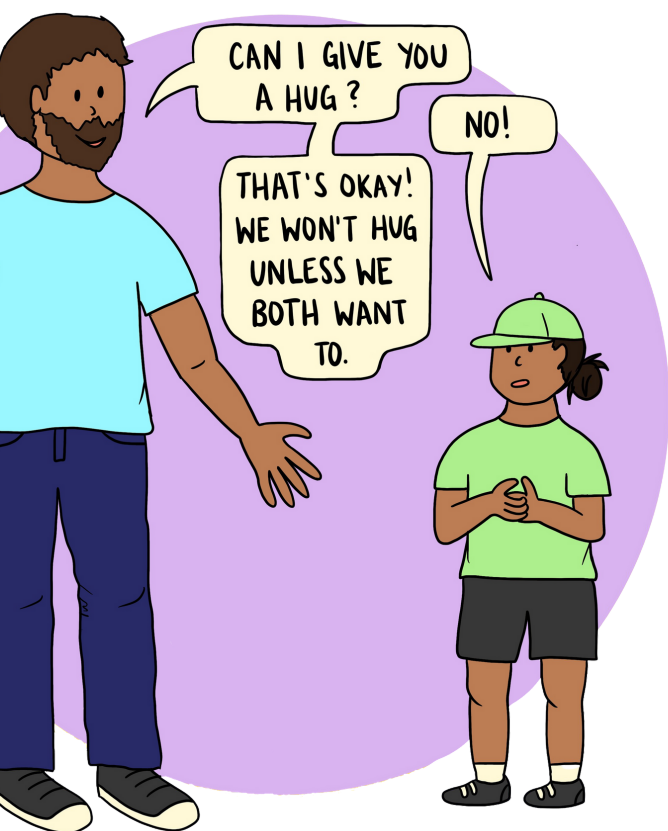
## Consent with Kids?

In the simplest terms, consent is giving someone permission. For example, parents may sign consent forms for their children to go on field trips or to allow their child's picture to be taken. And while we tend to think about consent as either a formal process (like those forms), or a sexual one (like what we may be talking about with teens), consensual exchanges between caregivers and children begin at birth.

Whenever you give a child a choice or ask their permission before doing something, you not only show them that their boundaries matter, but you also model healthy communication.

## Dealing with Non-consent

Whenever we give someone a choice, there's a very real possibility that they'll say no. In children, sometimes we respond to their "no" with a sigh, a sad face, or perhaps a bribe or attempt at negotiation to turn their no into a yes. We might even disregard their no entirely because there's something that needs to get done. One way to avoid finding ourselves in that position is to be strategic with when we ask their opinion or offer choice; if it's something that's going to happen regardless, don't ask whether they want to do it. As adults we can probably all relate to a time someone asked our opinion and then proceeded to totally ignore it-- we know that feels lousy, and we want to avoid that for our children as much as possible.



## Modelling Rejection

It's hard to be told no, regardless of our age. When we've asked for a child's consent and they say no, it's an excellent opportunity to model graceful acceptance of rejection. Not only does this provide an example of how *they* can respond when *you* say no, but it shows them that their voice really matters and that respect in relationships is a two-way street.

What we *don't* want to do is try to guilt, shame, or manipulate them into changing their answer. Doing something like pretending to cry when they won't share

may seem harmless, or perhaps even beneficial (sharing is good, right?), but it sets a dangerous precedent. Fast forward to when that child is older and they're asked to lend a friend some money or help cheat on a test. We probably want them to recognize that sharing isn't always good, and that if their friend tries to pressure or guilt them into doing something they don't want to do, that's a sign of an unhealthy relationship. Where will they learn those skills though, if not through healthy relationships with caregivers?

## Noticing Out Loud

**Noticing out loud** is the practice of saying what you see a child doing. It not only reinforces language, but helps children make sense of their experiences. For both verbal and nonverbal children, you can notice out loud what their body language is saying in reaction to the choices you give. This helps give words to their feelings, make sense of their bodily sensations, and notice those same cues in others.

