

ECE SEXUALITY TRAINING NEEDS

Equipping Early Childhood Educators to support the development of sexuality in childhood:
Identification of pre- and post-service training needs

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Abstract

Pre- and post-service sexuality training for Early Childhood Educators (ECEs) is lacking in Canadian and international contexts. The objective of this study was to assess pre- and post-service sexuality education instruction and training needs among an ECE population in Ontario, Canada. Sixty-four participants completed an online survey, which included both closed- and open-ended questions. The survey assessed ECEs': a) perceptions of the quality of addressing sexuality and gender in early learning centres; b) current level of preparation in addressing the development of sexuality; and, c) sexuality training needs. Collectively, participants identified a variety of approaches to sexuality, spoke to themes of inadequate climates to address sexuality education, and the relational characteristics ECEs felt were beneficial for addressing sexuality and gender. Participants (65.6%) recognized the everyday opportunities in which they could engage in discourses of sexuality. Nevertheless, a lack of training to address these domains was notable, with 53.2% reporting inadequate preparation in their current role as an ECE. Findings are discussed in response to a paucity of curriculum documents, which hinders professionals' ability to adopt an emergent approach to address sexuality and gender.

Keywords: pre-service training; early childhood educators; sexual development; child development; early learning; Canada

Introduction

Throughout early childhood, a range of developmental, social, and cultural factors influence children's understanding of sexuality (WHO, 2006). Early Childhood Educators (ECEs) are professionals who work with children in numerous settings (e.g., early learning and childcare programs) and are responsible to appraise:

children's developmental needs and stages in all developmental domains; [design] curriculum to address children's identified needs, stages of development and interests; [plan] programs and environments for play and activities that help children make developmental progress; [maintain] healthy emotional and social learning contexts for children; and [report] to parents and supervisors on children's developmental progress within healthy, safe, nurturing and challenging play environments. (OCECE, 2017, para. 1).

Early childhood educators are key socializing agents in the lives of young children as they learn about themselves and experience their surrounding world.

Sexuality is a social construct influenced and sculpted by individuals and systems within one's environment (e.g., at home, at school, in one's community, in one's city) (WHO, 2006). Children, in their early years, learn a tremendous amount about boundaries, bodies, relationships, family values, beliefs, and gender roles, all of which contribute to their developing sexuality (Carroll, 2013). There are numerous developmentally typical situations that arise daily in early learning settings that require ECEs to address issues of sexuality (see Balter, van Rhijn, & Davies, 2016). Although addressing sexuality education in the public school system begins with puberty (e.g., Ontario Ministry of Education, 1998), the values of equality, dignity, and respect (Canadian Human Rights Commission, 2013) develop much earlier. Early childhood educators are influential in how these tenets are taught and modelled for children. The delivery of comprehensive sexuality education (CSE), which is situated in a human rights perspective, is subject to providing age and developmentally appropriate information to children and youth, which lays the foundation for continued learning about sexuality (UNESCO, 2015). Previous research has noted the need for sexuality education and training for ECEs to increase practitioner knowledge and skills when addressing the development of sexuality in early childhood (Balter et al., 2016; Kakavoulis, 1998; Larsson & Svedin, 2002; Martinello, 2016; Menmuir & Kakavoulis, 1999). Training, in turn, would allow ECEs to integrate an emergent approach to address and support the development of sexuality in their professional practice, as they facilitate children's development (Balter et al., 2016). Therefore, this study generally questions the training capacity of ECEs to support and address the development of sexuality in childhood. More specifically, our research objectives are to answer: What is the quality of sexuality education in early learning settings?; What is ECEs current level of training and capacity to address the development of sexuality?; and, What are ECEs' sexuality education training needs?

Literature Review

The following literature review examines the existing literature assessing educators' (educators are inclusive of teachers [K-12] and ECEs) pre- and post-service sexual health training, and presents findings from an environmental scan of sexuality education offered in post-secondary ECE programs to illustrate the milieu of pre-service training in Ontario, Canada.

Pre- and Post-Service Sexual Health Training

The *Canadian Guidelines for Sexual Health Education* (Public Health Agency of Canada, 2008) presents a philosophy for effective sexual health education which includes: *accessibility, comprehensiveness, effectiveness of educational approaches and methods, training and administrative support, and planning, evaluation, updating, and social development* (p. 18). The third principle, *training and administrative support*, highlights the necessity of pre-service preparation and professional development for those who are delivering sexuality education and/or in administrative positions. Although training is indicated as one of the most important factors in the delivery of sexual health education, studies repeatedly show inadequate pre- and post-service training for teachers (Barr, Goldfarb, Russell, Seabert, Wallen, & Wilson, 2014; Cohen, Byers, & Sears, 2012; Ninomiya, 2012).

