

“What does sexuality in early childhood even look like? What is it?”: A qualitative exploration
of early childhood professionals’ navigation of sexual development

by

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B.S., Kansas State University, 2005

M.S., Kansas State University, 2007

AN ABSTRACT OF A DISSERTATION

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Abstract

Early childhood professionals (ECPs), alongside parents and caregivers (PCGs), play a critical role in the co-socialization of sexuality throughout early childhood. However, there is limited literature that critically examines ECPs' preparedness and experiences in navigating early childhood sexuality based on the comprehensive sexuality education (CSE) topics and methods within their pre-service teacher education preparation programs (TEPP) for early care and education. As such, I addressed this gap by qualitatively exploring 1) ECPs' educational exposure, 2) professional experiences, and 3) recommendations for improving early childhood sexual education in TEPP based on their lived experiences. Guided by an inductive, exploratory, atheoretical approach, I conducted interviews with seven ECPs (aged 33-54) who all identified as White/Caucasian, Cisgender women with a range of 24 years of professional experience. Using an inductive framework and an Interpretive Phenomenological Analysis (IPA) approach (Smith & Fieldsend, 2021), the coding team identified five major themes that contributed to a deeper understanding of ECPs' educational journeys, lived experiences, and recommendations: 1) *(Non)Separation of Personal and Professional Self*, 2) *Socialized Silence*, 3) *ECP Continuum*, 4) *Preparedness for Real-Time Navigation of CSE*, and 5) *Recommendations*. Overarchingly, these findings demonstrate a lack of educational opportunities and ECP preparedness that support the need for a reconceptualization of sexuality within early childhood education. These findings highlight the challenges that ECPs face while navigating normative and non-normative early childhood sexuality topics with not only children in their care, but also parent-caregivers and larger socio-political climates. Implications from this research are important for supporting ECPs within their TEPP but also across their careers as they remain co-socializers of sexuality and support whole-child development.

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Almost to the finish line.

Dedication

To my Dad, Grandma K., and Grandpa C., whom I lost all within a 10-month period. Each of you inspired me to find humor, eat sweets, pour a stiff drink, mumble profanity, trudge forward, and reflect on the value of hard work and determination. Life is too short. I miss you.

This is for all the survivors of CSA. May your voice be strong, and your resiliency be stronger.

Chapter 1 - Introduction

Despite the robust pool of research-driven and evidence-based scientific knowledge that affirms sexuality as both normative and an integral part of lifespan development (Balter et al., 2021; de la Mora, 2020), institutions of higher education (IHEs) appear to have a limited and/or inadequate focus on comprehensive sexuality education methodological opportunities. Specifically, research has demonstrated a lack of programming targeted within teacher education preparation programs (TEPPs) for pre-service early childhood professionals (ECPs) and their role as socializers of sexuality throughout the early childhood years (birth – eight) (Balter et al., 2016, 2018; Balter et al., 2021; Cacciatore et al., 2020). For the purposes of this study, comprehensive sexuality education (CSE) is a term that collectively addresses the intersection of normative development, behaviors, skills, literacy, and communication in a developmentally appropriate manner, specifically within the early childhood years (birth through age eight) (SIECUS, 2024; WHO, n.d).

During these formative years, it is critical that ECPs, ranging from (but not limited to) traditional classroom teachers, center or in-home childcare providers, early care and education specialists (e.g., early intervention, home visitors, family advocates, childcare center directors/administration, licensing/regulation consultants, behavior coach) and multidisciplinary support practitioners (e.g., speech language pathologists, occupational therapists, physical therapists, social workers, pediatric medical practitioners, etc.) are knowledgeable and confident socializing CSE with young children, parents and caregivers (PCGs), and colleagues within varied early childhood environments. It is vital to acknowledge that PCGs (and their respective familial units) serve as the primary and most influential socializers of where, how, and when young children begin to learn about themselves, others, and the world around them (Ganji et al., 2020; Guder & Alabay, 2018; Kenny & Wurtele,

2013), including as the initial socializers of sexuality (Flores & Barroso, 2017). This family-based socialization process includes how young children begin to construct and understand norms, ideas, values, beliefs, shared meanings, and codes of conduct related to sexuality (Cincotta-Lee & Buzwell, 2025; Flores & Barroso, 2017; Ozel et al., 2023; Wurtele & Kenny, 2011). However, across decades, the number of PCGs working outside the home has increased exponentially (Schneider, 2025). Consequently, those same families have relied upon ECPs to serve as non-parental caregivers for their young children. As such, ECPs play a significant role in the co-socialization of the whole child (Balter et al., 2016, 2021; Cheung et al., 2020; De Meyer et al., 2025). The whole-child approach acknowledges sexuality as normative and a multidimensional process, interconnected across developmental domains typically deemed comfortable and/or acceptable (e.g., social, emotional, cognitive, physical, and linguistic; Balter et al., 2021; Cacciatore et al., 2020; Ferguson et al., 2022). While young children are in non-parental care, their development naturally continues. As such, young children are discovering their internal working model of self (e.g., body awareness, self-responsibility) as pre-sexual beings within their new ecosystems of non-parental care (de la Mora, 2020; Ferguson et al., 2022). As such, ECPs need to be knowledgeable, competent, and confident about sexuality socializers within these ecosystems (Balter et al., 2016, 2018; Balter et al., 2021; Cheung et al., 2020). Despite a robust body of science-driven, evidence-based research affirming sexuality as a lifespan process, the value and positive outcomes associated with CSE, and the link between competent and confident ECPs, there is sparse research examining educational opportunities and methods for CSE within TEPPs, specifically in Kansas IHEs, along with a lack of research on how these educational experiences have impacted their lived experiences working in the field. Within the robust pool of research and evidence-based practices that yield positive whole-child outcomes, it is worth exploring the challenges and/or barriers between the educational journey and real-world

experiences and using the voices of ECPs to make recommendations for improving these educational programs.

Co-Existence of Early Childhood and Sexuality Development

Globally recognized by the WHO (n.d.) and Sex Education for Social Change (SIECUS, 2024), early childhood CSE is further conceptualized as sexual literacy. Sexual literacy is defined as the initial efforts of communication and socialization that aim to create strong foundations of basic knowledge acquisition and application of sexuality-related concepts such as (but not limited) to consent, relationships, and emotions that subsequently increase in complexity with maturation (Cacciatore et al., 2020; Davies & Robinson, 2010; Robinson et al., 2017; Shtarkshall et al., 2007).

Essentially, from this sex-positive adult lens, sexual literacy is scaffolded throughout early childhood building upon introductory components of relationship exploration (e.g., creation, maintenance, dissolution), emotions (e.g., identification, expression, management), decision-making, problem-solving, initial bodily discovery, making meaning of societal norms, and introductions to culturally relevant issues (Brouskeli & Sapountzis, 2017; Harden, 2014; International Society for Sexual Medicine, n.d.) to more complex concepts that are all socialized by the adults within the ecosystem. Most importantly, throughout early childhood, sexual literacy is not explicitly taught (i.e., small- or large-group teacher-led instruction), rather, sexual literacy is child-led, rooted in natural curiosity, and encompasses the integration of all developmental domains necessary to establish authentic human connection (Balter et al., 2021; Cacciatore et al., 2020; Davies & Robinson, 2010; de la Mora, 2020; Flanagan, 2011; Kenny & Wurtele, 2008). Lastly, communication around CSE involves honest and transparent information transfer between two or more people (e.g., child-ECP and/or ECP-PCG; Balter et al., 2021; Bruner et al., 2016; Cacciatore et al., 2020; Cincotta-Lee & Buzwell, 2025). This communicative process includes the mechanics and foundational understandings around relationship maintenance, emotional regulation, and the initial “meaning making” of

societal norms. Additionally, confidence and competence in discussing with children, colleagues, and PCGs topics such as consent, curiosity, bodily discovery (of self and others), labeling and comparing, identification of good vs. bad touch, gender identity, and exploration of gender roles (Berkowitz, 2019; Breuner et al., 2016; Brouskeli & Sapountzis, 2017; Christensen et al., 2016; de la Mora, 2020; Ferguson et al., 2022; Flanagan, 2011; Sandnabba et al., 2003; Shtarkshall et al., 2007). For CSE specifically, sexual literacy is effective only when adults are competent and confident in their ability to communicate developmentally appropriate, culturally relevant, accurate, and timely information to children, colleagues, and PCGs. As such, ECPs' knowledge, competence, and confidence in navigating CSE are crucial as co-socializers of sexuality. Evidence-based research and science support the value of CSE (e.g., SIECUS, 2024); however, longstanding misunderstandings, myths, rhetoric, and ongoing socio-political factors have continued to disregard the existence of sexuality within the early childhood years, thus stifling socialization efforts.

Sexuality Socializers

Western culture continues to perpetuate the falsehoods associated with early childhood sexuality and is hesitant or outright refuses to acknowledge and/or embrace sexuality development as normative and interconnected to whole-child development (Balter et al., 2021; Cacciatore et al., 2020; Davies & Robinson, 2010; Ferguson et al., 2022). This disbelief and non-acceptance consequently continue to expand the knowledge gap and missed socialization opportunities for ECPs (Balter et al., 2016, 2018; Balter et al., 2021; Li, 2022). The adult-sustained refusal to acknowledge sexuality and/or to intentionally exclude CSE instruction and methods deprives both pre- and in-service ECPs of focused, research- and evidence-based learning opportunities (Balter et al., 2021; Brouskeli & Sapountzis, 2017; Li, 2022). When CSE

is minimized or avoided altogether within TEPPs, it further stalls ECPs' knowledge acquisition and professional competencies. Additionally, the absence of CSE undermines competence, confidence, and appropriate situational application later in the professional setting, specifically early care and education environments (Brouskeli & Sapountzis, 2017; Cheung et al., 2020; Morawska et al., 2015; Speller et al., 2010). Meanwhile, young children in non-parental care are experiencing the dismissal of body discovery and acknowledgment of their natural curiosities when ECPs lack the capacity to address questions and/or miss opportunities for appropriate communication around sexuality, which are inextricably missing from high-quality childcare standards and whole-child best practices.

As defined by the National Association for the Education of Young Children (NAEYC) (n.d.), high-quality childcare standards include 1) *relationships*, 2) *curriculum*, 3) *teaching*, 4) *assessment*, 5) *health and safety*, and 6) *professional development*. These quality standards serve a dual purpose: 1) allowing PCGs to make informed decisions regarding early care and education, and 2) serving as programmatic guidelines for ECPs. Within this framework, ECPs are expected to offer developmentally appropriate whole-child learning opportunities (NAEYC, n.d.). These affordances stimulate the cognitive, linguistic, physical, social, and emotional domains of development (Balter et al., 2016; Balter et al., 2021; Li, 2022), hereby serving as the foundation for learning across the lifespan. Even though sexuality is inherently interdisciplinary and interconnected across all developmental domains, it is often a neglected topic across the lifespan, but especially in early childhood (Balter et al., 2016; Balter et al., 2021; Li, 2022). Importantly, within the NAEYC framework, CSE and guidance are notably absent. Consequently, the dismissal of CSE within the early years is directly linked to unfavorable outcomes associated with unhealthy sexual citizenship in later life (Balter et al., 2016; Balter et al.,

2021; Byers et al, 2024; Cheung et al, 2020; de la Mora, 2020; Dewhirst et al., 2013; Goldfarb & Lieberman, 2021; Robinson et al., 2019). It stands to reason that until sexuality is intentionally addressed and included as an interconnected area of whole-child development, we will not be supporting a whole-child approach.

Improving Sexual Socialization by Adults

Adults convey messages, model expectations, and reinforce the socialization of sexuality, all of which impact how a young child makes sense of the world and views themselves in it (Cacciatore et al., 2020; Ganji et al., 2020; Shtarkshall et al., 2007; Wurtele & Kenny, 2011). As such and across time, adults contribute (positively and negatively) to the eventual sexual citizenship of the young child (Balter et al., 2021; Cacciatore et al., 2020; Czechowski, 2025). Sexual citizenship is a two-fold concept, defined as the rights, responsibilities, and characteristics of an individual within the context of their sexual and gender identities, emphasizing autonomy and societal recognition, while simultaneously respecting the rights and dignity of others (Czechowski, 2025). Consequently, when PCGs, ECPs, and society at large lack basic knowledge and understanding of CSE as it pertains to young children, the scaffolded development of healthy sexual citizenship can be negatively impacted. This major gap in ECPS (and PCGs) fundamentally understanding their roles in the socialization of sexuality exacerbates the need for targeted CSE educational opportunities and methods. Pre-service and ongoing educational opportunities are essential for adequately equipping ECPs to gain confidence and competence in navigating CSE within early childhood environments.

Compounding the gap in basic CSE knowledge is the interdisciplinary and interconnected nature of sexuality across all developmental domains (Andres et al., 2021; Balter et al., 2021; Dewhirst et al., 2013; Hurwitz et al., 2017; Ketting et al., 2016; Lameiras-Fernández et al.,

2021). Overwhelmingly, adults conceptualize sexuality, sexuality education, and sexual development as associated with feelings and/or expression of eroticism and intercourse (Brilleslijper-Kater & Baartman, 2000; Wilson et al., 2010). This adult-conceptualization carelessly overlooks the non-existent mental schema and underdeveloped cognitive capabilities of the young child. In the simplest of terms, young children do not understand the concepts or idea of sex, intercourse, or sexuality in the same way as adults do (Wilson et al., 2010). Yet, continually driven by the adult-constructed view of sexuality, adults aim to protect and/or preserve the perceived innocence by strategically censoring critical knowledge and information regarding CSE (Czechowski, 2025; Lehn et al., 2023; McGinn et al., 2016; Robinson et al., 2017; Sotevik, 2020). Innocence from this construct defines the young child as fragile, needing protection, existing with an ideal state, or morally immune from sexuality during this developmental period (Balter et al., 2021; Blaise, 2013; Jarkovská & Lamb, 2018). This disconnect is nested within the sustained falsehood that withholding critical information or learning opportunities protects children. The strategic censorship of CSE increases vulnerability and widens the target for exploitation and childhood sexual abuse (CSA; Balter et al., 2021; Jarkovská & Lamb, 2018; Pandia et al., 2017; Simsar & Çapar, 2022; Taylor, 2010; Wurtele & Kenny, 2011). As such, withholding or dismissing information from children does not seem effective. Reframing and reimagining CSE from an adult-to-child perspective would be beneficial.

On a positive note, research-based, evidence-driven guidelines around CSE exist within K-12 settings. Additionally, these guidelines focus on embracing a child-led, curiosity-driven, emergent approach, deeply rooted in principles of child development (Balter et al., 2021; Davies & Robinson, 2013; Flanagan, 2011; Goldfarb & Lieberman, 2021), thus contributing to the foundational pieces of sexual literacy. However, even though these sex-positive approaches are recognized as key factors in overall physical and mental wellness (Davies & Robinson, 2010;

Harden, 2014; Robinson et al., 2017), research has shown that there are lingering misperceptions and resistance when CSE is explored within early childhood environments (Cacciatore et al., 2020; Kurtuncu et al., 2015; Robinson et al., 2017; Wilson et al., 2010).

Reconceptualizing sexuality and CSE approaches from birth through eight years of age would shift the narrative from perverse to sex-positive while proactively socializing normative development, decision-making, and eventual sexual citizenship (International Society for Sexual Medicine, n.d.; Lehn et al., 2023; Wilson et al., 2010). By reframing the narrative from the adult constructs of sex, intercourse, and eroticism to foundational social, emotional, and relational development and wellness, the expectations and outcomes are recalibrated while simultaneously allowing for young children to have access to CSE from trusted adults such as PCGs and ECPs (Wilson et al., 2010). Despite what we know about the profound influence of deconstructing the binary view of sexuality, little research examines what this learning and methodological process entails for pre-service learners, specifically within TEPPs prior to entering the professional field.

Lingering misunderstandings, fears, uncertainty, and apprehension may lead to a lack of focused CSE knowledge acquisition and methods within TEPPs. The initial absence of CSE within IHEs consequently devalues the co-socialization role ECPs navigate within their professional roles. IHEs, no doubt, serve as one of the primary starting points for pre-service research-based, science-driven knowledge acquisition and methodologies, leading to the development of highly skilled and credentialed professionals. Under this pretense, TEPPs should explicitly include research-based, evidence-driven andragogy, pedagogy, and methodologies that encompass CSE specific to early care and education practitioners who will socialize and impact the birth through eight-year-old populations. Despite this, there remains a need for targeted early childhood-specific CSE, and there are shared preparedness shortfalls among ECPs (Balter et al., 2016, 2018; Balter et al., 2021; Brouskeli &

Sapountzis, 2017). TEPPs that intentionally address CSE during early childhood do not appear to be the standard.

There have been few studies that have examined content or methods around early childhood sexuality development within TEPP and the impacts on ECPs out in the field. As such, current research lacks insight into ECPs' TEPPs topics or methods that support knowledge acquisition and navigation of CSE in early childhood settings, particularly in the U.S. (Balter et al., 2016, 2018; Balter et al., 2021; Bourke et al., 2025; Byers et al., 2025; Cheung et al., 2021; Manduley et al., 2018; Martin & Bobier, 2017; O'Brien et al., 2021). It is essential to examine TEPPs, preparedness, lived experiences, and recommendations as ECPs are influential for whole-child socializers throughout early childhood.

Present Study

Despite the robust pool of science-driven, evidence-based research that affirms sexuality as normative across the lifespan, along with the critical importance of acknowledging sexuality existing within childhood, there is sparse research examining how topics and methods are incorporated into TEPPs, specifically in Kansas IHEs. Furthermore, there is a gap in understanding how these methodological approaches from TEPPs prepare ECPs to be competent and confident socializers of sexuality, particularly when considering the direct recommendations of ECPs who have navigated this out in the field. Thus, the goal of this study was to examine and better understand ECPs' pre-service educational opportunities, lived professional experiences, and their recommendations for improving CSE and preparation within TEPPs.

To address these gaps, a two-step study was conducted to examine participants' experiences with CSE within their TEPP (step one) and how they believed this initial education impacted their preparedness, and recommendations for improving TEPPs and/or professional

development opportunities (step two). Specifically, this inductive qualitative study aimed to uncover a deeper understanding of:

1. CSE topics and methodologies included in TEPPs within Kansas IHEs
2. How TEPPs impacted knowledge acquisition, preparedness, and confidence as a sexuality socializer
3. The lived experiences of ECPs navigating CSE in professional settings and their recommendations for improving TEPP

To address these aims, seven participants completed a brief survey (e.g., demographics, TEPP topics, confidence, embarrassment, behavioral intent) and semi-structured interviews. Interview questions were structured to emphasize individual demographic responses and to amplify their unique experiences. During individual interviews, participants were asked about their TEPP opportunities, confidence, embarrassment, behavioral intentions, and lived experiences navigating CSE in early care and education contexts. Notably, previous research has focused on researcher-driven recommendations for improving CSE (e.g., Balter et al., 2016, 2018; Balter et al., 2021; Brouskeli & Sapountzis, 2017). This researcher-driven approach, however, devalues the lived experiences and recommendations of currently practicing ECPs. Therefore, this study differed in that it directly examined ECPs' perceptions and lived experiences and requested their specific recommendations for improvement.