"Ms. E asked if you wanted to hold hands and you pulled away, so Ms. E walked beside you instead. Next time you can say no thank you".

# Saying What You Mean

When we're super comfortable with a language, sometimes we can be a bit fast and loose with our words. Whether through sarcasm or jokes, we trust other people to understand the meaning behind our words. But young children aren't necessarily skilled enough with language to get it: they may understand the words, but don't realize that the body language, tone, and context are providing clues to fully understand the intention behind your message.

For example, a child might ask you why you took so long in the bathroom, and you respond "can you keep a secret?" and then make up a silly story. Or perhaps you take them to buy a gift for Father's Day, and remind them "don't tell Daddy, it's a secret". By calling these things secrets, you're sending the message that secrets are okay. From your perspective it may just be an offhand remark or a way to shut down an awkward conversation, but **a child doesn't have enough experience to understand the difference between "good" or "bad" secrets.** They learn that they can/should keep secrets for adults, which makes them an easier target for abusers.

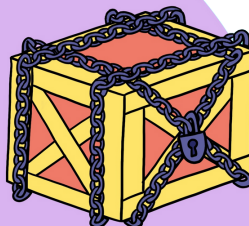
WHAT ARE YOU  
TEACHING YOUR  
CHILD TO KEEP?

**Surprises** are meant to be kept quiet for a short time, and when they're shared they're meant to make someone feel happy.

**SURPRISES**



**SECRETS**



**Secrets** are meant to be kept quiet for a long time, and are supposed to prevent someone from feeling sad, mad, or hurt.

PLEASE  
KNOCK

**PRIVACY**

**Privacy** is about respecting other people's space, bodies, or information. People ask for privacy about things that don't involve you. For example, what someone does in the bathroom by themselves.



# is for Disclosure

This isn't so much something we teach as something caregivers need to be prepared to handle should the need arise. All adults in Ontario have a duty to report any suspicions that a child may need protection, whether from abuse, neglect, or risk of harm. Reports can be made to your local Children's Aid Society.


In London,  
the number for the  
Children's Aid Society is

519-455-  
9000



## Safe, Seen, Secure

Besides our legal obligation, the main goal following any disclosure of abuse is to reduce the negative impact on the child by supporting the child to feel seen, safe, and secure.



THANK YOU FOR  
TELLING ME.  
YOU'RE NOT IN  
TROUBLE.

We can do this by saying things like:

- That sounds scary/lonely/upsetting
- I believe you
- It's not your fault
- You're not in trouble
- You did the right thing by telling
- You didn't deserve to be treated that way
- I'm here to help (keep you safe/make sure this doesn't happen again)

# Signs to Look For

Sometimes children don't outright tell us, but we may begin to suspect that something is off. Even if you don't know exactly what's going on, listen to your intuition and reach out for support.

There are lots of general signals children may give that suggest something is going on in their life. While these *may* indicate sexual abuse, they could be caused by any number of things. Sexual behaviour in young children is not necessarily indicative of abuse, and the lens of adult sexuality should not be applied to child sexual behaviour.

Here are some behaviours that are developmentally appropriate (though not socially appropriate), and some that might prompt more questions\*

## Typical Child Sexual Behaviours

- Being curious about their own private parts, and the private parts of others.
- Touching or rubbing their own genitals.
- Playing games that involve the private areas of themselves or others (ex. Doctor, show me yours/I'll show you mine, etc.).
- Saying "grown up" words without deeper knowledge, especially if they have older siblings (ex. sex, dick, fucking, etc.).
- Removing their own clothes/lifting up their own shirt or dress.

## Atypical Child Sexual Behaviours

- Acting out sexual positions.
- Playing games that involve private areas where there is deceit, manipulation, pressure, or coercion of the other child .
- Saying "grown up" words with more understanding of what they mean (ex. "fucking is making someone feel good").
- Pressuring other children to remove their clothes, or to look at their private areas.
- Sexual behaviour directed towards adults, or towards children more than two years younger than them.