Much of the research examining pre- and post-service sexual health training targets elementary, middle and intermediate school teachers (e.g., Goldman & Coleman, 2013; Silkenson, 2009; van Leent, 2017). Although sexual health education is mandated by the Ministries of Education in each province and territory in Canada, McKay and Barrett (1999) found a lack of consistent pre-service sexuality health training in their study of Canadian Bachelor of Education programs. Only 15.5% of all programs surveyed reported that students received compulsory training on delivering sexual health education, while 39.3% of programs had compulsory sexual health education training and/or the ability to take an optional course with a sexual health unit or focus. The effectiveness of pre-service sexuality education on increasing the effectiveness of professional practice is illustrated by Silkenson's (2009) study, which tracked changes in pre-service teachers' beliefs about sexuality over a three-year period as candidates enlisted in a general health and specialization course on sexuality during their teacher education program in New Zealand. Pre-service teachers' beliefs about sexuality were situated in a risk and danger paradigm, where sexuality was conceptualized as hazardous at the beginning of the project, and moved towards viewing sexuality as an integral aspect of general health by the second year of the study. Furthermore, in the second year of the project, pre-service teachers identified with a human rights approach implicit within sexuality education and reported more comfort in teaching and answering children's questions about sexuality, although there was no follow up to assess whether increased comfort meant more comprehensive and inclusive implementation of sexuality education. In the third year of the study, post-course results found pre-service teachers' constructs of sexuality to have changed. A prominent theme was pre-service teachers' understanding of sexuality as a holistic concept encompassing 'more than just sex' (Silkenson, 2009). Thus, sexuality education for teachers provides an opportunity to initially

analyze their personal beliefs about sexuality and the larger socio-political context in which beliefs and attitudes develop.

Other studies emphasize pre-service teacher candidates' opinions of necessary components of sexual health training. For example, Goldman and Grimbeek (2016) explored what 102 pre-service teachers in Australia in their second of a fourth-year undergraduate education program wanted to learn in a course on puberty and sexuality education. The data were dichotomized, where younger (18-21 years) and older (22-48 years) pre-service teacher results were compared. Both older and younger teachers rated social aspects, child development, and psychological aspects of primary school girls' and boys' puberty and sexuality as their top three areas of interest in a puberty and sexuality pre-service course. Older teachers also preferred to learn about educational aspects of primary school girls' and boys' puberty and sexuality, department of education policies around puberty and sexuality, as well as myths about primary-age puberty and sexuality. With regards to the ways teachers wanted the information delivered, older teachers wanted the training delivered in group face-to-face discussion in classes of 30 or more people, small group (5 people) face-to-face discussion, and small group (5 people) face-to-face discussion of case studies. Younger pre-service students' pedagogical preference was the same as the older pre-service students with the addition of a lecture in a class of 150 or more people (Goldman and Grimbeck, 2016). Canadian researchers have also examined professional development in sexual health training opportunities (e.g., Cohen et al, 2012; Lokanc-Diluzio, Cobb, & Nelson, 2007; Ninomiya, 2010), offering tangible suggestions for those creating sexual health initiatives.

Cohen et al's (2012) study examining the willingness to teach sexual health education in 294 elementary and middle school teachers found a statistical link between willingness to teach sexual health and professional training. Participants reported the following elements as critical factors in creating effective sexual health training: providing teachers with factual information; creating opportunities to increase teacher comfort levels around sexual health topics; engaging in a dialogue addressing societal and personal attitudes and beliefs; and, awareness around parental support for comprehensive sexual health education in elementary school. Furthermore, Ninomiya's (2010) examination of sexual health training, teacher comfort, and training content explored 31 junior high school teachers in Newfoundland and Labrador and found 81% of participants wanted more training, with 38% highlighting they wanted to learn practical skills for teaching sexual health to junior high school students. The need for current information was reported by 42% of participants, and 32% of teachers wanted to collaborate with allied health professionals.