This study uncovered and elevated opportunities to better understand, equip, and support ECPs during their pre-service TEPPs and professional careers. Furthermore, this study addressed the extent to which CSE topics, andragogy (methods of teaching adults), and pedagogy (methods of teaching young children) were acknowledged and intentionally addressed throughout TEPPs. Additionally, ECPs shared their preparedness, lived experiences navigating CSE, and provided specific recommendations.

Chapter 2 - Literature Review

Sexuality is socialized and intertwined within dynamic and evolving contexts, environments, and by a variety of people with varying levels of influence that both directly and indirectly, for better or worse, impact young children (Balter et al., 2016). Sexuality is defined as:

...a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles, and relationships. While sexuality can include all these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious, and spiritual factors. (WHO, n.d.).

Sexual development is a lifespan process marked by natural curiosity, expressed behaviors, and consistent developmental, normative, and universal inquiries across humanity (Balter et al., 2021; Flanagan, 2011). Accordingly, humans do not exist within a vacuum. Humans are social beings, and we must acknowledge and accept that sexuality is influenced by familial, non-familial, and societal norms, which are further shaped by a host of nuanced factors (de la Mora, 2020; Ganji et al., 2020; Vélez-Agosto et al., 2017). As such, sexuality does not spontaneously emerge during the adolescent developmental period despite the sustained focus on adolescence as the onset of sexuality and the first developmental time for sexuality-related education (Jarkovská & Lamb, 2018; Robinson, 2012; Taylor, 2010). Instead, sexuality is multifaceted and interwoven into an individual's lifespan, including early childhood.

Young children are active agents in building their earliest understandings of sexuality as mirrored, modeled, and socialized via influential adults (Balter et al., 2016, 2018; Balter et al., 2021; de la Mora, 2020; Ferguson et al., 2022; Flores & Barroso, 2017; Jackson et al., 2022; Sotevik, 2020). Accordingly, at birth, infants are active, yet passive participants within the processes of acquiring knowledge, behaviors, skills, and attitudes pertaining to everyday aspects of life, including sexuality (Balter et al., 2016, 2018; Balter et al., 2021; Davies & Robinson, 2010; Sotevik, 2020). Development throughout early childhood is dynamic, evolving, and multifaceted. During this developmental period, whole-child capabilities begin to refine through socialization. This socialization process includes foundational aspects of sexuality, such as norms, communication, and boundaries (Balter et al., 2016, 2018; Balter et al., 2021; Buettner et al., 2015; Cacciatore et al., 2020; Cincotta-Lee & Buzwell, 2025). Young children continually observe, listen, process, challenge, and generate their own understandings of everyday life through this socialization process (Ganji et al., 2020; Shtarkshall et al., 2007; Wurtele & Kenny, 2011). These child-constructed understandings include aspects of sexual literacy regarding what PCGs, trusted adults, community, society, and culture deem acceptable or unacceptable, and the associated norms (Balter et al., 2016; Brouskeli & Sapountzis, 2017), thereby influencing their working model of self within the familial ecosystem.

Another way in which young children are socialized around sexuality is through early care and education opportunities prior to formalized K-12 settings. As previously stated, non-parental caregivers play a significant role in the co-socialization and construction of CSE (Balter et al., 2016; Balter et al., 2021; Cheung et al., 2020). In non-parental care, the expectation is that ECPs offer developmentally appropriate learning opportunities that stimulate cognitive, linguistic, and physical, social, and emotional development (Balter et al., 2016; Balter et al., 2021; Li, 2022). However, little research has examined the role of pre-service learning opportunities, specifically targeting depth or breadth of CSE within IHEs and their respective TEPPs (Balter et al., 2016; Bourke et al.,

2025; O'Brien et al., 2021; Speller et al., 2010). These gaps include examination of educational opportunities and methodologies that support whole-child development and thus impact ECPs' competence and confidence navigating CSE within their professional roles.

Sexual Development in Early Childhood

In early childhood, children develop foundational knowledge and body awareness associated with later healthy sexual well-being and citizenship (Balter et al., 2021; Jarkovská & Lamb, 2018; Robinson, 2012; Taylor, 2010). This developmental process originates during infancy when emerging experiences, such as when an infant's non-verbal cues are projected to an ECP (e.g., grunting to signal a bowel movement or screaming to indicate an unmet need) and the responses they receive, become foundational to their developing sense of self (Cincotta-Lee & Buzwell, 2025). Additionally, penis discovery occurs between six and eight months of age, and vulvas are discovered between 10 and 11 months of age (Wurtele & Kenny, 2011). Adult responses, such as acknowledging and respecting these normative behaviors as developmental, coupled with the exploratory nature of infants and toddlers, including grunting, crying, or masturbation (Kenny et al., 2015; Shtarkshall et al., 2007), all influence a young child's developing internal working model of self. These understandings contribute to foundational CSE that serve as the blueprint for healthy or unhealthy sexuality development and eventual sexual citizenship (Cacciatore et al., 2020; Christensen et al., 2016; Czechowski, 2025; Robinson et al., 2017). As such, both acknowledgment and acceptance of sexuality naturally exist within the early years, as normative is imperative.

As normative sexual development progresses into the preschool years (ages three through five), it is often marked by observed expressions of sexuality-related behaviors. During this time, preschoolers' expressive behaviors are typically rooted in curiosity and self-discovery. Examples

include showing others their genitals (Balter et al., 2021; Byers et al., 2024; Flanagan, 2011; Kenny et al., 2015; Wurtele & Kenny, 2010) or discovering that it feels good to touch their own genitals, which leads to exploratory masturbation (Balter et al., 2024; Bruner et al., 2016). Additionally, preschool-aged children are curious about others' bodies, leading them to want to watch others undress or use the toilet (Wurtele & Kenny, 2011) and they may ask questions about reproduction (e.g., where babies come from). Due to increased cognitive capabilities and competency levels, children can identify physical (e.g., head, arms, legs) and anatomical (e.g., penis, vulva) differences between boys and girls (Balter et al., 2021; Davies & Robinson, 2010; Wurtele & Kenny, 2011). Likewise, they are capable of learning accurate, factual concepts regarding reproduction and the origins of babies (Balter et al., 2021; Davies & Robinson, 2010; Wurtele & Kenny, 2011). Preschool children also show an understanding of privacy by closing doors (e.g., when toileting or changing clothing), distinguishing between good and bad touch, and expressing their wants and/or desires (Wurtele & Kenny, 2010). Lastly, preschool children develop foundational understandings of relationships (e.g., creation, dissolution, maintenance), all of which evolve and impact individuals across their life course (Robinson et al., 2017).

It would be remiss to ignore that during this peak curiosity period, preschoolers are socialized to learn quickly what is socially acceptable versus what is shunned or shameful. When these natural curiosities are ignored, shut down, or dismissed, it sends a powerful message to young children indicating that these topics are shameful and off-limits (Balter et al., 2021; de la Mora, 2020; Guder & Alabay, 2018; Kurtuncu et al., 2015). In contrast, when these curiosities and questions are met with supportive socializers, a clear, powerful sex-positive message resonates with young children, indicating that these topics are important, acknowledged, validated, and discussed (Berkowitz, 2019; Byers et al., 2024; International Society for Sexual

Medicine, n.d.). Thus, when shame or guilt are removed, competence and empowerment are socialized (Balter et al., 2021; Cacciatore et al., 2019).

Evolution of Early Childhood Sexuality Development and Education

Existing research details the profound capabilities of the pre-sexual child during those formative developmental years. As such, sexuality and sexual development in early childhood are not new, as they have been studied and scrutinized for well over 100+ years. Early childhood sexuality development has simply been widely deemed unimportant or dismissed outside of scholarly research. Seminal works by Freud and Piaget (e.g., Freud, 1905; Piaget, 1952), published during the early 1900s, uncovered through observation that sexuality develops throughout early childhood as a maturational process progressing through normative stages consistent across the lifespan (de la Mora, 2020). During the mid-to-late 1960s, there was a shift from the long-held behavioral approach to a perspective that placed greater emphasis on the knowledge development and cognitive capacity of young children. This shift included topics focused on the young child's ability to label and understand genital differences and gender identity (Bem, 1989), as well as a simple understanding of where babies come from (Bernstein & Cowan, 1975; Moore & Kendall, 1971). These initial understandings of sexuality development within early childhood were foundational, positioning future research (e.g., Berkowitz, 2019; Bourke et al., 2025; Brouskeli & Sapountzis, 2017; O'Brien et al., 2021) along with informing the evolving conceptualizations of sexuality across the lifespan, yet CSE continues to be stagnant during this critical period of early life.

Interestingly, across time, sexuality-related topics have been studied separately and intermixed (Goldman & Goldman, 1982, 1988; Gordon et al., 1990; Kreidler & Kreidler, 1966), as an attempt to better understand the complexities of knowledge acquisition and impact of early

experiences (Brilleslijper-Kater & Baartman, 2000; Cacciatore et al., 2020; Davies & Robinson, 2010). Additionally, previous studies have examined schema building (Bourke et al., 2025), the construction of cognitive understandings (Balter et al., 2016; Brilleslijper-Kater & Baartman, 2000), attempting to make meaning out of expressed behaviors (Christensen et al., 2016; Davies & Robinson, 2010; de la Mora, 2020; Kenny et al., 2015), and exploration of natural curiosities involving sexuality development during early childhood (Cheung et al., 2020; Guder & Alabay, 2018; Wurtele & Kenny, 2011). Unfortunately, even amid new scientific knowledge and research-backed developmental findings, there is still a lack of acceptance and apprehension that limits the intentionality of CSE to naturally exist and be supported within early childhood ecosystems, including TEPPs, ECPs, the professional field, and PCGs.

Western-Culture Adulthood and Developmentalism

In contemporary Western culture, adults are consistently apprehensive about introducing or engaging in CSE with young children. There is often a widely held belief that early childhood is a time of innocence, characterized by non-existent or immature sexuality, that only emerges following puberty (de Graaf & Rademakers, 2006; Lehn et al., 2023; McGinn et al., 2016). This developmental period is also characterized by linear growth, with progression through distinct stages leading up to the perceived binary boundary separating the knowing adult from the unknowing child (Blaise, 2013; McGinn et al., 2016). As such, adults knowingly withhold CSE concepts or provide bare-minimum responses to young children's natural curiosity (Balter et al., 2021; Flanagan, 2011; Jarkovská & Lamb, 2018). These ill-informed approaches underscore the power and authority that misinformed or naive adults hold over children, exemplifying adulthood (Cacciatore et al., 2020), and often result in CSE being stifled by continued rhetoric regarding childhood innocence.

Further this approach reinforces (mis)information, ranging from beliefs that sexuality is incompatible with childhood (Davies et al., 2021; Holford et al., 2013; Ozel et al., 2023), views that

children are fragile and thus need protection from sexuality until adolescence and puberty (Taylor, 2010), or that children cannot reproduce, so therefore do not need CSE (Kurtuncu et al., 2015). Accordingly, CSE is often deemed irrelevant throughout the early childhood developmental period (Robinson et al., 2017). Unfortunately, dismissing and/or avoiding these natural opportunities for CSE diminishes the foundation for scaffolded learning around the complexities and nuanced components related to sexuality development (Balter et al., 2021; Breuner et al., 2016; Kenny & Wurtele, 2013), sexual literacy (Davies & Robinson, 2010; Robinson et al., 2017; Shtarkshall et al., 2007), and eventual sexual citizenship (Robinson, 2013; Robinson et al., 2017). As such, dismissal perpetuates the cyclical nature of myth, misinformation, and developmentalism rather than reshaping and empowering the CSE narrative.

When adults actively acknowledge, validate, and honor the natural curiosities of young children, from the perspective of the young child, it facilitates the long-overdue process of normalizing CSE as part of the interconnected human experience (Balter et al., 2021; Cacciatore et al., 2020; Davies & Robinson, 2010; de la Mora, 2020). When society makes an informed and conscious effort to transition away from adult constructs and lean into child constructs of CSE, the pathway to normalizing and honoring CSE begins to exist (Balter et al., 2021; Cacciatore et al., 2020; Davies & Robinson, 2010; de la Mora, 2020; Ferguson et al., 2022). To the contrary, the benefits and outcomes of CSE have been recognized in research on parent-child sexual communication and parent-education programming for K-12 learners (e.g., Flores & Barroso, 2017). However, research continually highlights ongoing deficiencies within early childhood-related CSE, stemming from the adult-construct versus the whole-child developmental approach. In sum, when child-led curiosity is supported by adults through a sex-positive approach, it reshapes and reinforces the profound impacts of CSE well before a child enters the formalized K-12 educational setting. As previously noted, large numbers of children experience non-PCG

during early childhood and thus experience the socialization of sexuality through varied adults. This leads to the exploration of guidelines that influence ECP educational opportunities and preparedness for navigating CSE within professional early childhood environments.

Contemporary Early Childhood Sexuality Development and Education

In the United States, the Sexuality Information and Education Council of the United States (SIECUS) was established in 1964 with the goal of viewing sexuality as both a natural and healthy aspect of life (SIECUS, 2024). During this push for sex education in schools, a 1989 study uncovered that classroom educators were left to figure it out with no guidance, curriculum, or formal educational instruction (Donovan, 1998; SIECUS, 2024). In 1990, SIECUS established criteria and, in 1991, released the *Guidelines for Comprehensive Sexuality Education: Kindergarten – 12th Grade* (SIECUS, 2024). These guidelines served as the foundational model for CSE, aimed at helping educators evaluate existing curricula and develop new ones. Specific to the state of Kansas, according to the *SIECUS State Profiles: 2025 United States Sex Education State Report Card*, on an “A to F scale” Kansas scored an “A” in Sex Ed Requirement (i.e., the requirement of some form of sexual education), and an “F” in Content Requirement (i.e., what types of content are being required or taught), resulting in an overall grade of “D+” (Macklin, 2025). These two categories determine the overall state grade, which reflects each state’s sex education policy at the time of evaluation. SIECUS also cautions that, while this composite score highlights existing policies and laws, it does not account for levels of enforcement and implementation quality at the local level (Macklin, 2025). Notably, although research and science acknowledge CSE as a natural part of healthy human growth and development (Balter et al., 2021; Brouskeli & Sapountiz, 2017; Cacciatore et al., 2019; Dewhirst et al., 2013), there are no established guidelines or recommendations prior to formalized K-12 settings. This exclusion

could potentially be due to a continued ignorance and/or reluctance to accept sexuality as a natural part of lifespan development, or due to the focus on K-12 educators who are not present for the development and observed behaviors occurring prior to the child(ren) entering kindergarten.

As such, it should be the standard that developmentally focused early childhood organizations establish standards and curricula that support the early years. For example, the National Association for the Education of Young Children (NAEYC) is the premier professional organization for research, policies, and best practices for young children (birth through age eight). Naturally, NAEYC's Core Statements serve as guidelines for ECPs and set the standard for defining components of high-quality early care and education for young children (NAEYC, n.d.). However, the established Core Statements do not address sexuality and instead only recognize ECPs' competence and capacity on prevention, recognition, and reporting CSA (NAEYC, 2025). The exclusion of CSE from a premier, whole-child-focused organization additionally perpetuates the socialized silence of sexuality. As such, this absence sets the precedent for a top-down approach that normalizes the absence of CSE, thereby limiting educational opportunities across IHEs and within teacher ed and limiting early childhood programs. Based on existing research and science-driven methods, it is crucial for professional organizations to establish standards and intentionally message the importance and value of CSE. This effort becomes even more urgent when the number of young children in non-PCG care is further examined.

U.S. Workforce and the Need for High-Quality Childcare

A recent 2023 report by the Center for American Progress (CAP) indicated that 69.3% of children in the United States under the age of six (14.7 million children) had at least one parent

in the workforce (Schneider, 2025). In Kansas, during the same 2023 reporting period, approximately 70.6% (or 139,095) children under the age of six were in non-parental childcare outside the home due to PCGs in the workforce (Schneider, 2025). As stated so eloquently by the author of *Fair Play: A game-changing solution for when you have too much to do (and more life to live)*, Eve Rodsky (2019), “we expect women to work like they don’t have children and raise children as if they don’t work” (p. 5). Notably, non-PCG childcare is often a child’s first experience outside of PCG care and is primarily female-based (Balter et al., 2016). Building upon this reality, it is essential to acknowledge the tension between the theoretical validation of PCGs as their child’s first teacher or socializer (Christensen et al., 2016; de la Mora, 2020) and the socioeconomic constraints of the modern workforce (Davies et al., 2021).

Although research and literature emphasize the PCGs’ primary role in facilitating development, the necessity of PCGs’ full-time employment outside the home creates a dichotomy. First, PCGs are academically and socially recognized as initial and primary socializers, yet they are simultaneously deprived of the time needed to adequately fulfill this role. As a result, the “first teacher” or “initial socializers” responsibility has evolved into a co-socialization model between PCGs and ECPs. This shift necessitates that ECPs possess whole-child education and methodologies to effectively bridge the gap between the home environment and non-PCG in early care and education settings, such as childcare.

Childcare in the U.S.

Childcare in the United States is regulated by state-level guidelines and licensing requirements. These policies, procedures, and requirements guide administration, staffing, and day-to-day childcare operations. Additionally, these basic licensing requirements determine ratios, supervision, and grouping of children, sanitary practices, sleep or rest periods, nutrition,

health and safety, personal hygiene, curricular activities, and individualized care (Balter et al., 2021; Bruner et al., 2016; Byers et al., 2024; Goldfarb & Lieberman, 2021; Lameiras-Fernández et al., 2021; Manduley et al., 2018). Furthermore, these state-level licensing requirements affect the support and guidance ECPs receive as childcare administrators/operators in individually licensed classrooms or home-based settings (Balter et al., 2021; Cheung et al., 2020; Martin & Bobier, 2017). Despite this, there are no explicit policies or guidelines related to CSE (Balter et al., 2016; Balter et al., 2021; Davies & Robinson, 2013). Historically, childcare providers only needed to meet minimum requirements of basic care and safety, which inexplicably excludes CSE and solely focuses on CSA recognition, prevention, and reporting (Balter et al., 2016, 2018, 2021; Cheung et al., 2020; Ferguson et al., 2022; Simsar & Çapar, 2022; Wurtele et al., 2011, 2013). The long-held belief that CSE within early childhood is a difficult or sensitive topic to address (Balter et al., 2016; Balter et al., 2021; Cacciatore et al., 2020; Martin & Bobier, 2017; O'Brien et al., 2021; Soteyvik, 2020) leaves ECPs without policy guidance or curriculum outside of CSA prevention, recognition, and reporting. Thus, a critical examination of ECPs' lived experiences navigating CSE within early care and education settings could help determine whether TEPPs are adequately preparing ECPs for workforce realities.

Institutions of Higher Education

IHEs serve as one of the primary starting points for knowledge and skills acquisition. However, the global stage reports indicate that IHE pre-service TEPPs do not align with international recommendations or best-practice guidelines regarding CSE (Byers et al, 2024). Additionally, reports indicate that when sexuality education is addressed in the TEPP curriculum, it often lacks sex-positive messaging, guidance, or clarification, and is generally given minimal time or attention (Brouskeli & Sapountzis, 2017; O'Brien et al., 2021). Results align with these

findings, as ECPs consistently report a lack of education, preparedness, and confidence to navigate CSE professionally (Balter et al., 2016, 2018; Balter et al., 2021; Brouskeli & Sapountzis, 2017; Morawska et al., 2015). With this knowledge, TEPPs must revamp CSE educational opportunities to better support knowledge acquisition and strengthen confidence through research-based, evidence-driven methods and recommendations from currently practicing ECPs.