If you have had experiences of sexual violence, viewing any sexual behaviour by a child may activate your past experiences. Please reach out for support when necessary.

# Top 10 Takeaways

1. **A child's voice matters.**
2. Using the **anatomical names** for body parts reduces shame, and helps keep children safe.
3. Someone's mouth, and areas covered by a diaper/underwear are **private**. This means those area shouldn't be touched by others, except caregivers who are helping with cleaning or doctors during appointments.
4. Learning about what **safe** and **unsafe** feel like in their bodies can help alert children to danger and prompt them to tell a trusted adult.
5. Caregivers need to set boundaries around issues of **health, hygiene, and safety**. Otherwise, kids should be encouraged to set boundaries about who touches them, when, and how.
6. **Hard boundaries** are the minimum needed for health, safety, or hygiene. **Soft boundaries** can be flexible, and caregivers can get creative about involving choice with soft boundaries whenever possible.
7. Messaging about **consent starts at birth** and evolves as children age.
8. By **gracefully accepting when children say no** to requests, caregivers are modelling how children can respond when being told no, and laying the foundation for what future healthy relationships should look like.
9. Be conscientious with the language you use, reflecting not just on your intention but also on the **impact your words may have** on children and the messages you may be sending unintentionally.
10. If a child tells you that something has happened to them, **believe them**. Take allegations of abuse seriously, even if you know the adult in question and would never have suspected them of abuse.

# Resources for Caregivers

## Books

- *Body Safety Education: A Parents Guide to Protecting Kids from Sexual Abuse*, by Jayneen Sanders
- *From Diapers to Dating: A Parents Guide to Raising Sexually Healthy Children*, by Debra W Haffner
- *How to Talk so Little Kids will Listen*, by Joanna Faber and Julie King
- *Sex Positive Talks to Have with Kids*, by Melissa Carnagey

## Articles

- *Teaching Consent to Elementary Students*  
<https://www.edutopia.org/article/teaching-consent-elementary-students>
- *Consent at Every Age*  
<https://www.gse.harvard.edu/news/uk/18/12/consent-every-age>
- *Talking about Consent with Young Children*  
<https://teachingsexualhealth.ca/parents/information-by-topic/understanding-consent/#:~:text=Consent%20is%20an%20important%20concept,as%20the%20boundaries%20of%20others.>
- *Talking to Kids about Secrets, Privacy, and Surprises*  
<https://sexpositivefamilies.com/talking-to-kids-about-secrets/>

## Videos

- *Is Playing Doctor Okay?*  
<https://amaze.org/video/amazejr-is-playing-doctor-ok/>
- *How Can I Teach My Values?* <https://amaze.org/video/amazejr-how-can-i-teach-my-values/>
- *How to Talk to Pre-Schoolers about Anatomy and Body Safety*  
<https://www.youtube.com/watch?v=EinNeciMgpQ>

# Resources for Kids

## Books

- *An Exceptional Children's Guide to Touch: Teaching Social and Physical Boundaries to Kids*, by Hunter Manasco
- *Can I give you a squish?* by Emily Neilson
- *Don't Hug Doug (He Doesn't Like it)*, by Carrie Finison
- *I like it when...* by Mary Murphy
- *Princess Hair*, by Sharee Miller
- *Some Secrets Should Never Be Kept*, by Jayneen Sanders
- *That Uh-Oh Feeling*, by Kathryn Cole
- *What makes a baby?* by Cory Silverberg
- *Will Ladybug Hug?* by Hilary Leung

## Videos

- Boss of My Body Song (Toddler/Pre-K)  
<https://www.youtube.com/watch?v=nLpjNJnXZIU>
- Boss of My Body Song (Elementary)  
<https://www.youtube.com/watch?v=zAALZxa6NCw>

**anova**

a future without violence.

**2021**