Additionally, Lokanc-Diluzio and colleagues' (2007) evaluation of 11 sexual health trainings for elementary and junior high school teachers found that in-service training substantially increased teacher comfort in teaching sexuality education, with only 53% feeling comfortable in the pre-intervention survey, rising to 94% in the post-intervention survey. The post-intervention surveys were administered right after the sexual health training which is highlighted as a limitation, as more time post-intervention would be prudent to better assess

increases in comfort, knowledge, and skills to address sexuality with students (Lokanc-Diluzio et al., 2007). The content teachers felt contributed to their increased comfort included becoming familiar with resources (e.g., www.teachingsexualhealth.ca), networking with others teaching sexual health, gaining knowledge of the larger context of sexual health (e.g., sexual health curriculum in Alberta, school board regulations), gaining skills to answer student questions related to sexual health, age-appropriate information, and practical activities (Lokanc-Diluzio et al., 2007). It is evident that pre-service and practicing teachers alike seek content that: a) challenges them to further explore their own notions of sexuality as they have been influenced by family and community as well as the larger socio-political context; b) improves their skills in teaching sexual health; c) emphasizes the ministry/department of education and school board policies and regulations regarding sexual health education; d) utilizes various teaching strategies; e) addresses child/youth development (e.g., social, psychological, emotional) as it relates to sexuality; and, f) is evidence-based and current (Cohen et al., 2012; Goldman & Grimbeek, 2016; Lokanc-Diluzio, 2007; Ninomiya, 2010; Silksonson, 2009).

Few studies have examined sexuality training for ECEs or professionals working with children aged five and under. Of those specifically using an ECE population (e.g., Kakavoulis, 1998; Larsson & Svedin, 2002; Menmuir & Kakavoulis, 1998), all found a lack of adequate training for preschool teachers in the sexuality domain. For example, 100% of the participants in Larsson & Svedin's (2002) study stated they had no pre-service courses on the development of sexuality in their studies, but did attend professional development workshops, specifically in the realm of child sexual abuse prevention. Although sexual abuse prevention is a critical piece of sexuality education, being trained only in abuse prevention does not prepare educators for the everyday and typical behaviours and expressions that occur as children are developing constructions of sexuality and gender. Furthermore, Kakavoulis' (1998) examination of preschool teachers in Greece reported that 26% of the preschool staff felt they were qualified to teach sexuality education, whereas 73% perceived they were less qualified (with 46% reporting somewhat and 27% stating not at all). Extending Kakavoulis' (1998) work, Menmuir and Kakavoulis (1999) replicated the study to compare Greek and Scottish preschool teachers, and found a large discrepancy between Greek preschool teachers' perceived preparedness to provide sexuality education (49%) and Scottish preschool teachers (14%). Duke and McCarty (2009) discussed the important role that initial teacher education and early childhood education programs play in advocating for the inclusion of content related to sexuality education and developing students' sense of critical consciousness and self-reflexivity. Creating safer spaces for pre-service ECE students to discuss sexuality and gender in their training programs can result in ECEs playing a more active role in supporting the children they work with in the sexuality domain.

Sexuality Curricula in Ontario Post-Secondary ECE Programs: An Environmental Scan

While ECE training programs are found across Canada, with both universities and colleges offering bachelor degrees and/or diplomas, ECEs are not receiving appropriate pre-

service training to address sexuality. In Ontario, there are thirty post-secondary institutions that offer approved Early Childhood Education programs (Ontario College of Early Childhood Educators, personal communication, June 2016). Through an informal review of these approved programs,¹ we discovered that there are currently no required courses with a specific focus on the development of gender and sexuality, although some have required courses on sexuality in general. Moreover, coverage of the development of gender and sexuality in childhood, if addressed at all, is usually relegated to one specific lecture within one course. As crucial as these domains are to understanding children's development in a holistic fashion, gender and sexuality are commonly left out of pre-service programs or only considered as an afterthought, if at all. Thus, it is important to assess ECEs conceptualizations of sexuality education and the capacity for further training for ECEs in this domain to understand how training, or the lack thereof, impacts ECE attitudes towards gender and sexuality in early childhood learning settings.

The Current Study

The data for this current study are taken from a larger project conducted in Fall 2014 in Ontario, Canada addressing ECE perceptions on the development of sexuality in childhood (see Balter et al., 2016). The previous literature review points to the necessity of sexuality training in pre-service ECE programs as well as in the form of professional development to increase ECEs' capacities to address the development of sexuality (Public Health Agency of Canada, 2008) in early childhood. The findings from our previous study highlight ECEs' struggles to identify what age appropriate means in regards to sexuality education, the need for more comprehensive pre-service training, and concerns addressing the development of sexuality without training. Participants' decreased willingness to address the development of sexuality was linked to a lack of training, general societal tensions around sexuality education, as well as an absence of workplace policies around addressing developing sexuality (Balter et al., 2016). The current study examines three specific research questions about ECE participants' perceptions about their ability to provide sexuality education for young children relating to: 1) early learning centres' quality of addressing sexuality education; 2) the current level of preparation of early childhood educators; and, 3) identifying the needs of training programs.