In the United States, the *National Teacher Preparation Standards for Sexuality Education* (Future of Sex Education Initiative, 2014) exists; however, there is a wide disconnect between guidance and implementation (O'Brien et al, 2021), as well as a lack of overall importance given to CSE as compared to the traditional academic content areas. In 2015, a national survey related to sexuality education reported: “about 40% of US pre-kindergarten and elementary teachers have not received any training on social-emotional learning, and that 65% of those expressed the need for further training” (Buettner et al., 2015, p. 158). This is important to note, as CSE-related topics and content are often housed within, or taught via proxy, under the social and emotional developmental domains (Cheung et al., 2020; Cincotta-Lee & Buzwell, 2025; Eisenberg et al., 2010; Macklin, 2025; SIECUS, 2024). With fewer than half of the pre-kindergarten and elementary teachers reporting a lack of foundational social-emotional learning, this suggests that more complex topics and concepts regarding CSE are not being mentioned or taught. Additionally, when ill-prepared ECPs are expected to socialize or teach CSE without a formalized background or training, there is often a lack of knowledge (or, in some cases, deep misunderstandings) of how improper CSE impacts whole-child development (Balter et al., 2016; Balter et al., 2021; Bruner et al, 2016; Eisenberg et al., 2010; Goldfarb & Lieberman, 2021; O'Brien et al., 2021; Speller et al., 2010). These misalignments between education and

expectations are startling. As such, there is an urgent need for IHEs to provide top-tier knowledge of development and methods that enable pre-service learners to become adequately prepared and competent upon entering the professional field.

Unsurprisingly, multiple factors influence IHEs' fidelity of content and the subsequent delivery of CSE within TEPPs. These factors perpetuate deficiencies, widen the knowledge gap, and stifle preparedness among aspiring ECPs. At the broader level, conditions tied to federal funding impact state policy, state education standards, or mandates that ultimately impact how IHEs operate (Balter et al., 2021; Cacciatore et al., 2020; Christensen et al., 2016; Macklin, 2025; O'Brien et al., 2021; Sotevik, 2020). Consequently, current law and funding conditions dictate the fidelity and quality of CSE. Lastly, research lacks a clear understanding of how TEPPs' educational opportunities and methods affect ECPs' confidence, competence, and socialization efforts after they leave their programs and enter professional roles.

ECPs as Sexuality Socializers

ECPs serve as co-socializing agents, influencing what and how they make sense of their experiences in the world (Balter et al., 2018; Buettner et al., 2015). To foster a sex-positive approach, ECPs must be adequately educated and competent around CSE in a culturally responsive and respectful manner (International Society for Sexual Medicine, n.d.).

Unsurprisingly, TEPPs have been associated with greater teacher knowledge and confidence when CSE is intentionally included as a lifespan process (Cheung et al., 2020; Murray et al., 2019). As a result of these TEPP opportunities, ECPs demonstrated increased self-efficacy, enabling them to confidently teach or socialize CSE within the early care and education context (Balter et al., 2021; O'Brien et al., 2021). Within this TEPP approach, educational opportunities explored dismantling historically held definitions, dated assumptions, sustained rhetoric, and

often visceral reactions associated with misinformed CSE (Balter et al., 2021; Rosa & Tudge, 2013; Xia et al., 2020). As such, this shift began with intentional CSE content and methods, alongside pre-professional critical thinking and reflection, and new knowledge acquisition, restoring confidence and professional agency. Meanwhile, ECPs confidently socialize sexuality as young children are active agents constantly observing, listening, evaluating, challenging, and creating meanings from observations and personal experiences (Balter et al., 2016). Through these ECP-led socialization efforts, young children are internalizing what is acceptable and what is not. Despite these positive gains in CSE socialization, there is little research examining the pedagogy or andragogy used in TEPPs to elevate the competence and confidence of aspiring ECPs.

Inductive Exploration of Experiences

Global studies have historically focused on research observations made in spaces with young children that correlate with established normative sexuality behaviors (Balter et al., 2016, 2018, 2021), topics taught in TEPPs (Bourke et al., 2025; Byers et al., 2025; Cheung et al., 2020; Dewhirst et al., 2013; Oswalt et al., 2015), and teacher level of preparedness (Balter et al., 2016; Byers et al., 2024; Murray et al., 2019; O'Brien et al., 2021). Yet, research is sparse that examines the lived experiences and realities of ECPs navigating CSE within early care and education environments. This existing gap limits the uncovering of TEPP's strengths, areas for improvement, and recommendations. Specifically, ECPs are not being asked what they wish they had been taught, what their needs are, how they navigate CSE, and what specific recommendations could change this narrative.

Consequently, this study adopted an inductive approach to gain a deeper understanding of the lived experiences and current realities that ECPs navigate. This inductive, exploratory, and

atheoretical approach provided an opportunity for non-conventional thinking and alternative considerations that could positively impact discussion and future implications for TEPPs within IHEs, as well as CSE. By directly asking ECPs for their specific recommendations, we can address the specific gaps (e.g., foundational knowledge, behaviors, communication) and provide in-depth learning opportunities to build competence and confidence.

Present Study

Despite research-based and evidence-backed understandings of sexuality development occurring naturally throughout early childhood, and the historic number of young children in full-time, non-parental care, there continue to be limited opportunities to intentionally educate and prepare ECPs in normative sexuality development, literacy, behaviors, and communication (Balter et al., 2016; 2018; 2021; Kenny et al., 2015). Specifically, there is a lack of examination of ECPs' perspectives on educational opportunities and methods, feedback on effectiveness, and their recommendations. This gap in understanding and lack of preparedness leave ECPs ill-prepared to navigate CSE once in professional settings. As such, this study addressed research gaps and misalignments by uncovering and examining detailed accounts of ECPs' educational journeys, professional experiences, and recommendations as guided by an inductive framework and the Interpretative Phenomenological Analysis (IPA) approach (Smith & Fieldsend, 2021). Through both a brief survey and in-depth semi-structured interviews with seven participants, the following research questions were examined:

RQ1: What early childhood sexuality development education and learning opportunities do early childhood professionals report receiving in their teacher education preparation program?

RQ2: Based on this education, how do early childhood professionals describe their feelings of preparedness and lived experiences navigating sexual development in the professional field?

RQ3: Based on the lived experiences, what recommendations do early childhood professionals have for increasing the effectiveness of their teacher education preparation programs?

Chapter 3 - Method

Interpretative Phenomenological Analysis

Interpretative Phenomenological Analysis (IPA) is an analytical qualitative research method that combines phenomenology (theoretical principles) and hermeneutics (researcher involvement; Smith & Fieldsend, 2021). This approach seeks to better understand these participants' homogeneous lived experiences (phenomenon) and actively acknowledges the researchers (myself and team) as involved participants in the interpretation (hermeneutics) of those experiences (Smith & Fieldsend, 2021). Thus, IPA simultaneously acknowledges and involves two distinct processes: 1) the researcher(s) seeking to understand the participants, while 2) the participants share meaningful lived experiences with the researcher(s) (Smith & Fieldsend, 2021). Lastly, the IPA methodology aims to understand the homogeneity of the phenomenon through in-depth exploration, which pinpoints and labels patterns across them (Smith & Fieldsend, 2021). When using the IPA analytical approach, it is important to share the identities of the research team, as they are credited with the project's success. Each team member brings unique lived experiences and perspectives to interpret the phenomenon, engage in hermeneutics, and formulate themes and subthemes, striving to accurately capture and amplify the findings in the context of each participant's voice and lived experiences (Smith & Fieldsend, 2021).

Positionality

The implementation of IPA in qualitative research design is influenced by researchers' positionality within culture and context, encompassing individual researchers' subjectivity and reflexivity (Smith & Fieldsend, 2021). Therefore, it is imperative to provide context for the identities of the research team involved in the analytic process of this study (i.e., the coding team). The primary investigator (M.J-O.) is a cisgender, heterosexual, endosex, White, U.S.

citizen in her early 40s from a rural, lower-middle-class background. Her research focuses on normative sexuality (development, literacy, and communication) in early childhood (birth–age eight) and on pre-service teacher education programming for early childhood care and education professionals. As an aspiring researcher passionate about educating pre-service ECPs on whole-child development, she has recognized that 1) upon entering the early childhood profession 20+ years ago, she was grossly unprepared to address aspects of sexuality with children and families, and 2) sexuality in early childhood is often hidden within the physical, social, and emotional developmental domains and addressed solely via recognition, prevention, and reporting of CSA. Thus, she has intentionally embedded sex-positive, developmentally appropriate, CSE-related educational opportunities (development, behaviors, literacy, and communication) into undergraduate courses focused on development (typical and atypical) throughout early childhood (birth through eight years). To support additional knowledge acquisition and understanding, she has independently studied Virtual Lab School (2026), actively engaged with current science-driven, research-based, and best practices from SIECUS (2024), and Society for Research in Child Development (SRCD, 2026), and incorporated child-friendly resources from Lydia Bowers’ “We Say What’s OKAY” six-book series (2022).

In consideration of the associated coding team, the secondary investigator (K.A.) is a cisgender, heterosexual, endosex White U.S. citizen with a PhD in Child and Family Studies who specializes in researching sexual development in adolescence and young adulthood, including the role and preparedness of caregivers (parents, healthcare providers, educators, etc.) in talking with youth about sexuality. Further, she has extensive training in various qualitative methodologies and has served as the primary qualitative mentor for the coding team of this study. The third investigator (J.H.) is a cisgender, heterosexual-passing, White, disabled U.S. citizen with a

graduate degree in Counseling and Student Development and is currently a doctoral candidate in Health and Human Sciences with a specialization in Prevention Science. J.H.'s research focuses on college students' engagement with sexually explicit fanfiction and sexual violence prevention on college campuses. The fourth investigator (B.S.) is a cisgender, homosexual, endosex White U.S. citizen in his late teens from an urban, upper-middle-class background. He is an undergraduate student pursuing a degree in Family and Consumer Science Education and is a recipient of the International Baccalaureate Diploma Programme, which emphasizes inquiry-based thinking and global perspectives.

Procedure

Following IRB (#13251) approval in October 2025, a call for participants was shared via the Kansas Childcare Training Opportunity (KCCTO) workforce registry Career and Professional Empowerment (CAPE) listserv. This recruitment included two separate steps described below.

Step One - Recruitment

The call for participants was handled by KCCTO's Marketing and Communications Coordinator, who also prepared an accessible flyer with details about the study, including IRB approval, contact information for the PI and supervisor, the study's goals, and procedures (see Appendix A). In this large CAPE database, the first recruitment phase used purposive sampling and predetermined criteria to create a homogeneous sample for the proposed phenomenological study, which aimed to capture ECPs' TEPPs, preparedness, lived experiences, and recommendations. Individuals were eligible to participate if they 1) were 18 years or older, 2) their most recent education (or closely related field) degree was from a four or two-year Kansas

IHE, 3) had at least one year (12 months) of professional experience, and 4) were English-speaking.

These inclusion criteria were determined by multiple guidelines and rationales. The education (or closely related field) encompassed state licensing and sex education guidelines for pre-service populations within the helping professions. Further, to capture TEPP most relevant to ECP backgrounds, this study focused on education-specific degrees (Early Childhood, Elementary Education, etc.) as they include methods (andragogy and pedagogy) curriculum as part of pre-service teacher education and licensure requirements. This criterion was later amended to include general degree names (e.g., Family Studies and Human Services or Educational Studies) and to capture degree name changes with specific educational sub-plans, thereby broadening inclusion criteria and avoiding unintended disqualification. A minimum of one year (12 months) of professional experience was required to potentially capture navigation of topics and communication. Center-based and in-home positions were explicitly included as ECPs, and the profession often distinguishes “teacher” in a traditional classroom and a “childcare provider” in a center- or in-home-based setting. Likewise, my goal was to avoid unintentional disqualification. Lastly, I included English-speaking only due to my language fluency.

This final criterion, the justification for the part two qualification, allowed for a deeper exploration and understanding of ECPs’ TEPP, lived experiences, and recommendations. If an individual provided disqualifying information at any point in the survey, they were routed to the end of the survey, thanked for their time and interest, and denied access to continue the recruitment process. Participants who completed part one but did not qualify for the interviews were given the opportunity to opt in/out of a random drawing for one of 15 \$20 digital gift cards. Those who opted in and were randomly selected were notified via registration email and sent

electronic gift cards as a gesture of gratitude for their participation and contributions to improving the field of early childhood care and education.

Participants who met all purposive inclusion criteria were granted continued access to part one, which included informed consent, a brief demographic questionnaire (see Appendix B), and an opportunity to opt in or out of the interview portion of the study. Participants were asked to recall from their most current TEPP the inclusion (or not) of core content and skills related to sexuality standards guided by the National Sex Education Standards (FoSE, 2014), including broad topics of: consent and healthy relationships, anatomy and physiology, gender identity and expressions, sexual health, and interpersonal violence (FoSE, 2014). Although these standards are for K-12, it is appropriate to include them, as the qualifying education degree types include kindergarten (K) and, as such, the TEPP is assumed to include this developmental period, which overlaps with early childhood.

Lastly, qualifying participants were asked to share their confidence in teaching about sexuality, and the extent of agreement around perceived benefits, embarrassment, and their behavioral intentions towards children's curiosity about sexuality. This participant-reported information on core concepts and skills, confidence, and behavioral intentions helped intentionally frame questions focused on TEPP educational opportunities, preparedness, and their lived experiences, which are directly tied to RQ1 and explored in depth during the semi-structured interviews. This initial recruitment method, in line with phenomenological recommendations (Smith & Fieldsend, 2021), yielded a homogeneous group of participants: ECPs.

During this initial phase, a series of recruitment emails were sent through the CAPE registry, including an initial recruitment email and a reminder email each including the Qualtrics

survey. In total, this recruitment was sent to 1,905 CAPE-registered ECPs with an email open rate of less than 50%. Of the initial recruits, only 34 individuals completed steps one and two. Of the 34 qualifiers, only 9 (26.47%) opted in for the one-on-one interviews. Emails were sent to the nine qualifying potential participants (see Appendix C). Of the nine qualifiers, one did not schedule within the allotted time frame, and one interview did not record properly and was deemed unusable for the study. The final sample for step two comprised seven participants.

Step Two – Interviews

Following completion of informed consent (see Appendix D), the seven interviews were conducted by the lead investigator online via Zoom (audio and video) conferencing between November and December 2025. Participants were welcomed into the Zoom meeting and provided an overview of the study procedures and logistics, along with additional verbal consent (see Appendix E for interview protocol and guide). With participant verbal consent, Zoom (audio, visual, and transcripts) conferences were recorded, uploaded, and stored directly in MyMediasite, a licensed, secure learning management system (LMS) owned by Kansas State University (KSU) and accessed via a password-protected, KSU-issued computer. Lastly, all interview participants received a \$50 digital gift card as a gesture of gratitude for their participation and contributions to improving the field of early childhood care and education.

Participants

The final sample size for this study included seven Kansas-based ECPs. Although IPA does not adhere to fixed sample sizes, this sample size met the minimum recommendation for qualitative IPA analysis (Smith & Fieldsend, 2021) and aligns with sample sizes of similar qualitative research studies (e.g., Balter et al., 2016, 2018; Balter et al., 2021; Cacciatore et al., 2020) and related studies (e.g., Bourke et al., 2025; Byers et al., 2025; Guder & Alabay, 2018;

O'Brien et al., 2021; Sondag et al., 2022). For an effective and justified IPA analytical approach, the goal is to understand a particular phenomenon, rather than to generalize findings (Smith & Fieldsend, 2021). Thus, IPA sample homogeneity was essential, enabling a deeper, more comprehensive understanding of the experiences of the seven participants.

The seven Kansas-based participants were aged 33-54 ($M = 41.43$; $SD = 8.23$). All participants identified as White ($N = 7$; 100%) and as cisgender women ($N = 7$; 100%). The most recent degree type reported by participants was a two-year degree ($N = 1$; 14.29%) or a four-year degree ($N = 6$; 85.71%). Participants reported a 24-year range of early childhood professional experience ($M = 12.71$; $SD = 8.22$). Additionally, participants' professional experiences included the following settings: Infant, Toddler, Preschool, or Kindergarten teacher ($n = 5$; 71.4%), center-based childcare provider ($n = 3$; 42.9%), in-home childcare provider ($n = 1$; 14.3%), early intervention ($n = 1$; 14.3%), early childhood special educator ($n = 1$; 14.3%), family advocate ($n = 1$; 14.3%), home visitor ($n = 2$; 28.6%), childcare administrators/operations ($n = 2$; 28.6%), childcare/licensing ($n = 1$; 14.3%), and a state-based agency ($n = 1$; 14.3%). See Table 1 for Participant Demographics.

Table 3.1. *Participant Demographics*

Pseudonym & Degree Type	Age	Gender	Race Ethnicity	Years of Experience	Experience Types
Ali 4-year	33	Ciswoman	White Caucasian	6	ITPK Teacher Center-based provider Childcare Admin/Ops
Emmy Black 4-year	34	Ciswoman	White Caucasian	9	ITPK Teacher
Marie 4-year	36	Ciswoman	White Caucasian	13	ITPK Teacher Family Advocate Home Visitor
Jamie 4-year	40	Ciswoman	White Caucasian	15	ITPK Teacher Center-based provider Childcare Admin/Ops
Curious Chameleon 4-year	42	Ciswoman	White Caucasian	1	Center-based provider Early Intervention ECSE State-based agency
Boy Momma 4-year	51	Ciswoman	White Caucasian	20	ITPK Teacher Center-based provider Home Visitor Childcare/Licensing
Green Talker 2-year	54	Ciswoman	White Caucasian	25	ITPK Teacher In-home-based provider

ITPK = *Infant, Toddler, Preschool, or Kindergarten teacher*

Measures

Demographics

Participants responded to a series of questions to collect descriptive demographic information, including:

Age. Participants were asked to enter their age in years (a textbox was provided for entry).

Gender. Participants' gender identity was collected via gender (select all that apply): 1) *cisgender woman*, 2) *cisgender man*, 3) *transgender woman*, 4) *transgender man*, 5) *non-binary*, 6) *agender*, 7) *genderfluid*, 8) *genderqueer*, 9) *two-spirit*, 10) *questioning*, 11) *prefer not to disclose*, or 12) *not listed* (included textbox for entry).

Race/Ethnicity. Participants' race/ethnicity was collected via race/ethnicity (select all that apply): 1) *Black/African American*, 2) *White/Caucasian*, 3) *Asian/Asian American*, 4) *Hawaiian/Pacific Islander*, 5) *Native American/Alaskan Native*, 6) *Hispanic*, 7) *prefer not to disclose*, or 8) *not listed* (included textbox for entry).

Years of experience. Participants were asked to enter the number of years they had been in the early childhood profession (a textbox was provided for entry).

Experience types. Participants were asked to identify their types of experiences in the early childhood profession. Participants were asked to select all that apply from the following: 1) *infant teacher*, 2) *toddler teacher*, 3) *preschool teacher*, 4) *kindergarten teacher*, 5) *center-based childcare provider*, 6) *in-home childcare provider*, 7) *early intervention*, 8) *infant-toddler specialist*, 9) *early childhood special educator*, 10) *family advocate*, 11) *home visitor*, 12) *parents as teachers*, 13) *childcare administration/operations*, 14) *Childcare/Licensing*, 15) *State-based agency one*, 15) *State-based agency two*, 16) *Other/not listed* (included textbox for entry).