Methods

Data were collected for this study using an online survey with closed- and open-ended questions to explore ECEs' perceptions regarding sexual development using questions developed specifically for this project (as detailed in Balter et al., 2016). Following institutional ethics review, participants were recruited through licensed child care centres in Ontario and a survey link on the Ontario College of Early Childhood Educators' website (see Balter et al., 2016 for more details). Ten cash prizes of \$50 were offered in an incentive draw for participants. A

¹ This informal review was conducted in June, 2016 in preparation for a conference presentation. The review involved either electronic communication or an open call to curriculum chairs and program counsellors in all post-secondary institutions in Ontario listed as offering Early Childhood Education programs. Program websites were also explored to examine the curriculum offered.

definition of sexuality (WHO, 2006a) was included on the first page of the survey to ensure consistency of what is meant by sexuality. The survey had five parts with a total of 30 questions: 11 closed-ended, ten open-ended (i.e., text response), and nine demographic questions. Data for the current study come from 12 of the survey questions (in addition to the demographic details) as detailed in the analytic strategy section next. The full survey may be requested from the first or second study authors.

Analytic Strategy

Questions from the survey utilized for the current study are presented below in tandem with the analytic strategies. Descriptive statistics were examined for all close-ended questions, and open-ended questions were thematically analyzed following the process clarified in (Balter et al., 2016).

The first research objective – perceptions of the quality of addressing sexuality in early learning settings – is addressed through analysis of a close-ended question, “Overall, please rate the quality of the sexuality education that children receive in your school” (Cohen, Byers, Sears, & Weaver, 2004). Participants responded to this question on a 7-point Likert scale from 1 = very good to 4 = poor, 5 = I don’t know, 6 = there is no sexuality information in my child care centre, and 7 = I choose not to answer. In addition, three open-ended questions from Menmuir and Kakavoulis’ (1999) were thematically analyzed. These questions were: “To what extent do you think that ECEs today have the requirements (e.g., adequate information, resources, and appropriate climate) to provide appropriate sex education for children?”, “What characteristics should a member of preschool staff have in order to provide adequate sex education? Write up to three of these characteristics.”, and “To what extent is a preschool member of staff able to provide the right sex education through the everyday activities in preschool settings?”

The second research objective – current level of preparation – is addressed through analysis of a close-ended question asking, “I feel that I have adequate training to teach Sexual Health Education” (Cohen et al., 2004); responses were captured on a 5-point Likert scale from 1 = Strongly Disagree to 5 = Strongly Agree. Then, one open-ended question asking, “What experience, training, and/or resources do you have to address childhood sexuality?” (Ninomiya, 2010) was thematically analyzed.

The third research objective – identification of training requirements – is addressed through analysis of three close-ended questions. The first asked for yes/no/I don’t know responses to three items regarding training: “Would you be interested in attending in-service training aimed at providing factual information/instructional strategies/increasing your personal comfort level in addressing childhood sexuality if it was offered?” (adapted from Cohen et al., 2004). The second and third asked, “If these trainings were offered, what would be your preferred delivery method?” and “If these trainings were offered, from whom would you be most interested in taking them?” Both allowed participants to select all options that applied and were created by the first and second authors. The fourth and fifth questions were open-ended, allowing participants to give “further feedback regarding future training opportunities” and “If you would

be interested in further training, what topics especially interest you?” (both created by the first and second authors) responses that were thematically analyzed.

Results

Following a brief introduction to the participants for this study, findings are presented according to the three research objectives: perceptions of the current context in early learning settings, current level of preparation, and identification of training requirements.

Participants

As previously detailed in blinded for review, 64 Registered Early Childhood Educators in Ontario completed surveys. Participants were primarily women (95.2%), College educated (88.9%), lived in cities (50.8%); their average age was 40.2 years ($SD=10.5$; range: 22-62) and they had 17.2 years of experience on average ($SD=10.6$; range: 1-41). In their ECE roles, participants worked with all ages of children from infants to those aged 12, with children ages 2 to 5 as the most common age group.

Perceptions of the Quality of Addressing Sexuality in Early Learning Settings

Participants provided information regarding their perceptions and current beliefs of their ability to support the development of sexuality in young children in early learning settings. When asked to rate the quality of sexuality education that children received in their centres, 36.1% of participants responded that there was no sexuality education and 8.2% rated the quality as poor; only 18.0% rated the quality as good or very good and 27.9% rated the quality as fair.

When asked about the extent to which ECEs have the requirements necessary to provide appropriate sexuality education for young children, findings from the thematic analysis demonstrated a strong consensus that ECEs do not feel they have the requirements needed. A lack of training was identified by 64.1% of the respondents. As one participant commented, “ECEs are not equipped AT ALL to teach sexual education...As an ECE going through college, we are not taught about how to fully teach children about sexuality” (no age provided). Another confirmed this lack of training and represented concerns expressed by other participants including being fearful of repercussions, stating:

In essence, none whatsoever. An ECE is taught to help children understand their bodies in terms of their development, but because of it being young children, many ECEs may feel quite concerned about bringing up such a topic for discussion for fear of their jobs and careers. (age 23)

Concerns about the inadequate climate in which to provide sexuality education and a lack of perceived ability by some ECEs to do so were expressed by many participants (30.0% and 68.3%, respectively). As one participant expressed:

I think some ECEs do an excellent job, and others do not. The requirements listed are not consistent and based too much on individual beliefs and practices. Personally, I get quite frustrated with the amount of unconscious ‘programming’ of children to adopt a

heteronormative belief system. Personally, I have worked in centres that were openly accepting of LGBTTQ parents and children, and those who have ‘tolerated’ homosexual families. There are some ECEs I wouldn’t trust with the responsibility, knowing that they are openly homophobic. I recognize that sexuality education isn’t all about sexual preference and gender identity, but it is a component that I see being handled very poorly in the field. (age 46)

Finally, three participants (4.7%) felt that sexuality education should remain outside of an ECE’s scope of practice. One participant commented, “I feel that children under 6 should not be educated in sexual matters” (age 29), and another stated, “The ages that we work with do not need to be exposed to sexuality education. It is enough to be taught that girl parts and boy parts are private and should stay that way” (age 31).

When asked what characteristics an ECE needs to provide adequate sexuality education for young children, the most common characteristics noted by participants included inter- and intra-personal skills (noted by 32.8% and 27.6% of participants, respectively), an ability to be unbiased and nonjudgmental (13.8%), and being adequately trained including having a strong understanding of what is developmentally appropriate (46.6%). Inter-personal skills included “good listening skills” (age 38), “effective communication skills” (age 45), and “ability to work as a team and communicate (cooperative); follow guidelines and policies to help protect all involved (responsible and reliable)” (age 37). Intra-personal skills included “confidence” (age 28), “being open-minded” (age 29), “comfortable with their own sexuality” (age 47), “patience, sensitivity” (age 35), “maturity” (age 56), and “self-reflective of personal biases” (age 57). One participant shared the following description of required characteristics:

I believe they should be experienced staff who have close relationships with the children and their parents, and a strong understanding of what is developmentally appropriate. It is essential for an ECE to be able to speak comfortably and confidently to parents about their child if/when they start to masturbate so that the messaging can be clear to the child, consistent between home and the child care setting, and does not shame a child or encourage a sense of having done something wrong. (age 42)

Yet, when asked the extent to which ECEs are currently able to provide adequate sexuality education through everyday activities, respondents expressed some concerns, with 9.4% stating that “they are not equipped” (age 36), “currently limited” (age 45), and that they “fear reprisals from parents” (age 53). One respondent commented on the challenge faced by ECEs in addressing sexuality education through their practice stating:

I think at the preschool stage, being aware of children’s developmental stages regarding their own sexuality and remaining open to questions is a big factor in providing sexuality education. There is a difference between providing facts and imposing beliefs, and we walk a fine line between an honest answer to a question and undermining a family’s belief system. (age 46)

Nevertheless, a majority of respondents (65.6%) provided examples of ways they could provide sexuality education through activities in their playrooms; dramatic play and toileting

routines being the most frequently identified aspects of the program in which these activities could be embedded. One participant expressed the importance of responding to children's questions, stating "as long as we, the educators, continue to honour the children's questions, engage in discussion and model proper behaviour there will be more self-confident children" (age 28). Another participant shared how sexuality education could be embedded within emergent, play-based settings:

I think that children are naturally curious about their environment and in a play-based environment teachers would have to look for different opportunities and to have resources available to add more information about that topic. Having books in the book centre can start many dialogues as well as photos of the children's families, children always talk about their body parts especially during bathroom time and those can be teachable moments where teachers can model correct language. Having dolls with different body parts can also initiate discussions. (age 32)

Several other key considerations and comments were offered by the respondents, including the importance of "diversity, respect for culture, and differences [that are] embedded in program delivery. I do not see this as a 'unique' area of program delivery. It is part of the relationship that we build with children on a daily basis" (age 49). Another responded shared key considerations regarding sexuality education (SE) curriculum:

Being responsive to children's experiences in terms of curriculum, SE could be included in curriculum. We would continue to appropriately label body parts. I am concerned, however, about being respectful of the culture, beliefs, and values of our parent population. If curriculum were to change, there would need to be discussions from all key stakeholders and evidence to support the inclusion of SE in the curriculum on a daily basis. (age 58)

Current Level of Preparation

To better understand the current context and the level of preparation that participants had, both from pre-service and post-service training opportunities, data were collected regarding training. Interestingly, 53.2% of respondents disagreed or strongly disagreed that they had adequate training to teach sexuality education to young children, and a further 19.4% responded that they were not sure or neutral to this question; only 27.5% of respondents agreed or strongly agree that they had adequate training. Participants also responded about factors that affect their willingness to address the development of sexuality in their current ECE practice. Relevant knowledge, resources, and training were strongly identified as factors that made participants more willing to address sexuality in their practice: 55.6% reporting that knowledge makes them more willing, 50.0% resources, and 42.6% training.