National Sex Education Standards (FoSE, 2014). Participants were asked to recall and indicate whether their most recent TEPP included core content and skills related to sexuality standards. The National Sex Education Standards (FoSE, 2014) are grouped into the following categories for K-2: 1) *consent and healthy relationships*, 2) *anatomy and physiology*, 3) *gender identity and expression*, 4) *sexual health*, and 5) *interpersonal violence*. Each category contained specific subtopics; as such, participants were asked to indicate whether each subtopic was explicitly included in their TEPP. See Appendix F for the full list of categories and subtopics.

Confidence and Extent of Agreement. Based on previous work by the Family Planning Association of Hong Kong (2004, 2005), a translated 9-item scale and a 12-item scale were used to explore ECPs' perceptions and behavioral intentions regarding children's curiosity about sexuality. The original measure was written in Chinese and translated into English by the measure developer, Dr. Sum Kwing Cheung. The 9-item scale examined confidence in teaching about sexuality. The 12-item scale examined the extent to which pre-service early childhood professionals agreed with statements around confidence in teaching young children about sexuality, embarrassment, and behavioral intentions. See Appendix G for the Adapted and Translated scales.

Confidence in Teaching about Sexuality.

For each of the nine items, participants rated on a 7-point Likert scale (1 = *very low*; 7 = *very high*) the extent to which they personally felt confident in teaching a sexuality topic. The nine questions were grouped into four subscales, including: 1) two items were about body parts of the two sexes (e.g., "*the correct names and functions of the genitalia of the two sexes*"), 2) three items were related to the origins of life (e.g., "*where babies come from*," "*where the fetus grows*," and "*how babies are born*"), 3) two items inquired about the roles of the two sexes

(e.g., “*whether the same interests or values can be shared by both sexes*”), and lastly, 4) two items were about self-protection of private body parts (e.g., “*how to reject inappropriate touching and to seek help*”). Scores from the items within each subscale were averaged to yield the composite score for each subscale. On the Likert scale, higher scores indicated greater confidence. Each of the four subscales demonstrated high internal consistency. Subscale 1 had a Cronbach’s alpha of .804. Subscale 2 had a Cronbach’s alpha of .88. Both subscales 3 and 4 had a Cronbach’s alpha of 1.00. When examined together, the nine-item scale demonstrated high internal consistency of Cronbach’s alpha = .95.

Extent of Agreement.

For each of the 12 items, participants rated, on a 7-point Likert scale (1 = *strongly disagree*; 7 = *strongly agree*), the extent to which they agreed with each statement. The 12 questions were grouped into four subscales, each with three items, including: 1) perceived benefits of sexuality education (e.g., “*sexuality education can help children develop healthy interpersonal relationships*”), 2) embarrassment talking about sexuality (e.g., “*I find it difficult to talk to young children about the birth of babies*”), 3) approach intention towards children’s curiosity about sexuality (e.g., “*when young children show curiosity about sexuality, teachers should discuss with them in an open and active manner*”), and 4) avoidance intention towards children’s curiosity about sexuality (e.g., “*when young children show curiosity about sexuality, teachers should ignore the behavior*”). Scores from the items within each subscale were averaged to yield the composite score for each subscale. On the Likert scale, higher scores indicated strong agreement. Six items were reverse-coded to ensure data accuracy. Each of the four subscales demonstrated average or high internal consistency. Subscale 1 had a Cronbach’s alpha of .94. Subscale 2 had a Cronbach’s alpha of .76. Subscale 3 had a Cronbach’s alpha of

.94. Subscale 4 had a Cronbach's alpha of .77. When examined together, the nine-item scale demonstrated a Cronbach's alpha of .85, indicating high internal consistency.

Interview Protocol

In alignment with an IPA methodology (Smith & Fieldsend, 2021), interviews were conducted using a semi-structured format to allow flexibility to follow participants' lead while providing guidance and guardrails focused on the research questions of this study. The interview protocol included a repeated verbal informed consent, a welcome, a brief overview to refocus the discussion, core questions, and follow-up questions with built-in flexibility to accommodate organic topic discussion. Each interview began with a brief overview of early childhood sexuality development to provide a framework for the interview. The PI reshared submitted responses (from part one) as aligned with the interview questions as a reminder and an additional way to center the discussion with each participant. Interview questions addressed participants' TEPPs content/topics, confidence levels, embarrassment, extent of their agreement, real-time navigation within their professional roles, and recommendations. Interviews closed out with participants being asked if they would like to share any additional information about the topic with the PI. Lastly, participants verbally provided their preferred pseudonyms to the PI. Participants were thanked for their time and issued their \$50 electronic gift card. See Appendix E for the Interview Protocol.

Analytic Plan

Demographics and Measures

The PI cleaned and standardized all data. Analyses were conducted in SPSS version 31. Descriptive statistics (including Cronbach's alpha, median, range, and standard deviation) were examined in SPSS for numerical and categorical data, including age, gender identity,

ethnicity/race, years of experience, and experience types. Measure scores were first assessed for acceptable Cronbach's alpha, and then subscale scores were averaged to indicate composite scores for each subscale. The secondary researcher reviewed and cross-checked all data and results for accuracy.

Interviews

The primary, secondary, third, and fourth investigators analyzed the seven interviews using an IPA analytic approach (Smith & Fieldsend, 2021). Given the analysis's interpretative nature, it was important to acknowledge the researchers' firsthand experiences and interpretations within the phenomenon. Thus, in alignment with IPA and to strengthen the rigor and fidelity of the findings, the study's research team consisted of myself with extensive content knowledge and experiences with ECP TEPP, the researcher's qualitatively trained major professor, a graduate candidate with a qualitative background and a focus on sexuality research, and an undergraduate research assistant with a background in family and consumer education, all of who discussed, challenged, and provided additional expertise throughout the analytical process.

Throughout the process, and consistent with the IPA approach (Smith & Fieldsend, 2021), we reviewed the final seven semi-structured interviews in increments from December 2025 to February 2026. The first review, memo, and discussion were centered around interviews one and three (interview two was disqualified due to inaccurate audio, video, and transcript recording). The two subsequent increments were focused on interviews four, five, six, and lastly, interviews seven and eight. During these three distinct review and coding development increments, the team members individually noted thoughts and key ideas, which were documented via memoing and journaling. At the conclusion of each review increment, the

coding team reconvened for dialogic engagement to discuss, refine, and identify keywords or concepts in the data as specified by initial notes and recoded thoughts (Smith & Fieldsend, 2021). Once these were identified, the coding team again worked individually to develop subthemes, documenting via memoing and journaling from the transcripts to capture the essence of the participants' experiences. The coding team met for another dialogic engagement session to discuss refining the initial subthemes (Smith & Fieldsend, 2021). The next phase involved coders individually reviewing subthemes and creating superordinate themes by linking subthemes to create final themes and subthemes (Smith & Fieldsend, 2021). Once again, the coding team met to discuss and define the superordinate themes. Lastly, the coding team met to finalize definitions and theme naming (Smith & Fieldsend, 2021). The PI drafted the report detailing the researcher's involvement in, co-construction of, and interpretation of the phenomenon.

Validity Statement

Throughout the semi-structured interviews, various strategies were implemented to support the research approach, projected goals, and participants' comfort. The interview questions were streamlined, presented in a logical order, and remained flexible to accommodate improvisation and fit the natural flow of each participant's interview and discussion. After reviewing demographic information, the PI recognized that she shared participants' identities (e.g., cisgender, female-identifying, and ECP), and, as a result, an innate connection was established before and during each interview. The PI engaged in various behaviors with individual participants to build additional trust. The PI recognized that (some) participants felt apprehensive and/or uncomfortable discussing sexuality-related topics. Realizing this, the PI shared their interest in this topic that stemmed from personal experience and feeling ill-prepared to navigate sexuality in early childhood settings upon entering the profession. Additionally, the

PI validated the lived experiences and recommendations of the participants by reassuring nervous participants that I was not seeking a “right answer” but rather a better understanding of their unique lived experiences. This additional shared information helped establish trust and build rapport with participants during the one-on-one interviews, thereby strengthening their trust and increasing confidence throughout the process. Lastly, the research team used dialogic engagement during transcription clean-up, reviewing interviews, memoing, developing themes, subthemes, definitions, and examples.

Participant Voice

The following results are predominantly participants’ quotations, ensuring their voices and lived experiences are lifted through their spoken words. The qualitative quotes in the results section have been edited to remove filler words (e.g., um, ok, like, you know) to enhance readability while preserving the participants’ intent. The minimally edited quotes provide valuable insight into each participant’s lived experiences and were essential for analysis and for guiding the main structure of the results.

Chapter 4 - Results

To answer the first research question, “What early childhood sexuality development education and learning opportunities do early childhood professionals report receiving in their teacher education preparation program?” Participants were asked to recall from their most recent TEPP the inclusion of core content and skills related to sexuality standards guided by the National Sex Education Standards (FoSE, 2014), including broad topics of consent and healthy relationships, anatomy and physiology, gender identity and expressions, sexual health, and interpersonal violence (FoSE, 2014).

National Sex Education Standards

The following are participant results ($N = 7$), which indicate whether specific subtopics were covered in their most recent TEPP. Consent and healthy relationship subtopic results included *consent* ($n = 2$; 28.6%), *healthy relationships* ($n = 3$; 42.9%), *respect for self* ($n = 1$; 14.3%), *respect for other* ($n = 1$; 14.3%), *healthy expression of feelings* ($n = 2$; 28.6%), *body autonomy and personal boundaries* ($n = 2$; 28.6%), and *diverse family structures* ($n = 5$; 71.4%). The anatomy and physiology subtopic focused on *medically accurate names for body parts* ($n = 2$; 28.6%). Gender identity and expression subtopic results included *definitions of gender* ($n = 1$; 14.3%), *gender identity* ($n = 1$; 14.3%), *gender-role stereotyping* ($n = 1$; 14.3%), *gender expression* ($n = 7$; 100%), and *discussion of how gender-role stereotypes may limit behavior* ($n = 1$; 14.3%). The sexual health subtopic focused on *reproduction* ($n = 1$; 14.3%). Lastly, the interpersonal violence subtopic results included *definition of childhood sexual abuse* ($n = 3$; 42.9%), *identification of behaviors that would be considered child abuse* ($n = 5$; 71.4%), *identify trusted adults, including parents and caregivers, that you can talk to about situations which may be uncomfortable or dangerous* ($n = 1$; 14.3%), a *demonstration of ways to treat all people with*

Table 4.1. National Sex Education Standards ($N = 7$)

Topic	<i>N</i>	%
Subtopics		
Consent & Healthy Relationships		
Describe the characteristics of healthy versus unhealthy relationships among friends and with family	3	49.2
Demonstrate how to communicate personal boundaries and show respect for self and others	1	14.3
Identify healthy ways for friends to express feelings, both physically and verbally	2	28.6
Define bodily autonomy and personal boundaries	2	28.6
Explain why it is important to show respect for diverse kinds of families	3	49.2
Define consent	2	28.6
Identify diverse kinds of families (e.g., nuclear, single-parent, blended, intergenerational, cohabitating, adoptive, foster, same-gender, interracial)	5	71.4
Anatomy & Physiology		
List medically accurate names for body parts, including genitals	2	28.6
Puberty & Adolescent Sexual Development (NO items for K-2)		
Gender Identity & Expression		
Define gender, gender identity, and gender-role stereotypes	1	14.3
Discuss the range of ways people express their own gender	7	100
Discussion of how gender-role stereotypes may limit behavior	1	14.3
Sexual Orientation and Identity (NO items for K-2)		
Sexual Health (NO items for K-2)		
Define reproduction and explain that all living things may have the capacity to reproduce	1	14.3
Interpersonal Violence		
Define child sexual abuse and identify behaviors that would be considered child sexual abuse	3	42.9
Identify situations that would be considered uncomfortable or dangerous (e.g., bullying, teasing, child sexual abuse)	5	71.4
Demonstrate the ways to treat all people with dignity and respect (e.g., race, ethnicity, socio-economic status, differing abilities, immigration status, family configuration)	3	49.2
Demonstrate ways to start a conversation when seeking help from a trusted adult about uncomfortable or dangerous situations (e.g., bullying, teasing, child sexual abuse)	4	51.7
Identify trusted adults, including parents and caregivers, that you can talk to about situations which may be uncomfortable or dangerous (e.g., bullying, teasing, child sexual abuse)	1	14.3

**Participants reported (Yes/No) topic inclusion within TEPP. The percentage is those who reported YES to the topic inclusion*

Confidence and Extent of Agreement

To address part of research question two, “Based on this education, how do early childhood professionals describe their feelings of preparedness and lived experiences navigating sexual development in the professional field?” Participants were asked about their confidence in teaching sexuality and the extent of agreement regarding their perceptions, embarrassment, and behavioral intent towards avoiding/approaching sexuality education and children’s curiosity. Again, these individual results were directly reviewed and discussed during each interview to gain a deeper understanding of how each participant’s confidence, embarrassment, and behavioral intent influenced navigation and communication around CSE.

Confidence

Confidence in teaching about sexuality across the four main topic areas was high, with many participants reporting ‘*high confidence*’ in the roles of the two sexes ($M = 6.57$; $SD = 0.79$) and in self-protection of body parts ($M = 6.14$; $SD = 1.46$). Further, participants also reported ‘*slightly higher*’ confidence when asked about body parts of the two sexes ($M = 5.71$; $SD = 1.07$) and the origins of life ($M = 5.09$; $SD = 1.47$). See Table 3 for the full results of Confidence in Teaching about Sexuality.

Table 4.2. Participants’ Reported Confidence in Teaching about Sexuality ($N = 7$)

Confidence	<i>M</i>	<i>SD</i>	<i>Range</i>
Body parts of the two sexes	5.71	1.07	1-7
Origins of life	5.09	1.47	1-7
Roles of the two sexes	6.57	0.79	1-7
Self-protection of private body parts	6.14	1.46	1-7

**Participants reported confidence levels (1 = very low; 7 = extremely high) in teaching children about sexuality.*

Extent of Agreement

Perceptions, embarrassment, and behavioral intent results included: *perceived benefits of sexuality education* ($M = 4.71$; $SD = 1.89$), *embarrassment of talking about sexuality* ($M = 4.86$; $SD = 1.56$), and behavioral intent toward children's curiosity about sexuality, including *approach* ($M = 4.62$; $SD = 1.60$) and *avoidance* ($M = 5.76$; $SD = 0.90$). These results indicate that ECPs felt 'neutral' towards the overall *benefits of sexuality education, embarrassment, and their behavioral intent to approach children's questions and curiosity regarding sexuality*. Interestingly, ECPs 'slightly agreed' with their *behavioral intent to avoid children's curiosity about sexuality*. See Table 4 for the full results of the Extent of Agreement.

Table 4.3. Participants' Reported Extent of Agreement towards Benefits, Embarrassment, and Behavioral Intentions ($N = 7$)

Extent of Agreement	<i>M</i>	<i>SD</i>	<i>Range</i>
Perceived benefits of sexuality education	4.71	1.89	1-7
Embarrassment of talking about sexuality	4.86	1.56	1-7
Behavioral intent to approach children's curiosity towards sexuality	4.62	1.60	1-7
Behavioral intent to avoid children's curiosity towards sexuality	5.76	0.90	1-7

**Participants reported their extent of agreement towards the benefits of teaching sexuality, embarrassment, and their intended behavioral intentions towards sexuality (1 =strongly disagree; 7 = strongly agree).*

Interviews

Contextual Dynamics

In alignment with qualitative methodologies that emphasize participants' spoken words and the contextually significant insights from interviews, I first provide an interpretation and description of the overarching contextual dynamics the PI perceived during the interviews. This

explanation allows me to include my contextual considerations when formulating the study's broader results, uphold participants' voices, and provide context within.

Within these contextual dynamics, consistent themes across participant interviews were the passage of time, uncertainty about the self, and apprehension when responding. The passage of time was highlighted within several interviews, including "I will try my best, but it's been a while since I've been in school," or "It's been a while. I don't 100% remember the topics specifically taught or classes." Additionally, throughout the interview process, elements of uncertainty and second-guessing occurred, such as, "Not that I can think of. I might not be very helpful," or "Am I gonna do this right? I've been shitting my pants nervous." Similarly, participants expressed apprehension regarding the what, who, and where during interviews, stating, "I don't feel like that's a discussion that needs to be teacher-led," or "That's not something we've talked about much, nor have I had to" or, "Surely, it's happening at other centers, too, right?" Participants displayed varying levels of discomfort articulating normative terminology (e.g., masturbation, gender-related concepts) during their interviews.

These discomforts were masked by active avoidance (e.g., "You know what I'm sayin', say the name to avoid pronouns") or agreement with what the PI stated and providing no additional information when prompted. Lastly, within uncertainty, participants often referred to their professional experiences as 1) "situations," 2) "the situation," or 3) "one-offs." These generic terms were often used in place of the participant saying the specific word(s) (e.g., sexuality, masturbation) while sharing their experiences. Each of these undertones and contextual dynamics is essential for gaining additional insight as participants share their unique journeys and experiences.

Educational Impacts, Perceived Preparedness, and Lived Experiences

To further answer the second research question focused on ECPs' lived experiences and preparedness, we constructed four major themes: 1) *(Non)Separation of Personal and Professional Self*, 2) *Socialized Silence*, 3) *ECP Continuum*, and 4) *Preparedness for Real-Time Navigation of CSE* (see Appendix H for Themes, Subthemes, and Quotes). Each theme was constructed from relevant subthemes derived from participant experiences, descriptions of educational impacts, perceived preparedness, and lived experiences navigating CSE in the professional field. In particular, the first three themes focused on the lived experiences of the ECPs as they navigate CSE, drawing on their teacher ed, and field experiences. The last theme then focused on their perceived levels of preparedness based on these lived experiences, their TEPP, and other contextualizing factors within the first three themes.

(Non)Separation of Personal and Professional Self

Across all the interviews, participants both openly expressed and inwardly struggled to separate their personal histories, biases, and lived experiences from professional decision-making and leadership around sexuality within their roles. Specifically, this theme comprised four subthemes that highlighted how ECPs' level of preparedness and experiences navigating childhood sexual development go beyond their TEPP and are informed by a multitude of internal and external factors.

Personal History

When considering this *(non)separation of personal and professional selves*, each participant's personal history played (and continues to play) a major factor in their professional role. Participants either described or implied that it was impossible to separate personal and professional experiences, regardless of their TEPP experience, preparedness, or years in the field.

Participants expressed how past personal experiences influenced their current approaches and professional identities well beyond their TEPPs' emphasis. This was especially salient when participants reflected upon and spoke to how sexuality was initially socialized for them. For example, Green Talker reflected on and spoke to how her mom's approach to socializing sexuality has impacted her, by sharing, "When I grew up, my mom never taught us the names of our private parts. We never talked about it." Additionally, Ali elaborated on her socialization experiences growing up, expressing, "Growing up Catholic in a very not sex-positive household, very shameful, sexist-shameful household. I was always deflected when I would ask those questions, and that still sits with me." She then told a story about her mother impacting her experiences by sharing, "[mom stated] 'You'll understand when you're older.' That was her way of saying, stop asking me about it, I'm not gonna give you an answer." In return, participants emphasized how their socialization occurred and is now aligned with how they currently view themselves as sexuality socializers (or not) in their current professional roles. Marie recalled how sexuality was positively socialized from her childhood, sharing, "I remember that we did talk about it because of personal experiences," indicating that this experience led to a bit more ease around sexuality-related topics and discussions within her professional role.