When asked about specific training, experience, and resources to which they had access to address the development of sexuality in childhood, 26.2% of participants commented that they had received little or no formal pre-service training, and, for the most part, were drawing on their professional experiences and also personal experiences (primarily as parents) to guide their

practice. One participant commented, “I have had no specific training. I follow my teaching partner’s lead and use common sense” (age 28). Another participant shared that:

Most of my training has been through experiences and the standard ‘ask your parents if you want more information’ response to children. This is due to a personal discomfort of saying the wrong information (either knowledge based on a topic or parental beliefs). My resources in regards to this topic approach near nothing. (age 23)

In addition to their experience as an ECE, some respondents (21.3%) also commented that they had taken some formal, post-service workshops provided by Children’s Aid Societies and other organizations, and highlighted that these workshops focused primarily on the prevention of child abuse. Some respondents commented that they utilized resources from Ontario Early Year’s Centres, books, and also the internet (e.g., health unit websites) to inform themselves.

Identification of Training Requirements

Participants clearly identified training as a key gap in their current knowledge, skills, and abilities necessary to support their practice regarding the domain of sexuality. Data were collected regarding interest level and training preference. Participants expressed a strong interest for post-service training with 74.6% interested in each of the following topics: training that provided factual information on sexual health education topics, instructional strategies for addressing sexuality, and training to increase personal comfort level in addressing sexuality in early childhood.

When asked about their preferences for delivery methods, over 60% of participants were interested in face-to-face delivery methods for these trainings (Table 1); yet, 52.5% were also interested in online options.

Table 1. *Preferences regarding delivery method for training (in percentages)*

	Selected
Face-to-face – community location	68.9
Face-to-face – at workplace	62.3
Online (internet-based)	52.5
Self-taught (handouts, workbooks)	34.4

When asked about their preferences for the training provider, 79.0% of participants were interested in receiving post-service training from community associations (Table 2). Employers and provincial associations or organizations were also preferred providers (at 56.5% and 50.0%, respectively). Participants also commented that their preference would be for a “knowledgeable person from any of these organizations” (age 49), a “culturally sensitive and informed trainer” (age 42), and the “local public health unit” (no age provided).

Table 2. *Preferences regarding training provider (in percentages)*

	Selected
Community association or organization	79.0
Employer	56.5
Provincial association or organization	50.0
National or international association or organization	35.5
Post-secondary institution	30.6
District school board	25.8
Union	9.7

Participants were also asked about specific topics for these trainings, with a majority of respondents adding comments to this section (54.7%). Training topics requested included: Typical behaviours, what topics are developmentally appropriate, gender identity, family dynamics and family diversity, working with parents to address sex education, how babies are conceived and childbirth, personal hygiene, appropriate boundaries on touching, self-touching, sexual abuse, tolerance and acceptance, and “creating an LGBTTTQ positive environment for children, families, and staff” (age 46). A common theme in the responses (noted by 30.6% of participants) was summed up by one participant who said, “answering children’s questions appropriately” (age 49).

There were concerns expressed about how to “get families on board” (age 47) and how to work with parents to address development in this domain, “how to teach sexuality while respecting family boundaries” (age 46). There were also two respondents (3.1%) who expressed that they did not feel it was their role to address this in their practice, “I am uncomfortable with ECEs teaching this to children. I feel the parent should have the choice of what and how the children are introduced to this subject” (age 36). Nevertheless, many respondents (32.7%) were enthusiastic about learning more when asked about what topics would be of interest: “Everything!” (age 39) and “I don’t feel comfortable enough to talk about any of these topics mentioned in this survey as I don’t feel I have had enough resources or training given to me” (age 37). Many respondents (36.7%) were very interested in learning more to become better at their jobs and further their professional learning and practice, as summed up by the following responses: “I can’t wait to see as a professional and a parent if further education will be provided in this subject for training” (age 36), and;

I believe this is an issue that needs to be addressed. More people who work with children need to be educated about sex and how it affects children. I believe that children should know their bodies and understand that they need to be respected. I believe that some people who work with children are uncomfortable and do not believe that children need to be informed of this information because they are ‘just children’. (age 36)

Finally, the importance of furthering this work and providing training for ECEs was underscored by the following participant who commented:

Thank you for this survey. I love being an educator and have often seen the negative impact of caring yet ignorant caregivers responding to children's sexuality in a negative manner. Personally I would like to grow in my own knowledge base, become more reflective, and bring a healthy perspective on sexuality for myself, the children in my care now and in the future, and to my colleagues. We have such great opportunities and responsibility to our children and families and to ourselves to grow professionally and holistically and make a wonderful difference in the lives of our children/families/communities. (age 57)

Discussion

The majority of participants within this study felt the quality of sexuality education within their early learning centres was not adequate, with 64.1% reporting a perceived lack of requirements (e.g., knowledge and skills) to address sexuality. Numerous studies in Canada and internationally examining sexual health training find a similar omission (e.g., Cohen et al., 2012; Kakavoulis, 1998; Larsson & Svedin, 2002; Menmuir & Kakavoulis, 1998). A gap in sexuality training for an ECE population is not surprising as there are no Canadian, national or provincial, guidelines or curriculum documents to guide early learning professionals to support the development of sexuality. Specific to Ontario, Canada, ECEs are guided in their professional practice by the following government documents, *Early Learning for Every Child Today: A framework for Ontario early childhood settings (ELECT)* (Ontario Ministry of Education, 2014) and *How Does Learning Happen? Ontario's Pedagogy for the Early Years (HDLH)* (Ontario Ministry of Education, 2014). Although we question whether *ELECT* and/or *HDLH* are the appropriate documents to include the development of sexuality and gender, we want to highlight that currently no guidelines or recommendations for practitioners exist.

The omission of curriculum addressing sexuality may result from a narrow understanding of sexuality itself, which maintains shame and discomfort in practitioners, leaving conversations around sexuality unintelligible and silenced within early years' settings (Bhana, 2015; Robinson, 2013). Through adult discomfort, children learn early that conversations regarding sexuality are shrouded in shame. Some educators may subliminally communicate that sexuality should be kept secret and that understanding human sexuality and bodies is shameful (Michael, n.d.). Children learn about sexuality (as well as gender) through forms of "hidden curriculum", or the norms and values that are unconsciously transmitted through discourses and socio-cultural conditions (Giroux, 1978; Giroux and Purpel, 1983, as cited in Robinson & Davies, 2017, p. 234; Martin & Bobier, 2017). Even though children are active agents in constructing knowledge about sexuality and their own sexual selves, curriculum omissions regarding sexuality limits their understandings of sexuality, gender, and relationships.

We have pondered, if a term other than sexuality was used such as *Body Science* (Hickling, 2001), would addressing the development of sexuality be explicitly addressed in curriculum documents? Sexual health education elicits a range of reactions which can be envisioned on a continuum of acceptance to rejection. Misconceptions of the intentions of

sexuality education in early childhood in conjunction with notions of childhood innocence and asexuality (Robinson, 2005) may further contribute to why the domain of sexuality is insufficiently addressed in early childhood. With a lack of sexuality training, it is not surprising that the majority of participants stated they used “common sense” and/or used their personal experience to guide practice when it comes to addressing sexuality. Moreover, participants noted a hesitancy to enter into discussions of sexuality with young children.

While other domains of development, such as math, literacy, social skills, and so on, are considered necessary and mandated by provincial policy and curricula, sexuality is constructed as a “risk” to the innocence of young children instead of an area of development and social construction. Within an innocence paradigm, risk and protection are the only issues to address (Wurtele & Kenny, 2011). This is mirrored in our findings, where the most common training participants received was specific to child sexual abuse prevention. Research demonstrates that “children who do not know about...sexuality and body safety - are more vulnerable to sexual abuse” (Wurtele & Kenny, 2011, pg. 2). Lioselle and Gaulin (1995), describe their approach of an abuse prevention program that works from a “positive and health-focused” (pg. 88), rather than a danger and fear-based paradigm. They state that:

sexuality and genitals are private matters, but they are not secret. We must learn to talk about them openly and respectfully with young children so we can help them sort out the wide range of sexuality information and experience they are exposed to in their daily life. (p. 88)

At its core, comprehensive sexuality education *is* essential to child sexual abuse prevention.