Multiple participants also discussed how becoming a parent themselves related to and informed their professional experiences. For example, when discussing what experiences prepared them to navigate and socialize sexuality as an ECP, Boy Momma stated, "I think there are more things I've picked up over time, being in the classroom and being a mom." Emmy Black leveraged her parenting journey as a part of the socialization process and shared that, "Being a parent myself has helped me navigate those conversations. I would want an adult to tell my kid this or navigate them back towards me to ask that question." She then went on to explain

how she unexpectedly felt ill-prepared to socialize and navigate sexuality-related discussions within a classroom setting while also questioning why she felt that way due to experiencing her own children asking her similar questions, stating, “Didn’t see that coming, but then you’re like, really should have, because they’re exposed to these things constantly, and everywhere.” Overall, these experiences exemplify participants’ inability to separate their personal histories and experiences from professional experiences and decision-making.

Professional Experiences

Beyond personal histories, participants also elaborated on how previous professional experiences have impacted their current professional roles pertaining to the socialization and navigation of sexuality within. Many of these participants implied that their past professional experiences were more impactful than their TEPPs, often noting that their past experiences seemed to carry more weight in shaping future decision-making in their professional roles. Likewise, participants’ previous professional training and educational experiences included nursing school, position-specific professional development opportunities, research-based conferences, and in-the-moment professional decision-making.

Marie shared that she was “continuing to be educated through my agency,” and that her current employer values position-specific, continued education opportunities. For Curious Chameleon, research exposure to developmentally appropriate, sex-positive practices has impacted her professional approaches, emphasizing, “A national behavior conference I go to every year taught me my [sexuality] communication strategies and the way I speak with kids, and keeping things in a positive, curious tone.” Lastly, Green Talker shared an exchange that occurred between herself and a mother-daughter duo in a previous professional setting that influenced how she would navigate future in-the-moment interactions:

[Daughter] “Mom, I have a secret to tell you.” [Mom], “We don’t talk about secrets.”

And the little girl just looked at her. [Mom] “When you talk about a secret, it means that somebody touched your vagina or touched your penis, so we don’t say that. You can say you have a surprise or something like that, but we don’t use the word secret.” So, then I [Green Talker] was like, okay, I [Green Talker] kinda get what you’re saying. Okay, I get it. So, I [Green Talker] did flip how I worded things like that, so we don’t use “secret” anymore; we just say “surprise.”

These varied professional experiences exemplify how reliance on previous experience influenced an ECP’s ability to recalibrate and better prepare for future interactions within a different professional role. This is important to note, as it naturally aligns with the varied identities participants associated themselves with and within.

Unsurprisingly, participants shared their self-identified personal (e.g., being a mom) and professional identities (e.g., a life-long learner, coach, mentor, director) organically throughout the interview process. It was a clear challenge for participants to separate their personal and professional identities and openly discuss how these identities impacted their approaches. Specifically, participants (directly or indirectly) detailed how their varied identities shaped their positionality around sexuality-related topics and how they viewed themselves across their multiple roles. For example, participants prioritized or hierarchized their multiple identities when detailing a conversation, such as when Boy Momma described herself, saying, “first as a mom to four boys and then an early childhood teacher.” Meanwhile, Ali’s identities were interspersed throughout the interview, including those of wife, nurse, mom, teacher, and childcare center director, as she navigated early childhood sexuality in her varied roles. Additionally, Green Talker shared how her survivor identity has impacted her CSE approaches by stating, “I’m a

sexual abuse survivor, so I have reservations or a different way of looking at things.” Lastly, Curious Chameleon described herself as a lifelong, passionate learner, sharing, “I need to learn more. I need to understand the child’s processes for thinking and reasoning, and why they’re doing what they’re doing or choosing what they’re doing.” These are critical roles to acknowledge and validate, as they impact professionalism and inform decision-making in the face of both external and internal conflicts.

Cognitive Conflict

Participants shared freely how their personal guiding principles have influenced and continue to impact their professional decision-making around the socialization of sexuality and CSE. Participants experienced a range of cognitive conflict when sharing beliefs and the realities they have observed or experienced in the early care and education profession that they felt ineffectively prepared for via their TEPP. Participants wrestled with these conflicting views, which sometimes led to internal struggles, as participants shared a variety of factors (e.g., personal convictions, religious upbringing, old vs. new knowledge, or general misunderstandings) that have clashed with their prior knowledge and experiences. These challenges have led to moral conflicts that have impacted their professional roles. For example, expanding on CSE within the preschool classroom, Boy Momma shared,

I don’t think that at the age I’ve taught, 4- or 5-year-olds, the topics that you’re asking about are topics that should be addressed in the classroom from a whole group perspective. Just like I would talk to a child individually if a parent passed or a family member passed away. If it arose in the classroom, then we might address it, but I wouldn’t just randomly do a lesson on caregivers passing away, just like I wouldn’t randomly do a lesson on sexuality. If it was something kids brought up, became an issue,

or was talked about a lot in the group I was in, I might seek out more advice on it. I've been in the classroom for 20 years, and that's not something we've talked about much. From Marie's experience as an early interventionist (birth to three years) engaged with an in-home service delivery model, sharing, "that's not really a topic that I've ever had [to discuss with families in their homes]." Additionally, Ali discussed the challenges of boundary-blurring and the delicate balance of personal convictions versus the childcare center director's role, around CSE, layered in nuance, sharing,

Or when someone has two moms or two dads, we haven't really touched on that. We do have books that talk about it, just so that we're open to those kinds of things, but you also must remember that we are a Christian-based center, and because of that, we typically do not really delve into those things unless it's explicitly brought to our attention, and it's a glaring thing right in our face.

Finally, Emmy Black detailed an experience that simultaneously challenged her multifaceted identities. She navigated the overlapping pressures of being a mother to a young child, a local resident, and a professional educator and colleague, all within the confines of the same small-town community, expressing,

I had sent [Child] to bible school, and [Child] came home asking about abortions. And I was like, okay, well, that would have been nice to have a heads up on what the context of that was. Where did this come from? Who mentioned this? And where did [Bible School Teacher] lean on educating my child about abortions? I had even texted [Bible School Teacher] and asked, "What was this all about?" And they kind of played it off, saying, "Well, we're not really sure." Umm, my 7-year-old asked me, and we don't talk about

that stuff at my house. I was curious where that came from? They were like, “Oh, we don’t know.” So, there wasn’t much open honesty about that.

It is important to highlight these varied, self-contradictory experiences, as they amplify the ways in which ECPs are personally and professionally challenged whilst striving to maintain professionalism and simultaneously supporting the developmental needs of young children. While ECPs balance their personal and professional lives, another complicated layer of socialized silence adds additional nuance and complexity.

Socialized Silence

Participants discussed a wide range of experiences that led them to either 1) distance themselves (actively or passively), thus creating a socialized silence around CSE, or 2) to proactively challenge the silence around CSE. One way in which the silencing of sexuality was socialized was through participants’ teacher ed, specifically when CSE was dismal or noticeably absent. Absence, therefore, is a powerful socializer. As participants shared their TEPP experiences, the prevalence of missing or misunderstood educational opportunities was dominant. Emmy Black recalled a discussion on the topic of trusted adults that occurred early in her TEPP, sharing,

We kind of touched on that, such as these are people you can trust, you can talk to, and then we just kind of moved on. So, nine years ago, sexuality and all those topics weren’t talked about. We didn’t have classes on how to approach kids with that kind of stuff, how to talk to parents, or how to talk to our own kids at the time.

Interestingly, several of the participants implied that sexuality existing within the early childhood years is a new phenomenon. Participants indicated that this sense of newness stems

from the ever-changing sociopolitical climate. For example, Jamie shared similar sentiments of CSEs' current relevance, stating,

It's been a while since I was in school. I just turned 40 this year, so I mean, 10-15 years ago. It [CSE] wasn't a big part of it [TEPP] as it is now. We had a small thing in there, and it just kind of vaguely went over it.

Continuing with that, Jamie elaborated on how her lack of educational experience and background understanding of CSE had influenced her current professional navigation of pronoun usage. Jamie detailed how she currently navigates coaching childcare staff and working directly with observant young children, explaining,

So obviously, when I was in school, pronouns were not a thing. I do now have a couple of staff members who are pronouns, gender, whatever. I just try to avoid saying "he" and she" as much as possible. But it's hard, especially with little kids. I think a lot of times, we try to steer the children to just say their name.

Additionally, Boy Momma explained that her teacher ed from years ago did not include CSE information, expressing, "I graduated in '96, so I don't think my actual education covered much of that."

Participants also described pressure points of silence, including parents, society, contextual factors, or any combination of factors. Green Talker discussed the pressurized balancing act she has navigated when talking directly with kids, stating,

I can talk with kids. What makes me back off? Society. Parents. I am worried that I might say or try to explain something, and then it gets taken out of context, and I worry about being sued. I worry about everything.

Marie also shared her experience, apprehensions, and observed differences in CSE communication between children-ECPs and ECPs-PCGs, stating,

Sometimes talking to parents can be harder than talking to children. Children in the classroom are more teachable. They're soaking it all in. The adults tend to be more rigid, embarrassed, and uncomfortable talking about certain things.

Likewise, Green Talker shared a similar experience regarding a discussion she had with a seven- or eight-year-old boy who was in her care and curious about breastfeeding, by explaining,

One of my parents was breastfeeding their child. I was explaining, and I openly spoke, "Doctors say the milk is good for the baby, it gives them all these vitamins and helps them stay healthy during the first stages of life." It was just the simple, basic things I said. The boy went home and said stuff to his parents. The mom was mad that I even kind of went into some detail. I don't know how it was translated. Maybe I should have said, "Oh, hey, we talked about breastfeeding. He questioned it."

From the parental lens, Ali shared a conversation between herself and her husband that demonstrated how they have navigated societal pressures, family-driven expectations (for their own two children), and how these dynamics relate to her professional approaches by explaining,

And this all, unfortunately, aligns with whether you lean left or right politically, and the current climate of our divisive country, and there's so much nuance. There's so much nuance to it. With anything in life, and especially with teaching children, and then teaching children about sexuality. So much nuance.

Importantly, some participants did not feel comfortable with the silence and/or ignorance around CSE. Specifically, they discussed how navigating these experiences contributed to them seeking out additional education and training regarding CSE, such as when Green Talker stated,

I was a non-traditional student. I was in my late 40s when I got my early childhood degree. I went back to school to understand some of that stuff [normative sexual development] because for the longest time, I just flew by the seat of my pants.

On the other side of the communication continuum, Boy Momma embraced the socialized silence due to her personal beliefs and moral convictions around CSE and shared,

I just don't feel like that's a discussion that needs to be led by the teacher. I feel like that's a discussion that would be one-on-one. I would also refer them back to their family because all families are different. I feel like that needs to be addressed within the family, not in the classroom.

Participants shared additional fears about institutional consequences and potential repercussions. These insights amplify ECPs' perpetual balancing act between professional ethics and/or standards and the potential consequences or repercussions arising from unclear, non-standardized policies and/or procedures around CSE. Emmy Black explained the juxtaposition she felt to either exist within or to potentially challenge socialized silence at the expense of potential repercussions, consequences, or backlash, explaining,

In my district, where I'm working, there's zero acknowledgement of sexuality. There is no talking about it. We don't have curriculums. Teachers aren't encouraged to seek out such courses. I could go find my own. The admin isn't bringing that kind of stuff into our building or spaces. I think it's a fear of cultural backlash. I don't think they want to confront or even provide that kind of education or training to the staff. There's really no structure or framework for navigating that in the classroom or as a community. I'd say it's "don't ask, don't tell, we don't care, we don't want to know about it" type of thing. I don't think my district or even my community really recognizes it. Talking about sexual

education and body parts, especially in education, is a huge hot topic, like, how dare they? But at the same time, the parents at home aren't doing it either, so you're stuck between a rock and a hard place. I don't want to get fired, but I also don't want to mislead the children. So, it's an interesting topic.

Emmy Black's account highlighted ambiguity around responsibility and accountability for CSE within an educational setting. Along these lines, Ali shared a classroom experience that created tension between her professional approach and PCGs' expectations regarding gender and young children during free play. Ali shared how she communicated this discovery in the classroom with children to a curious PCG, stating,

Everything in the classroom is for everybody. When kids are picking up gender differences, gender roles, or stereotypes, we acknowledge them and then say, 'But you can do it, too! It doesn't make you different or weird. It makes you who you are.'

These specific experiences highlight the ECPs' balance between understanding professional ethics and best practices, while socializing CSE and guidance to both children and PCGs.

Overall, these narratives have illustrated how ECPs' boundary-spanning roles create a push-pull dynamic, driven by both personal and professional accountability. This tension is further complicated when child-led curiosity intersects with adult constructs, heightening fears of institutional repercussions in environments where policies and procedures remain worryingly unclear. These shared examples amplify the complex challenges ECPs face when general understanding around CSE and communication is in question or noticeably absent. The profound impact of socialized silence undoubtedly influences the continuum of the ECP as a sexuality socializer. This continuum includes a range of andrological and pedagogical practices, as well as opportunities for acquiring new knowledge.

ECP Continuum

Throughout the interviews, participants described a continuum of ECPs' personal views on the education levels of CSE, specifically in early childhood contexts. These views were based on lived experiences, which ultimately led to the theme of the *ECP Continuum*. Specifically, within this theme, there was a spectrum of ideas regarding CSE and the educational expectations the ECP should be held accountable for, including the subthemes of 1) *not applicable, unimportant, and no additional learning opportunities needed*, 2) *uncertainty and hesitation*, 3) *knowledge seekers and the whole-child approach*.

Not Applicable, Unimportant, No Additional Learning Opportunities Needed

Some ECP participants shared the viewpoint that sexual development and CSE within early childhood are irrelevant. From this view, the ECP expressed disinterest in, or no interest in, acquiring additional developmental knowledge, as it was deemed not applicable to early childhood and/or their professional role(s). As such, Boy Momma detailed her 20-year classroom and professional experience, stating,

To be honest, I don't have any actual training. I've picked up a nugget from a podcast or another teacher, but I don't think I've had any professional training. I've done a lot of PD through [state-based agency], but I haven't picked that, and I wouldn't be looking for it.

That's not something that interests me, or is a need for me, so I wouldn't be seeking that out, so it might have been offered, but I've chosen not to. It hasn't been on my radar.

Further, others stated that although CSE is important, it is unnecessary to address or teach before preschool age. For example, Marie shared, "The children and families that I work with now are in early intervention. That's not really a topic that I've ever had to discuss with them. That seems

more like a preschool conversation.” While some ECPs’ stances suggested irrelevance, others thought CSE was important but faced different challenges in seeking it out.

Uncertainty and Hesitation

Another sub-theme was the ECPs’ uncertainty and/or hesitation towards acquiring new or additional CSE knowledge specific to the early childhood years. Emmy Black shared a three-fold motivation challenge related to TEPP guidance, professional development, and developmentally appropriate child-friendly materials, expressing,

There wasn’t any direction from a professor, but I’ve just navigated it on my own since graduating...What have I done to continue my education? Nothing. There’s zero out there that I can find. Where would I look for stuff like that? Does that stuff already exist somewhere?... It’s hard to find resources and curricula for that three to five-year-old age range. That kind of stuff isn’t there. We’re having to make up our own, using a story or video in our settings to teach.

Similarly, Maria shared another perspective on how her employer’s annual professional development minimally addressed her colleagues’ concerns, nor did it empower them to implement positive changes, around CSE, stating,

We had curriculum training on teaching children how to approach adults when they needed our support. The curriculum included teaching scripts directly to children. It also addresses who a trusted adult is. Your parents and your teachers are safe. They are the ones you need to talk to about it. After the training, there was little guidance or practice on how to actually do this in the classroom with real, live children.

The lack of focused CSE preparation opportunities in teacher ed or haphazardly facilitated employer-led training has left ECPs to navigate their professional roles without grounded

guidance, leaving them unsure and hesitant to act. For some participants, this approach was preferred and acceptable. For other participants, actively seeking additional CSE learning opportunities was imperative.

Knowledge Seekers and the Whole-Child Approach

Interestingly, some ECPs were compassionate towards normative sexuality development and behaviors but cautious to embrace childhood sex ed due to the anticipated PCG, societal, or institutional judgment. As such, these ECPS focused on strengthening their efforts to support holistic developmental outcomes for young children that could be translated into early childhood sexuality. The last sub-theme developed centered on the compassionate, active knowledge seeker, who valued the whole-child developmental journey.

The whole-child approach is a comprehensive framework that values ecosystems, subsystems, and familial units that facilitate development. The whole-child approach acknowledges and validates sexuality development as normative and guided by self-discovery, curiosity, exploration, and authentic relationships with safe adults. Many participants expressed a desire to gain foundational CSE knowledge, specifically around sexuality-related behaviors they have observed in their professional roles, to best support the whole child. Notably, when participants discussed whole-child approaches, they struggled to balance supporting the child's natural development while managing perceived conditions imposed by PCGs, society, and institutions.

Participants expressed a need for clarification and guidance around 1) basic terms and concepts, 2) sex-positive methods, 3) the ability to transfer newly acquired knowledge across all developmental domains, and 4) recognition of frustrations along the way. As such, Green Talker

shared her personal desire to better conceptualize the gender continuum to best support the children and families in her care, detailing an online training she participated in, sharing,

It went over keywords, like cisgender, transgender, binary, and non-binary. I'm gonna be honest, the little town that I live in, those words are not common, and if you're not around it, per se, you just don't use them. I don't know how to explain that. I did the training because I wanted to understand a bit more.

Also, eager to learn, Jamie detailed an insightful training she attended that directly addressed CSE and normalized sexuality-related behaviors throughout childhood. Jamie shared that she was thankful the training explicitly included sex-positive approaches and guidance suggestions for ECPs, sharing that she learned, "Some kids touch themselves and do that kind of stuff during naptime. I learned ways to talk with them that do not hinder them for the future." Participants also expressed a need for opportunities to learn appropriate CSE methods for addressing expressed behaviors in early childhood. For example, Curious Chameleon acknowledged multiple factors such as the lack of time, volume of information, and her personal motivation as a continual learner, sharing,

If I'm curious about something, I'm gonna figure it out. I understand there's only so much time in a teacher prep program, and there's so much to cover. I had a starting point. I could go to the internet or to teachers who had been in my building for 20 years and ask, "What do I do about this? What would you do about this?" And then be able to learn and grow more on my own.

Lastly, active knowledge seekers demonstrated transferability and application of learned skills to best support the whole child. Transferability of skills was related to the continued development of knowledge and methods well beyond what was received during TEPPs. An

example of this was when Curious Chameleon expressed how her active participation in Conscious Discipline professional development increased her competence and socialization confidence around consent, sharing,

The practices I learned from Conscious Discipline, including teaching kids to advocate for themselves, use their words, and become more independent, were a game-changer. To teach kids and provide them with the vocabulary they need to express themselves. Using the '*I love you*' rituals to build relationships. It really does create a community. They know who their trusted people are, how to use their voice, and how to grow in confidence in using it. It's really one of my favorite things. Whether a child is 10, 8, or 2, when they go from having behaviors or being unsure to having their voice, being confident in it, and speaking up for themselves, I love that so much. When it comes to consent, I felt very prepared to go in and talk about it. Consent is such a tied-in part of using your big voice. Equally, active knowledge-seeking participants also reported difficulty and frustration in finding early childhood-specific CSE opportunities. Emmy Black voiced challenges securing developmentally appropriate materials, expressing,

It's hard to find resources and curriculums, especially for the three- to five-year-old age range. That kind of stuff simply is not there. I cannot find it. We're having to make up our own curriculum for the settings we are trying to teach in.

Ali also discussed the challenge of onboarding, training, and managing staff (all with varied levels of experience) at her childcare center, expressing the challenge of adequately addressing CSE and placing value on whole-child development, explaining,

We have a lot of college girls who are uncomfortable because they don't know how to approach sexuality. I've looked for those types of training, and there's not a lot for early

childhood. For example, how to approach children and their parents, and how to teach or handle these kinds of situations with your teaching staff. You'd think that there would be a course in early childhood, and there's nothing.

While these accounts highlight ECPs who are not only open to learning but also active knowledge seekers, they also reveal that they still face significant hurdles of accessing and sharing CSE. Interestingly, some participants expressed an empathetic mindset and valued the whole-child approach but were hesitant to pursue CSE opportunities due to anticipated PCG, societal, or institutional judgment. This anticipated backlash stifled ECPs' focused efforts to identify and apply CSE knowledge and methods that support whole-child development. Thus, this fear exacerbated the aforementioned socialized silence. An illustration of this balancing act was demonstrated when Green Talker shared an exchange between herself and the mother of a young boy in her care. This exchange showcases Green Talkers' compassion, respect for families, and uncertainty,

The mom said one day that she felt that he [her son] was a girl inside. I never treated him differently. If he wanted to put rollers in his hair and have a hair day, we did it. I didn't say, 'Oh, we can't do that,' because that's not appropriate. I felt like I supported him whenever he needed it, and Mom was always okay with it. Now, Dad was a little leery because he was a football coach, the jock kind of thing, but Mom embraces it. I embrace him. He's the same kid. I don't treat him any differently.

Further, Curious Chameleon discussed how her professional approach has changed over time, facilitated by experience, new knowledge, and improved methods. Curious Chameleon shared, "You keep hearing me say whole child repeatedly, that has really developed over time." Self-recognition affected her observation and advocacy skills regarding CSE, particularly her

understanding of why children act the way they do. Curious Chameleon detailed her learning journey, sharing,

You have a kid that's running all over the place, or these little girls who are masturbating. You could just be like, "What are you doing? Why are you doing that? Stop that! Stop that, you're not doing that," and you could leave it alone. But that doesn't do the kids any service. That doesn't fix the problem...In my early years, as a brand-new teacher, or even with the people I currently coach, I can see that would be a reaction for some people. I think many of the behavior conferences I have attended have deepened my understanding of why kids behave the way they do. They each have different sensory needs, or some kids scream because they haven't learned how to communicate. They can talk, but they don't know how to use their voice appropriately. I feel like that [sexual behaviors] ties into that same situation. These little girls figured something out. She is curious about her body. She doesn't realize it isn't socially appropriate. That's not a behavior a kid chooses to do in public. That's a skill we need to teach, knowledge we need to give.

These shared experiences amplify the complexities ECPs face when juggling their compassionate approach, the value they place on whole-child development, and the uncertainty about how to act, leading to questions about what in-real-time navigation, CSE, and communication look like.

Preparedness for Real-Time Navigation of CSE

The last major theme developed within research question two centers around ECPs' preparedness levels and real-time, in-the-moment navigation of CSE and communication. While preparedness and communication are essential for early care and education systems, ECPs shared how they navigate CSE and communication across multiple subsystems (e.g., PCGs, colleagues,

interdisciplinary practitioners, and administration). As such, this theme includes subthemes related to their preparedness navigating CSE with 1) *themselves (generally)*, 2) *the child or children*, 3) *the early childhood team*, and 4) *the PCGs*. Across all subthemes, there was an underlying subtlety of hindsight regarding their TEPP opportunities, preparedness, and professional experiences.

Themselves (generally)

Almost all the ECPs acknowledged that they, *themselves (generally)*, were underprepared to navigate CSE with children, colleagues, and PCGs. When asked about her level of CSE preparedness, Ali shared two different experiences. First, as a lead teacher, sharing, “Oh, so unprepared. So unprepared. Honestly, I went to childcare from a pediatric nursing background. I had no clue.” Further, Curious Chameleon shared her TEPP experience, professional experience, and hindsight after nine years of professional experience, saying,

The surface-level things get hit really well. The other things, not so much. With those deeper, darker abuses or larger traumas, you don’t know how to deal with that. If either of those instances [CSA or masturbation] had happened in my early years, I wouldn’t have known what to do. I don’t know what I would have done. Would I have ignored it or tried to gloss over it? I don’t think so, but also, I wouldn’t have felt prepared at all. I would say it’s kind of touched on in teacher prep. For example, setting the tone of how you come in and say, “Oh, everybody’s unique in their own way, and we’re all people, and we all have feelings, but we can look different, or be different in this way or that way.” Definitely, it’s been more experience and practice in the classroom that has made me more confident.

Lastly, Emmy Black reflected on and shared her TEACHER ED and CSE preparedness level when she entered her professional role, on her own self-imposed rating scale, stating,

Zero, what I learned in my teacher education program. Never touched on. As teachers, we spend a lot of time talking to, counseling, and building relationships with the kids. With 3- to 5-year-olds, they like to tell you all about everything and ask anything. I really wasn't prepared to have these conversations with them.

These feelings of unpreparedness naturally impacted ECP's sense of self during those in-real-time moments. Participants recalled and shared their internal and external actions and reactions, in the moment, as they navigate CSE scenarios. Marie shared her unsure feelings around these in-real-time experiences, stating, "I think I felt okay, but nothing compares to when you're right there in the moment, and 'Oh, we have to deal with this now' kind of thing." Unsurprisingly, this unpreparedness is directly related to their CSE experiences working with the child(ren) in real time.

The Child or Children

Participants shared their range of emotions and reactions as they navigate CSE and social interactions with children. Marie expressed the challenge of addressing behaviors and conversations that are normative, but occurred in an unnatural setting, stating,

Children touching themselves inappropriately in the classroom. Okay, we gotta have this conversation in real time, it's happening. It's kind of a hard topic to talk about with children. Not hard, but it's not at the forefront of my day-to-day.

Participants shared experiences in which their behavioral intent was to approach CSE-related scenarios involving children in topic areas that were easier for them to navigate and to avoid those that were more challenging. For example, Emmy Black shared that she lets children guide

the organic nature of the conversations rather than leading them. Stating, “Mostly, I let the kids lead the conversation. I add additional questions, such as, ‘What was that like?’ or ‘How did that make you feel?’ I let them lead. It’s kind of hard to do.” Additionally, Emmy Black detailed how she navigated conversations with preschool-aged children and their interest in anatomical body parts, sharing,

They like to use the words penis and vagina. Yes, these are our body parts. It’s okay to talk about them. However, I don’t spend a ton of time dwelling on or discussing them during class time. We label all the things, but I don’t [say] penis, breasts, and vagina automatically. But if they ask questions, I answer them as honestly as I can.

Additionally, Emmy Black also shared child-friendly conversation scripts about consent she has had in the classroom pertaining to how to handle unwanted touching, games, and reporting to adults, explaining,

You can say no if you don’t want to be touched. People aren’t allowed to touch you anywhere, no matter what, without your consent. If you want to be tickled or play tag, you must let people know you’re playing with rules. Then, if you don’t like it, you have to say no and come talk to an adult about it.

Others discussed how they managed CSE and communication in the moment, such as when Curious Chameleon shared an experience when “the child was masturbating, and we said, ‘That’s kind of like when you go to the bathroom. That’s private. That’s not something we do around other people.’” Further, although not taught or learned in her TEPP, Curious Chameleon approached real-time classroom conversations as an embedded learning opportunity, for both the children and adults present, expressing,

Making sure that we're [teachers] not limiting roles. How do you respond if someone's like, "Well, boys aren't allowed to have pink," or "She's not a girl! She has short hair." I have experienced that in the classroom. I've experienced it with race in the classroom, with curious 3- and 4-year-olds, "Why is her skin a different color than mine?" How do you approach that? They notice, and they notice on a curiosity level, and then you must figure out how to guide that conversation.

Lastly, Green Talker shared her prosocial, in-home childcare approach, which is inclusive of curiosity and free of judgment. Green Talker's approach demonstrated her values around child-centered approaches and exploratory discovery-based learning, sharing,

I let them choose. For me, it's about role-playing. It's about using imagination. I never told them, "Oh, dresses are just for girls." I just never did that when they were here. They weren't judged by what they wanted to play.

These experiences highlight the delicate balancing act between best practices, natural inclinations, parental influence, institutional impacts, and the allowance of the whole child to naturally explore without repercussions. While striving for whole-child approaches, there were bound to be variances among practitioners in how best to support the whole child.

The Early Childhood Team

High-quality early care and education teams are comprised of multidisciplinary practitioners and are grounded in collaborative teaming with diverse expertise. Unsurprisingly, participants spoke to variations in CSE understanding and the pedagogies used across professional disciplines. As expected, participants shared a wide range of experiences navigating CSE within varying early care and education contexts and practitioner roles. Multiple participant

examples included specific experiences detailing childhood masturbation. Participants expressed how colleagues had varying levels of confidence and comfort navigating CSE.

A commonality among all participants and practitioners was a shared gap in understanding that they are indeed socializers of sexuality and not explicit teachers of CSE. As such, during our discussion, Jamie shared a professional coaching experience that highlighted this misalignment in understanding among multiple practitioners. Likewise, this example triggered her memory to sign up center staff for a specific CSE training in lieu of directly acknowledging masturbation (in-the-moment with colleagues) as normative, she explained,

Last year, during nap time, a little girl touched herself. In the back of my head, I was like, “I need to find that class again and get those center teachers signed up for it.” Then the little girl aged out of the program and left, so I didn’t think about it again. We just don’t do it [masturbate] in this space. I was trying to explain that it’s [masturbation] like anything else children are doing. You’re throwing a fit. There are better ways to express yourself. I was trying to pull that example into it for them, so they knew, okay, they’re kids, they’re learning themselves, they’re young, they’re sponges, they absorb everything.

In this experience, Jamie used the discovery-learning analogy to help both the center director and childcare staff better understand normative sexuality-related behaviors within childhood. While doing so, Jamie recognized, in-real-time, that some of the center staff were still perplexed by the topic, observed behaviors, and suggested approach, stating,

I did have a few of the younger staff looking at me, with big eyes and blank stares. They had to be thinking, “Oh gosh, she’s the boss-boss, so we can’t ask her all the questions.” I

also told the center director that if anybody has any other questions or needs me to help follow up, I can and I will. [Center Director] never said anything afterward.

This is important to note, as dismissal of behaviors or questions can be a powerful, unspoken message that both young children and adults internalize, and thus, perpetuate socialized silence. Interestingly, not all ECPs were comfortable with the silence but felt ill-equipped and/or hesitant to proceed.

Marie confidently shared a conversation focused on childhood masturbation within the classroom setting. She initiated the topic with her boss, then, with her boss's support, she communicated with colleagues, stating,

Other staff were kind of shocked and taken aback by it. I think it's probably because of my education, but for me, it [masturbation] was easy to talk about. Talking to them [colleagues] about it, just telling them about it, this is what happened, and this is what we did. So, that wasn't hard.

Jamie detailed an experience navigating nap time masturbation with a young child, their family, the center director, the lead teacher, and a novice teacher who covered staff breaks (referred to as "breaker"), sharing,

We had a brand-new breaker. She was unsure. So that's when the lead teacher said, "We'll just talk to the director and have a little talk about it, and we can all get on the same page as to what we're going to do." And even then, I feel like that breaker was still unsure. She was younger and inexperienced. So, I told the director, "Let's just not put her in there during nap time, and it'll be okay."

After further consultation with the center director and the PCGs of the specific child, Jamie then expanded upon the classroom experience by addressing the entire staff (including the classroom teacher and breaker) at the center, expressing,

We talked to all the staff about it [masturbation], so everybody was on the same page. If you're in the nap room and it's happening, this is what Mom wants us to do. Remind her, "Hey, it's okay, but we don't do it at school. We do it at home." Then distract [Child], and if she can't go to sleep because she's not doing it, then she doesn't have to take a nap, just give her some books, a quiet toy, or whatever.

This example highlights the intricacies of communication and knowledge sharing that must be intentionally included within the early childhood ecosystem. Like Jamie's experience, Curious Chameleon described CSE uncertainty amongst ECPs. Curious Chameleon detailed collectively observed behaviors, the need for collaborative teaming, and redirection as a result, explaining,

In one classroom, we had a little girl who was masturbating on the rug, surrounded by the other kids during story time. Nobody knew what to do. Nobody knew how to have that conversation. At the end of the day, five adults in the office were talking and trying to figure it out. Some people were saying this is developmentally appropriate. Some people were saying this is not okay, and we need to watch for and be aware of sexual abuse or any trauma. Then everyone paused. What's the right move? And how do we find out what the right move is? I was definitely not prepared. Once we had that professional group experience, we all learned together. Then it was no longer an issue with that child. If or when it was encountered later, in a different setting, with a different kid, we could try to redirect the child.

Another example of ECP teaming that required multiple chains of command was shared by Curious Chameleon. This teaming and communication effort initially included fellow teachers and the center director. After consultation, the center director recognized and shared with Curious Chameleon that this was well beyond her knowledge. As such, the center director elevated the inquiry, in accordance with the center policy, to the county director and behavior coach. Curious Chameleon explained the following communication channels, sharing,

We were unsure. Let's elevate it. We talked to the county director, and she spoke with the behavior coach. [Behavior Coach] had said, alone, that it wasn't a concern and that we should ignore it. However, within our center, we had many conversations. Do we report? Do we not report? What is appropriate? What is not appropriate? Where's the line at? The information that came back to us was that unless we noticed other signs of abuse, we should leave it alone. About three weeks later, we started seeing other signs of abuse in that situation, and we ended up having to report it.

While not all teaming efforts led to eventual reporting, many did lead to knowledge sharing and building ECPs' CSE capacity. Lastly, an example of interdisciplinary teaming and effective communication skills was demonstrated through two experiences shared by Ali (childcare center director), managing multiple staff, and providing CSE on child-appropriate messaging around bodily autonomy and boundaries, teaching and using simple scripts for both staff and children, explaining,

There is no reason that [Child 1] should be looking or trying to look at [Child 2]'s underwear or trying to tell them to show parts of their body that are covered by clothing. The assistant teachers know those easy taglines, an easy response to say, to shut that behavior down.

The second example Ali shared highlighted CSE, specifically communication around body autonomy and respect for body boundaries, explaining,

You can always say, “No, do not touch me.” At [Childcare Center], we say “stop” or “beep-beep” to mean back up and give me space. I teach our teachers to actively listen to the child. Unless there is immediate physical danger, you should respect the child who says, “Please don’t touch me,” because touching them when they explicitly say, “Please don’t touch me,” teaches them that whatever they say doesn’t matter. Consequently, children will grow up thinking, “Oh, well, adults or people are just gonna do what they want with my body, and that’s just how it is,” and that’s obviously not the message that we want to send to these children.

These specific experiences highlighted the complexities, communication hurdles, and the importance of ECPs being a knowledgeable, cohesive unit, engaged and communicating openly in their approaches for supporting young children. These distinct occurrences underscore the need for ECPs to have extensive background and educational opportunities in CSE, as well as effective interpersonal communication skills to ensure clear messaging within multidisciplinary early childhood teams. Additionally, these real-time experiences among practitioners continue to highlight the balancing act they navigate, individually and collectively, among diverse and interdisciplinary colleagues who interact with and impact children daily. Ultimately, these real-time experiences and communication efforts culminate between ECPs and PCGs.

Parent-Caregivers

The last major subtheme discussed throughout interviews focused on the complexities of communication between ECPs and PCGs. Participants’ views of communication with PCGs were seen as a scaffolded approach. First, participants expressed the need for consistent, general

daily communication (e.g., check-ins, sleep patterns, disruptions, etc.) with PCGs to build foundational, trusting professional relationships. Next, participants expressed the need for timely ECP-PCG communication, including normative CSE knowledge, such as development (e.g., what is typical and how to support it) and behaviors (e.g., what to expect and what they mean). Lastly, participants expressed the need for objective CSE communication with PCGs regarding observed sexual behaviors (e.g., this is what was observed and when) without fear of parental backlash. The overarching idea was that ECPs initially strive for authentic partnerships that, in turn, enable knowledge sharing and transparent communication around CSE-related topics as a typical part of growth and development during childhood.

Participants shared a variety of factors that influenced their daily communication efforts regarding the classroom experiences with PCGs. These communication factors ranged from initial shock to apprehension and/or fear of overstepping, to standing strong in their respect for children and their rights, regardless of PCG viewpoint. For example, Marie shared her initial shock stemming from observing a child masturbate, not communicating the observed behaviors, and expressing,

In the moment, initial shock. Especially when it's the first one. I felt more prepared to talk to the child and parents about masturbation, rather than seeing it actually happen. But now I gotta explain to the parents that this is normal. But parents also need to talk to him about what's appropriate and what's not, so it all aligns. I felt comfortable talking about it with the child and the parents, but seeing it happen, I don't know if you've ever prepared for that.

Similarly, Curious Chameleon shared an experience entailing a child in her care who started masturbating and her objective, yet inquisitive approach, communicating directly with mom, sharing,

I had a private conversation with mom at the end of the day, and said, “We noticed that this [masturbation] started this week. Is this something you’ve seen at home?” And mom said, “Yeah, we’ve seen that before, and we redirect her.”

Additionally, Curious Chameleon confidently discussed masturbation and had effective parental communication, to which she attributed the transferability of principles from a Conscious Discipline professional development training series, expressing,

If you’re a capable and confident teacher, Conscious Discipline principles can carry over. Kids are gonna say what they’re gonna say. When we’ve built a relationship and a bond with kids, we can accept what they say. Then we can support them [kids] in communicating and getting what they need. We also facilitate communication with parents if there’s an issue. We also teach them [parents] to advocate on their own level.

Whether prompted by initial shock or additional training, participants noted the importance of partnering with the parents, and sometimes that meant combining multiple roles and personal convictions. Drawing on her pediatric nursing background, Ali described how her communication skills transferred and evolved as she became a childcare director. She reiterated how her strict upbringing, formal nurse training, and evolved moral convictions collided. This collision allowed for Ali to articulate her method and rationale that guides her childcare-related decisions, sharing,

When I started [teaching young children], I had my childhood-experienced shame living in the back of my head...Then my nursing experience focused on body parts being called

a penis or a vagina...Some parents were not comfortable with that. I made it a non-negotiable in my classroom. This is what I'm calling them and why. And as a parent, I would hope this to be the case, because research shows that it does protect against sexual assault. It is a fact that when children can clearly report that somebody had touched them inappropriately, and that this happened, it can help reduce child sexual abuse. When you start calling it a "cookie" or some other stupid little euphemism, like "They touched my lolli [lollipop]" or "They touched my cookie. ..." Um, the cookie that you're eating or your private genital? I refuse to even associate the two. The parents I did have who had a hard time with it were on board after I explained it to them verbally.