Participants also raised concerns about inadequate climates for addressing sexuality, namely homophobic ideologies held by some staff. Developmental discourses often promote universalized norms and assumptions regarding sexuality that deny children access to information deemed ‘adult’ while reinforcing heteronormative ideologies regarding gender and sexual development (Surtees & Gunn, 2010). Young children are subsequently assigned restrictive gender roles and ideologies (Davies, 2003) that presume and enforce heterosexuality onto children (Paechter, 2007; 2017), which is exemplified through heteronormative ceremonies, such as pretend marriages (Renold, 2005). Educators may struggle with self-shame and personal discomfort around discussing topics involving sexuality, particularly with children (Bhana, 2007). Thus, educators require more training to challenge their own biases in order to create safer environments for all children, specifically those who are developing identities outside of heteronormative and cisnormative frameworks (Davies & skelton, 2017; Davies, Vipond, & King, 2017; Gansen, 2017). Sexuality, as a cultural and social construct, affects what children learn and the norms with which they engage. Without pre- and post-service curriculum and training that properly addresses sexuality (and gender) to unpack educators’ preconceived notions regarding sexuality and children, sexuality education will continue to be repressed in early learning settings.

The purpose of sexuality training for ECEs is to increase knowledge and skills in addressing children’s emergent expressions and curiosities around sexuality and gender.

Participants in this study wanted more training and clarity around a wide range of topics. We further explored ECE perceptions of *what is developmentally appropriate sexuality education?* during a conference presentation at blinded for review. Approximately 40 ECE participants were asked to brainstorm the following: “What do you think is developmentally appropriate education when thinking about the development of sexuality and gender in early childhood”? Responses ranged from a) using correct terminology while talking about body parts; b) answering children’s questions honestly/taking the child’s lead; c) allowing and encouraging gender neutral play and expressions; and, d) as one group commented, “if we don’t talk about this in the early years there is more risk of child abuse (children not being able to protect themselves if not aware of appropriate touches)”. These responses demonstrate various aspects of what developmentally appropriate means to some ECEs in the context of sexuality education in the early years, as well as ECEs commitment to an emergent approach in highlighting a child-led framework.

Limitations

As previously noted in (Balter et al., 2016) there was an omission of a question asking what setting ECEs worked in (e.g., early learning centres, FDK classrooms), which may have provided insight into how different settings address sexuality, in their policies and practice. In light of the data for the current study, three further limitations are reflected upon. First, the survey did not ask about ethnicity nor religion. This demographic information would shed light on the complex influences of both ethnic and religious beliefs of sexuality education in the early years (Janelle Joseph, personal communication, October 2017).

Second, the items in the instrument were not assessed for reliability, nor piloted prior to commencing the study, therefore, the results should be interpreted with caution (Olesya Falenchuck, personal communication, October 20, 2017). There are several items in the current data which lack construct validity. For example, the following questions use subjective and undefined terms such as “appropriate”, “adequate”, “right sex education”: (1) “To what extent do you think that ECEs today have the requirements (e.g., adequate information, resources, and appropriate climate) to provide appropriate sex education for children?; (2) “What characteristics should a member of preschool staff have in order to provide adequate sex education?; and, (3) “To what extent is a preschool member of staff able to provide the right sex education through the everyday activities in preschool settings?”. The use of subjective terminology is contextual and influenced by social, cultural and political factors. The following two additional questions also lack construct validity in their use of “childhood sexuality” as opposed to “the development of sexuality in childhood”: (1) “What experience, training, and/or resources do you have to address childhood sexuality?” (Ninomiya, 2010), and (2) “Would you be interested in attending in-service training aimed at providing factual information/instructional strategies/increasing your personal comfort level in addressing childhood sexuality if it was offered?” (adapted from Cohen et al., 2004). Lastly, given the small sample size, the findings of this study are not generalizable to a wider ECE population.

Future Research

Future research to assess pre-service sexuality training for ECEs should be undertaken to gain a better understanding of how ECEs are trained in their post-secondary education experience. Similar to McKay and Barrett's (1999) analysis of sexual health training in Bachelor of Education programs across Canada, an exploration of how pre-service ECEs are trained in the domain of sexuality, and an examination of the difference between curriculum in a two-year diploma versus a four-year Bachelor program would provide insight to systematic approaches to curriculum delivery. Further research into creating a guidelines document that specifically focuses on the development of sexuality and gender in early childhood seems fitting given the lack of support and recommendations needed to positively support children in this area of development.

Conclusion

Equipping ECEs with developmentally appropriate knowledge and skills to address and support the development of sexuality and gender in early childhood remains inadequate and fragmented. Barr et al. (2014) conclude their literature review addressing teacher-preparation and sexual health by stating "in fact, teacher training is the most significant indicator in determining the comprehensiveness of the sexuality education instruction and the number of sexuality topics taught within any curriculum" (p. 397). Pre- and post-service sexuality education and training is the conduit to ECEs being able to adapt an emergent approach confidently and comfortably while continuing to support the holistic development and well-being of the children in their care.

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