As a result of the initial and continued CSE communication, Ali shared how parents would then approach her, seeking guidance on a variety of sexuality-related behaviors their children were exhibiting. Parents also requested additional support from her regarding CSE communication and guidance. Ali shared how parents asked multitudes of CSE-related questions (e.g., "What do I do about this?" "Could you just tell me what to do?," and "Tell me how to handle this!") when she was a classroom teacher, sharing how she wanted to be supportive but was unsure about guidance, stating,

I don't know! I don't know how to handle it! I was hoping you would know. Then they [parents] told me we just told them [children] never to do it [sexual behavior]. And I'm like, "Okay, don't do that, it's normal. I'm sure you probably don't remember it, but I'm sure that you explored yourself, and your husband explored himself, so I don't know, look it up. Google it. Read a parenting book. I don't know. I don't know how to handle it. We just put it in your hands. We wanted you to know that it is happening at school." We

asked if it was happening at home, and they said, “Yeah, now we notice it. We didn’t really know what he was doing. So, we just tell him to stop and go do something else.”

Like Ali’s experience, Jamie also shared her direct CSE communication efforts with PCGs and efforts to be supportive, but she was also unsure and lacked formal guidance and resources, stating,

If parents talk to us, then I always do my best to find information to give them. I’m also part of the knapsack community, so they always send me a whole bunch of helpful flyers on things, but none of it is sexuality-related.

Green Talker discussed taking a more active, hands-on approach with some of the children who attended her in-home childcare. She stated that some of her CSE approaches may have included “pushing the boundaries” around gender exploration and expression. Specifically, she shared,

I had a little boy in my care. His parents are both teachers. His mom would make comments about his mannerisms when he was little. I was like, “Well, it’s okay. Boys, they’re gonna try different things.” He always wanted to dress up. He was always Princess Elsa. He always had the magic wand. And she [mom] was like, “No, I think it goes beyond that.” And I was like, “Okay, well, just kind of see where this goes, or whatever.”

Green Talker went on to discuss how she visually captured and shared play experiences with PCGs, specifically noting that these photos continued to fuel the inquisitive mother’s thoughts and perceptions of her son, sharing,

I took pictures, and [Child] wanted to be Elsa today and was upset that something happened to his magic wand. Nothing was bad about it. No backlash. I shared it with them [all PCGs of children in her care at the time]. It was an experiment because those

things might not have been allowed at home... You know his dad is not gonna allow him to dress up in a [participant made air quotes] “girl’s costume” by no means.

These examples highlight how participants actively worked to establish trust and open communication with PCGs to best support children in their care. Not all participants utilized this approach. Some participants used a less direct approach, often focusing on informing parents that “something” occurred and then leaving the PCGs as the sole investigators, educators, and socializers. For example, Emmy Black shared her CSE methods within the classroom and follow-up communication with PCGs, sharing,

In the moment, I would say, “I don’t know, maybe that’s something we should talk to our mom or our dad about.” After they’ve [involved children] moved on from a question or gone home for the day, I text the parents and say, “Hey, this came up today. This is what I told them. You might follow up,” or “Hey, this came up today. So sorry! I wanted to let you handle it,” and then I just let the parents parent.

The overarching premise was that participants strive for authentic ECP-PCG partnerships that enable knowledge sharing and open communication, which leads to positive whole-child development. The variance in real-time ECP-PCG communication efforts highlighted the challenge of balancing personal conviction, education, ethics, and professional relationships while keeping healthy, holistic development at the forefront of ECPs’ approaches. This finding leads to the natural examination of the final research question, detailing ECPs’ specific CSE recommendations.

ECPs’ Recommendations: What, Who, and How

To address research question three, “Based on the lived experiences, what recommendations do early childhood professionals have for increasing the effectiveness of their

teacher education preparation programs?” I specifically asked ECPs for their recommendations to increase TEPP effectiveness. With their recommendations, two main subthemes were constructed: 1) *what topics need to be taught*, and 2) *how topics and socialization are addressed*. These two sub-themes deepen understanding of topics and socialization around CSE.

What Topics Need to be Taught

Participants consistently (and repeatedly) recommended that specific CSE topics be intentionally included in teacher ed as well as additional professional development opportunities. Of these topics, repeated recommendations included: child-sexual abuse (CSA), labeling and terminology, privacy, consent, masturbation, professional communication, body autonomy, reproduction, gender roles, gender identity, encapsulating developmentally appropriate comprehensive sexuality education.

One area that multiple participants discussed was additional CSE related to CSA. Participants clearly identified themselves as mandated reporters, yet wrestled with “grey areas” around signs, recognition, and reporting. This lack of clarity included uncertainty in discriminating between signs of abuse and normative behaviors. For example, Jamie shared,

First and foremost, with early childhood education, what is sexually appropriate and what is not sexually appropriate? Where is that line of concern?...What are the things that we would see that would be a warning sign versus natural curiosity?...I can’t imagine how many reports have gone out over the years because adults were uncomfortable addressing what’s happening.

Additionally, Curious Chameleon expressed a need for foundational CSE knowledge and additional support, stating, “What are the signs of sexual abuse? What is developmentally appropriate? Those feel like big gray areas because they [TEPPs] just don’t talk about it as

directly, and people kind of get left unsure what to do at times.” These examples highlight how recognition, reporting, and prevention of CSA for mandated reporters may seem straightforward; however, misconceptions and inadequate education complicate these efforts.

Another specific topic recommendation was teaching and learning around correct terminology and labeling of body parts. Both topics were noted as interconnected to CSA recognition, reporting, and prevention. Several participants emphasized that accurate labeling and correct terminology could help clarify CSA. For example, Boy Momma shared,

How to talk about your body parts, with appropriate terminology. I think it would have been helpful, as a young teacher before I had kids, to know how to talk about that, because it was taboo to discuss anything like that.

Along the same thought process, Marie shared the need to eliminate nicknames and embarrassment around body parts, expressing the need for,

Scientific labeling of body parts needs to be taught. Sometimes parents give them nicknames. What if something happens and they [children] go to a safe adult, and that safe adult doesn't know what the heck they're talking about? Because you, as the adult, are embarrassed? You shouldn't be embarrassed by your child using this correct term.

Lastly, Green Talker shared the need for explicit learning opportunities to better understand CSE regarding the gender spectrum and associated terminology, sharing,

I really think that they [TEPPs, ECPs, PCGs] need to have an overall understanding of what each of those things [gender spectrum] is and what it means [gender spectrum terminology], especially in today's society. You may go through school without any background on it [gender spectrum]...Then you're out in the real world, and you might

be in a situation where you're doing some therapy or working with these younger age kids, and this is what's going on.

Along with body parts and terminology, participants shared the need to incorporate privacy. Participants noted that privacy issues were intertwined with daily self-care routines. Boy Momma noted that, based on her professional experience, the frequency of privacy issues has increased over time. Boy Momma shared her experience of how toileting practices have shifted across her 20+ years in the early care and education profession, stating,

When I first started teaching at [Childcare Center], the bathroom had stalls without doors. The kids went in and out, both boys and girls. Now, the school I'm at is a single stall with a door. The other teacher I work with gets very frantic if a child forgets to close the door. We have some little kiddos who will go in and not close the door. It doesn't bother me. The other teacher is very highly aware of it and constantly tells the children, "You have to keep your privates private."

Boy Momma went on to explain her toileting method and incongruences with her colleague, noting how she has not approached her colleague about it, and recommends that privacy, specifically around toileting practices, would be a beneficial CSE topic to include in teacher ed and additional learning opportunities, expressing,

I don't really know which way [stall doors closed or open] is better. I haven't had any training. I just know this is the way we used to do it. The kids came and went. It wasn't a big deal then, so it's not a big deal for me now. I haven't had a conversation [with the other teacher] because I don't have any background knowledge or really don't know how to discuss why one way is better than the other.

Another recommendation was to explicitly include consent to education opportunities for pre- and in-service professionals. Participants discussed body autonomy, decision-making, personal space, and boundaries, all of which relate to consent. Likewise, Ali further discussed how additional information and education should be taught directly to the children (and the ECPs, PCGs by default), and stated the benefits of consent education, explaining,

I know sex ed in elementary school starts very young, but it's all very sanitized and innocent. What is consent in a general sense? Should so-and-so be walking in the bathroom when you're taking a shower at home? If someone comes up to you and touches you when you're not comfortable, who can you tell? Who's a safe adult to go and tell that to? I understand that those things are taught in kindergarten and beyond, but we need them even before then, especially for kids in group care, home daycares, or programs where they interact with peers more regularly, because those things do come up. Additionally, Ali shared her lack of formal consent training, yet strong moral-compass regarding consent, and how consent is communicated and modeled at [Childcare Center], expressing,

I did not get taught about this. Whether it's wrong or right, I do what in my heart feels right. Nobody should touch you if you do not want to be touched. At [Childcare Center], we have established that there are safe adults and there are unsafe adults. Every adult should be safe, but maybe that's not the case. The teachers at [Childcare Center] are safe adults whom you can go to if you feel uncomfortable. They are the ones that can change your diaper or help you go to the bathroom safely. They can see your genitalia, your private areas, and it's okay. Your mommy and daddy can be that person. Sometimes grandmas and grandpas can do that, but you must always ask mommy and daddy who is

safe to touch you and who is not, and who is safe to help you with things that are personal to your body.

Participants recommended that masturbation (specifically occurring at naptime) be intentionally included in TEPPs and continued education opportunities. This comes as no surprise, as participants shared numerous professional experiences detailing what they observed, how they navigated it with the child, other children in the same space, colleagues, and families. Participants expressed how helpful it would have been to have CSE of why children engage in these behaviors and how to appropriately navigate them. Participants recommended the need for clear andragogical and pedagogical guidance on typical/atypical behaviors, communication with the child, and how to inform others (e.g., colleagues, PCGs). Marie expressed uncertainty and apprehension about the expressed behavior and how to communicate with the child, colleagues, and the family. Additionally, Jamie shared her feelings of uncertainty, discomfort, and the need for additional support, requesting,

Addressing kids who do it [masturbate] during nap time. Why are they touching themselves like that? Over the years, and talking to people outside my facility, it [masturbation] happens quite often...If it were part of staff training, it might help them feel more comfortable addressing it. Currently, they look away or try to avoid it.

Importantly, apprehension and uncertainty were not the traits of all participants. Although Ali has stated that explicit learning about childhood masturbation or body urges was not a part of her pre- service educational journey, she shared how her personal experience and strong moral convictions, as well as continued professional development opportunities, and her role as a childcare center director have influenced and guided her approach to navigating childhood

masturbation. Ali strongly expressed the need for explicit teaching and learning to assist ECPs (and PCGs) in sex-positive approaches to navigating, expressing,

Definitely childhood masturbation. Teaching on how to handle children masturbating because it happens. I remember doing it when I was little. I also remember my mom shaming me for it, saying, ‘Stop doing that, that’s gross.’ How to handle it when it happens and the importance of not shaming children. Telling children when and where it is appropriate and when it is not. Also, explaining body urges, your body might be feeling it, just like when you feel angry, you want to scream. When your hormones are rushing through your body, and you’re figuring yourself out, you might want to touch yourself where your underwear covers.

Another specific recommendation was the opportunity to discuss and practice sexuality-related communication skills in a safe space, with guidance and mentorship, to better prepare for the day-to-day, unexpected, yet natural experiences and learning opportunities that unfold with young children. Curious Chameleon stated how “the really hard and miserable parts of teaching are glossed over during the education process...Are we going to feel comfortable enough to have open communication or conversations about sexuality? Probably not. It gets shied away from.” Additionally, Jamie stated a similar need for “professional communication with families regarding sexuality and gender. I feel like that would have been really helpful in the beginning.” Lastly, Curious Chameleon shared her need and request for clearer guidance around complex sexuality topics addressing PCGs during her teacher ed experiences, sharing,

I wish there had been some way to be taught how to address parents. No matter the topic, I don’t feel like my teacher prep program prepared me to have real, complex conversations with families about a whole-child approach. I would have appreciated it. It

would have been helpful to have a better understanding of how we can communicate clearly with parents about issues related to gender, sexuality, or anything, really. We talked about the variety of cultures and about respecting all cultures, but that's where it stopped.

Participants expressed how valuable CSE opportunities such as simulation discussions, role-playing, and topic-based communication classes could have been in building agency. Emmy Black recommended an applied communications class, based upon the myriad topics she has had to navigate and the challenges of not feeling fully confident in communication sharing,

Being trained more in depth on how to answer, how to reply, and how to think on your feet for those just-out-of-the-blue, off-the-wall types of conversations that come up with children. And, ugh, parents. Parent confrontations, how to respond to emails and make phone calls, talking about sexuality, bullying, mental health disorders, depression, and anxiety. As adults in professions, we lose a lot of that communication. I can type an email in a certain way, but then it's read differently. We've really lost the ability to communicate in person. Perhaps an application of communication class? A class where you practice scenarios and conversations. I think that would be a huge benefit for future and current teachers alike.

Participant-recommended topics to be intentionally included in TEPPs and in continued professional development opportunities are, in essence, the existing, science-backed, research-driven components of developmentally appropriate CSE. These specific recommendations highlight the absence of sexuality (development, behaviors, communication) education from initial and ongoing learning opportunities. These recommendations address an additional sub-

theme on responsibility, including considerations about who is responsible for whole-child development and the socialization of the recommended topics.

How are Topics and Socialization Addressed

The last part of research question three explored ECPs' recommendations for improving knowledge, competence, and confidence regarding the socialization of CSE within early childhood, among ECPs and PCGs. Nonetheless, recommendations included enhancements based upon research and science, specific coursework, and continued professional development opportunities, PCG training, tangible resources, and whole-child applications.

Participants also expressed the need to evolve professionally in line with current research, best practices, and practical realities. Marie shared her involvement with continued education opportunities rooted in research, stating, "Things always change, and new research always comes about. We shouldn't expect to just not evolve with the times." Marie went on to share how the learning opportunities should be shared with a larger audience, especially for those who may be hesitant to seek additional trainings, and how employers can mandate specific trainings are part of the job requirements, expressing, "We had a guidance or counseling center of sorts that came in, and they talked to the parents about it [sexuality]. They had a curriculum that they used." Additional recommendations included foundational TEPP courses and ongoing professional development focused on early childhood sexuality (development, literacy, behaviors, communication) delivered via online, in-person, or hybrid modalities. Jamie shared the need for explicit and direct educational opportunities and outcomes, expressing,

How do you address it? I think being very clear, such as "You might see this in the classroom. This is appropriate. It's normal behavior. It's developmentally appropriate. It

is not appropriate for the classroom, but it is developmentally appropriate, and this is how you can address it.”

Within the realm of intentionality, participants expressed the need for opportunities that incorporate explicit knowledge-sharing on normative and atypical development, alongside practical opportunities for role-playing, bias recognition, and scenario-based communication practice within a safe debriefing space. Marie shared her request for tangible resources that encourage critical thinking, sharing it would be helpful to include,

Videos and research articles, tangible takeaways. If you’re doing a video, include questions, an example of the conversation you would have with the child after the incident, and how the professional teacher would navigate it...More hands-on experiences...You can make those connections in your brain, and then it’s easier to remember how to navigate in the future.

Similarly, Green Talker shared her desire for safe space trainings to build communication confidence, and the benefits of it, stating,

I wouldn’t mind seeing some role-playing training with providers. In some of these situations, by talking and doing, I think maybe we would be more comfortable with how to approach a situation like the one I had about breast milk.

Conversely, Ali expressed, from her viewpoint, the evolution of the PCG mindset that could influence how CSE-related topics are addressed, expressing,

I feel like parenting is becoming more accepting of everything, more sex-positive.

There’s still going to be those families that are like, “Absolutely not, you will not even know what sex is or say you have a vagina until you’re a married woman, type of thing.”

Of course, there will be outliers, but we need dedicated resources, courses, and

opportunities to seek out that information from professionals, rather than just me or whoever Googling, “How do I handle this?”

Lastly, participants expressed addressing the whole child as a valuable part of the larger contextual picture when supporting sexuality development. Addressing the whole child entails acknowledging and collaborating with the ecosystem(s) in which the child(ren) exists. For the abovementioned suggestions and recommendations to be effective, recognition of the interconnectedness of sexuality to all developmental domains is required. Nevertheless, continually evolving dynamics and contextual factors shape how CSE is (or is not) addressed. As such, Curious Chameleon elaborated on larger, systemic barriers that influenced how she shares CSE knowledge with colleagues and PCGs, expressing,

Knowing you have a variety of parents, families, teachers, and administrators that run the spectrum when it comes to culture, politics, and divisiveness. It’s gotten worse. It’s heated. Conversations about gender or even explaining it and talking about it with parents and with kids. Even saying ‘gender studies’ to certain parents, they would be like, we’re not talking about that,” and ”You’re not doing that with my kid.” They don’t understand that these are included in conversations about gender. If you have a little boy who’s telling a little girl that she can’t be a girl because her hair is short, that’s a conversation about gender. If you have a little boy who’s getting teased for loving pink, that’s a conversation about gender.

Similarly, Curious Chameleon explained how her role as an ECP is to assist other ECPs to see the whole child, and the need for a deeper dive into understanding a plethora of contextual factors that influence child development, sharing,

Everything is connected. I did an IFSP in my special education prep class. I did it with a teacher I knew. Her daughter has Down syndrome. To be able to sit with her and have a vulnerable conversation and talk about her hopes and dreams for her child, along with the reality of the struggles that they face at home...I know I'm kind of taking other things and applying the lens of sexuality and being able to have a full understanding of this kid's reality. This is what her family dynamic looks like. These are the struggles they face daily. One of Mom's biggest wishes for her was to use the bathroom and make her own choices about what to wear or how to dress, all on her own.

Ali expressed her passion for CSE and whole child development, sharing,

Above all, my job is to mold children into their best selves and let them discover their gifts. That means exploring every aspect of their learning and growing into good human beings who care for others, are kind and respectful, self-assured, and able to become functioning, beautiful young adults.

These varied participant experiences and recommendations lead to a broader discussion of the need to view CSE as a normative and natural part of the human experience across the lifespan.

Chapter 5 - Discussion

Sexuality is a normative and integral part of the lifespan starting at birth (Kurtuncu et al., 2015). Despite the focus on adolescence as the onset of sexuality and the first developmental time for sexual education, sexuality does not spontaneously emerge during this period (Jarkovská & Lamb, 2018; Robinson, 2012; Taylor, 2010). When sexuality education is, however, scaffolded through a developmentally appropriate sequence, starting in early childhood, by professionally educated and skilled ECPs, it contributes to healthy sexual citizenship (Balter et al., 2021; Cacciatore et al., 2020; Czechowski, 2025). Developmentally appropriate, child-led, sex-positive socialization facilitated by skilled ECPs helps disrupt the harmful cycle of biases, stereotypes, and shame during this critically formative period of development (Balter et al., 2016; Goldfarb & Lieberman, 2021; Speller et al., 2010). Regardless of recognition, there remain limited and inadequate pre-service educational opportunities to better equip ECPs in CSE (Balter et al., 2016, 2018, 2021). Research has previously demonstrated that educators, specifically ECPs, lack foundational sexuality-related knowledge and confidence, yet are expected to socialize and/or address the content within their professional roles (Balter et al., 2016; Balter et al., 2021; Bruner et al., 2016; Buettner et al., 2015; Goldfarb & Lieberman, 2021; Li, 2022; O'Brien et al., 2021; Speller et al., 2010). Unfortunately, broadly speaking, results from this study indicate that sexuality development is noticeably absent from TEPPs and continued education opportunities and has impacted ECPs in their roles. Findings from this study support the idea that ECPs (knowingly or not) serve as sexuality socializers rather than formal instructors of CSE, particularly when considering both their lived experiences in the field and recommendations for improving teacher ed and continuing education on this topic. Participants

shared insights on their education and preparedness, professional navigation, and offered recommendations to improve this critically key role within the early childhood ecosystem.

As such, this study makes a novel contribution to the vast field of sexual development research by gathering quantitative data specifically related to established ECP and teacher ed sex education standards, confidence in teaching about sexuality, perceived benefits of sexuality education, embarrassment of talking about sexuality, and their behavioral intent (approach or avoid) towards children's curiosity about sexuality. This initial data provided additional direction for the qualitative inquiry in this study, allowing the PI to directly ask for and share the voices of ECPs. This IPA approach allowed the research team to understand and amplify participants' individual experiences, challenges, and successes, and to offer specific, targeted recommendations for improving pre- and in-service professional learning that are notably absent from previous studies and the literature.

Standards, Confidence, and Behavioral Intent

In alignment with previous research (Byers et al., 2025; Balter et al., 2016, 2018; Balter et al., Cheung et al., 2021; Manduley et al., 2018; Martin & Bobier, 2017; O'Brien et al., 2021) results from this study indicated that TEPPs are widely missing the mark on sex education standards, thus widening the gap in pre-service professionals' educational needs for foundational knowledge. For example, the only response that all participants identified as explicitly included in their TEPPs was "gender expression," albeit all other gender-based topics were reported by very few participants. This is important to note, as it aligns with young children's cognitive capabilities and ECPs' willingness to address gender and gender differences (de la Mora, 2020; Goldfarb & Lieberman, 2021; Shtarkshall et al., 2007). Interestingly, the additional subtopics of "diverse family structures" and "showing respect for diverse family structures" were minimally

included in participants' TEPPs, despite the importance of family structures on early childhood development (Christensen et al., 2016; de la Mora, 2020; Kurtuncu et al., 2015). This finding aligns with previous studies (Balter et al., 2016, 2018; Balter et al., 2021; Bourke et al., 2025; Cheung et al., 2021; Martin & Bobier, 2017) on education preparation, which often find that recognition and acknowledgment of diversity within sexuality and/or family composition received little to no direct teaching and learning opportunities, compared to diversity within social, emotional, cognitive, physical, and linguistic development.

Another important gap in ECPs' teacher ed related to CSA revolved around reporting. Specifically, many of them felt unsure or unknowledgeable about many aspects related to CSA and reporting, despite all participants verbally recognizing themselves as mandatory reporters. Overall, several of the participants shared their challenges as mandated reporters and their apprehension about when and how to address behaviors with children, colleagues, and PCGs, as well as when to (or not) report suspected accounts of CSA. This included challenges in identifying normative versus atypical behaviors linked to CSA. Compounding this, not all participants reported being taught the basic components of mandatory reporting in the TEPP journey, with many reporting inconsistent education around the "identification of behaviors that could be considered child abuse, definition of CSA," and even "healthy relationships."

When TEPPs inadequately prepare pre-service professionals, yet the in-field expectation to teach and/or socialize sexuality increases, the gap between competence and confidence widens. These findings highlight a critical misstep in the expectations and roles of ECPs, including the requirements for recognition and reporting, for which they were not properly educated and/or prepared. After all, if normative sexuality development and behaviors are not explicitly included in initial learning opportunities, how does one confidently identify atypical

development or behaviors? As such, these findings help us better understand why ECPs report a lack of confidence and competence in navigating sexuality-related topics (Balter et al., 2021; de la Mora, 2020; Dewhirst et al., 2013; Morawska et al., 2015; Speller et al., 2010). Our findings echo those from samples in the U.S., Canada, and European countries that also reported deficits in their education around CSA (Balter et al., 2016, 2018, Balter et al., 2021; Cohen et al., 2004; Cummings et al., 2021; Depauli & Plaute, 2018; Eisenberg et al., 2013; Martin & Bobier, 2017; Malins, 2017; Simsar & Çapar, 2022; Sondag et al., 2022), which highlight the need for targeted education and ongoing learning opportunities to support young children well beyond recognition, reporting, and prevention of CSA.

When considering the ECPs' confidence in addressing many of the sexuality topics, some interesting mixed messages were reported. When looking only at the quantitative reports of confidence levels, many respondents felt somewhat confident about addressing most topics. For example, on average, the participants reported high confidence around the self-protection of body parts and sex roles in early childhood, while also reporting feeling only "slightly confident" around addressing body parts and reproduction. However, within the qualitative discussions around these topics, most of the participants spoke to a lack of knowledge and preparedness around these aspects of early childhood sexual development, particularly following their TEPP. This contradiction may be due to participants gaining this confidence in the field rather than in the classroom, as most participants discussed never receiving this information within the TEPP and instead learning through their experiences (Balter et al., 2016; Bruner et al., 2016; Cheung et al., 2020; Wurtele & Kenny, 2010). As the literature indicates, pre-service training is essential across all content areas to build confidence through evidence-based teaching methods and practices (Byers et al., 2024; O'Brien et al., 2021; Walker et al., 2021).

Results from this study indicated ECPs leaned more towards avoiding aspects of normative childhood sexuality as they felt “neutral” in their personal behavioral intent to *approach* children’s questions and curiosity regarding sexuality and “slightly agreed” with their personal behavioral intent to *avoid* children’s curiosity about sexuality. As many of the ECPs described feeling underprepared around sexuality topics, this finding mirrors previous literature detailing how lower self-efficacy and/or knowledge around sexuality development is linked to ECPs’ behavioral intentions to dismiss or avoid addressing sexuality-related topics with young children (Cheung et al., 2020; Kenny & Wurtele, 2013; Speller et al., 2010). This continued lack of sexuality education, methods, and the interconnected understanding of individual wellness outcomes are continually linked to ECPs’ intent to approach or avoid basic concepts of sexuality during early childhood (Balter et al., 2021; Bourke et al., 2025; Cheung et al., 2021; Speller et al., 2010). Participant-reported results from the sex education standards subtopics, confidence, and the extent of agreement indicate that there is much work to be done to improve initial knowledge acquisition, build capacity, and shift the narrative toward a sex-positive stance. Based on these self-reported results, participants appear ill-prepared and unequipped to confidently navigate CSE in their professional roles. Naturally, the next step was to further examine these results in the context of participants’ lived experiences navigating CSE within early childhood contexts.

Experiences and Preparedness of ECPs

Through the IPA approach, we identified five major themes stemming from participants lived experiences: 1) *(Non)Separation of Personal and Professional Self*, 2) *Socialized Silence*, 3) *ECP Continuum*, 4) *Preparedness for Real-Time Navigation of CSE*, and 5) *Recommendations*. These major themes highlighted ECPs’ shared experiences around both their

own socialization of sexuality within the early childhood profession, along with their experiences of being the socializer while out in the field. Themes included the inability to separate personal and professional self, the influence of socialized silence, and variations of the ECP encompassing comfort, preparedness, and willingness to navigate sexuality development and communication in real time. Lastly, we sought specific recommendations from currently practicing ECPs to strengthen both early care and education preparation and ongoing efforts within the early childhood profession.

This exploratory, atheoretical approach aimed to uncover and amplify participants' lived experiences and the nuances that impact their real-time navigation of CSE. Consistent with the research literature (Balter et al., 2016, 2018, 2021; Davies & Robinson, 2010; de la Mora, 2020; Jarkovská & Lamb, 2018; Robinson et al., 2017; Vélez-Agosto et al., 2017), participants reported that their personal histories, educational preparation, and real-time experiences are impacted by socio-political (historical and current) factors that influence the inclusion of sexuality development and communication within the early childhood landscape. Consequently, these factors influence how sexuality is socialized and thus contribute to an individual's working model of self, thereby compounding outcomes that impact the quality of eventual sexual citizenship across the lifespan (Davies & Robinson, 2010; Robinson, 2012; Robinson et al., 2017).

Lastly, based on their lived experiences, our sample of ECPs provided recommendations to enhance TEPPs and professional development opportunities. Recommendations were categorized into two subthemes centered on: 1) *what topics need to be taught* and 2) *how topics and socialization are addressed*. These two subthemes are unique from current literature, as this study's findings highlighted the importance of actively listening to and seeking to understand

ECPs' specific educational needs (de la Mora, 2020; Guder & Alabay, 2018), contextualizing their professional responsibilities and challenges (Ganji et al., 2020; Guder & Alabay, 2018; Noh & Bakar, 2023; Shtarkshall et al., 2007; Sotevik, 2020; Wurtele & Kenny, 2011), and addressing their preferred andragogy, which informs pedagogy within early childhood contexts. These findings highlight the importance and myriad of challenges ECPs face as socializers of sexuality development within a young child's ecosystem (Balter et al., 2016; Blaise, 2013; Bruner et al., 2016; Byers et al., 2024; Cheung et al., 2020; Cincotta-Lee & Buzwell, 2025; Noh & Bakar, 2023). ECPs play critical roles in the co-socialization that fosters development and communication among children, colleagues, and families. These varied ECP roles impact foundational sexuality-related developmental outcomes.

Preparedness of ECPs

A crucial finding in this study is the lack of preparedness ECPs experienced when entering and navigating CSE within the early childhood field. This was demonstrated through both the lack of teacher education covering the national standards, along with interview data in which participants overwhelmingly shared experiences of how underprepared they felt navigating early childhood sexual development and communication. This finding aligns with past research that highlights sexuality content and methods as noticeably absent from TEPPs and are still considered taboo or off-limits topics (Balter et al., 2016, 2021; Blaise, 2013; Bruner et al., 2016; Byers et al., 2024; Cheung et al., 2020; Cincotta-Lee & Buzwell, 2025; Davies et al., 2021; Goldfarb & Lieberman, 2021; Guder & Alabay, 2018; Holford et al., 2013; Jarkovská & Lamb, 2018). Additional interpretations of these findings could include that participants were not recent graduates and may not recall covering CSE topics. Another factor could be that we may

not have a good sense of current TEPP practices regarding CSE-related educational opportunities.

Research and past literature repeatedly showcased that educators have favorable attitudes towards sexuality education, but severely lack basic knowledge on normative sexuality development, communication, training, curricula, or support (from employers, PCGs, and society) to confidently engage with child-led inquiries, facilitate, or explicitly teach content and topics that supports children of all ages and developmental stages (Aguilar-Alonso et al., 2023; Balter et al., 2021; Byers et al., 2025; Cheung et al., 2020; Cohen et al., 2004; Cummings et al., 2021; Depauli & Plaute, 2018; Eisenberg et al., 2013; O'Brien et al., 2021; Pound et al., 2017; Sondag et al., 2022; Speller et al., 2010; Walker et al., 2021). This was even more evident, as many participants spoke of seeking additional resources when navigating situations in their roles and experiencing challenges in finding such resources. In fact, even those who were more proactive in furthering their education spoke to having to put together their own resources and/or “apply” other forms of education to early childhood sexuality (e.g., *Conscious Discipline*) rather than easily accessing resources specific to ECPs. Consequently, these findings emphasize the urgent necessity for intentional, ongoing professional support, and learning opportunities to build ECPs’ confidence and competence.

However, interestingly, there seemed to be an (uneven) divide among participants on whether they felt this lack of preparedness should be remedied (e.g., most actively discussed seeking out additional information) or something they would not prioritize (e.g., a few discussed sexuality education as a family matter, no interest in additional training) as part of professional preparation. This continuum of beliefs provides additional evidence of the differing experiences, beliefs, and methods of ECPs and points to the need for educational standards and policy (Balter

et al., 2021; Martin & Bobier, 2017; O'Brien et al., 2021; Ozel et al., 2023) that prioritize research-informed best practices over personal convictions in early childcare settings. This can include recognizing and, if necessary, navigating ECPs' personal and professional histories (Bruner et al., 2016; Derman-Sparks & Edwards, 2020).

Beyond TEPP education, this study highlighted that ECPs' personal, educational, and professional histories are inextricably linked, with many of the participants discussing how their histories and identities were more direct influences on their preparedness and approaches than even their TEPP (Bourke et al., 2025; Christensen et al., 2016; Dewhirst et al., 2013; O'Brien et al., 2021; Speller et al., 2010). Participants' stories highlighted how their unique upbringings shaped their current decision-making, both personally and professionally. Participants shared the balancing act of navigating personal experiences of deflection, cognitive conflict, fears of parental and/or institutional repercussions, while balancing professional ethics with the rights of the child. Participants' teacher ed and professional experiences reinforce hesitancy and uncertainty in adequately supporting early sexuality development (Balter et al., 2016; Brouskeli & Sapountzis, 2017; de la Mora, 2020; Ganji et al., 2020; Vélez-Agosto et al., 2017).

In particular, several of the participants discussed how their personal histories with early childhood sexual development have been fundamental in guiding their beliefs and knowledge seeking around this topic. Furthermore, many participants discussed how their past professional experiences, both within and outside the early childhood field, have largely guided them in their current roles. Given the reported lack of TEPP education on these topics by participants and in past research (Balter et al., 2016, 2018; Balter et al., 2021), participants are learning on the job through trial and error rather than being adequately prepared to navigate these situations. Recognizing and addressing this inadequate preparation is crucial for supporting the direct and

indirect socialization of sexuality in the earliest years of life (Balter et al., 2016; Blaise, 2013; Bruner et al., 2016; Byers et al., 2024; Cheung et al., 2020; Cincotta-Lee & Buzwell, 2025), along with better preparing ECPs for the navigation of CSE professionally.

Navigation of Early Childhood Sexuality

Doing what is best for children is always the right approach. The discrepancies in what is best often lie in the variability of who, when, and what is responsible for those best practices (Byers et al., 2024; Cohen et al., 2004; Cummings et al., 2021; Sondag et al., 2022). Although ECPs' experiences are not unique, they occur within a context subject to scrutiny and are deeply entangled within historical approaches, rhetoric, nuanced familial views, and the current socio-political climate. Despite the focus of understanding ECPs' experiences navigating sexuality within their professional settings, an important finding from this research is the varying systems beyond the child in which sexual development is navigated. Specifically, participants spoke not only about being ill-prepared and uncertain about navigating sexual development with children, but also with PCGs, colleagues, and society. This included the roles of ECPs in socializing around early childhood sexuality. Results from this study indicated unclear or blurred boundaries around who is responsible and how sexuality is socialized. Participants' responses ranged from not responsible (e.g., "that should be handled by the family"), to uncertainty (e.g., "this is what happened, now you can parent"), to fully embracing the socialization role (e.g., "my job is to help mold these children into caring adults"). Compounding this, participants repeatedly shared experiences with multidisciplinary colleagues who were equally unsure and apprehensive and lacked methods for navigating CSE within early childhood ecosystems. These unclear boundaries highlight the lack of professional guidance/policy on CSE in early childhood and

how unclear policies and/or administrative procedures may further challenge ECPs in navigating both normative and non-normative early childhood sexuality development and communication.

Unsurprisingly, participants also voiced the multiple challenges of navigating CSE with family members. Participants cited differing beliefs, blurred boundaries, and fear of repercussions as hindering communication, thereby stifling most efforts to openly communicate CSE-related matters with PCGs. These findings reiterate how the lack of normalization, lifespan, and multidisciplinary CSE education and learning opportunities reinforces socialized silence. Participants noted that these challenges directly impact their competence and confidence as sexual socializers.

Importantly, ECPs discussed challenges in navigating childhood sexuality within the current socio-political climate. Within their experiences, it became abundantly clear that CSE in early childhood is deeply rooted in socio-political pressures and assumptions. Consequently, some participants discussed concerns about the combined social and parental pressures, which made them hesitant or avoidant to address CSE-related topics in fear of potential blowback and/or repercussions from both PCGs and society. As sociopolitical divides driven by misinformation and rhetoric about CSE in childhood continue to grow (Davies & Robinson, 2010; De Meyer et al., 2025; Guder & Alabay, 2018; Noh & Bakar, 2023; Robinson et al., 2017), clear standards and recommendations from professional bodies may bolster ECPs' ability to address CSE-related topics and communication. Another unintentional yet important finding within this research was the overarching misunderstanding around how to categorize early childhood sexuality and sexual socialization, as many participants initially interpreted this to mean having the ECPs as actual sex educators in the classroom rather than simply sexual socializers. These gaps in understanding were reflected in the interview dynamics noted by the

PI and characterized by participants' self-preservation and second-guessing. Consequently, participants explicitly asked the PI (during the interview process) to clarify what constitutes appropriate sexual development and sexual communication. As such, this research highlighted the need to clearly approach this education with ECPs, clarifying that they are not explicitly instructing or discussing inappropriate sexuality-related topics but instead serving as developmentally appropriate socializers and communicators of sexual literacy, development, and behaviors (Jarkovská & Lamb, 2018; Kurtuncu et al., 2015; Robinson, 2012; Taylor, 2010). From this research, we were able to address two concerns: 1) how to support current ECPs in their daily work and 2) how to better prepare pre-service professionals to embrace their roles as developmentally appropriate sexuality socializers. Ultimately, participants' recommendations were plentiful and consistent with current academic literature; this study, however, uncovered specific needs for comprehensive development-based knowledge and application-based requests to enhance professionalism.

Implications

Findings from our study again echoed the research and literature on the importance of establishing healthy, predictable, developmentally appropriate sexual communication, grounded in normative sexuality development, during this critical period (Balter et al., 2021; Bruner et al., 2016; Cincotta-Lee & Buzwell, 2025; Kenny & Wurtele, 2013). Results from this study, in alignment with previous studies (Balter et al., 2016; 2018; 2021), highlight the need for intentional inclusion of CSE methods and applications that support sex-positive, whole-child development. As such, this study's findings help us to understand that TEPPs must make fundamental curricular changes, with significant commitment, to better prepare pre-service learners for their future roles as ECPS.

One way to address this, as highly recommended by most ECPs in this study, is through role-play and/or scenario-based learning. Participants overwhelmingly requested direct, in-depth knowledge sharing (e.g., lectures and in-depth learning opportunities, not simply glossing over), applied learning with debrief sessions (e.g., case study and/or video discussion and answer sessions, applied communication), and practical experiences (e.g., role-playing, communication practice) to build capacity and confidence. Specifically, this study yielded a unique recommendation for a “communication application class,” ideally in a university-monitored learning lab where students could practice scenario-based role-play and conversation in a safe environment. Participants expressed a desire for these realistic, professional simulations to help bridge the gap between theory and practice. Notably, this is also a specific need that remains under addressed in the current literature and TEPP. Unfortunately, no participants reported in-depth learning opportunities around core content, skills, or behaviors specific to supporting or navigating normative CSE. Nearly all participants in our sample relied on additional support to navigate sexuality development and communication. Many participants expressed that initial TEPPs (as well as continued professional development opportunities or employment-specific protocols) only touched on signs, recognition, reporting, and prevention of CSA. Participant recommendations indicate that case-study exploration, role-play practice, and an applied communication course would help address competence, confidence, and the navigation of interdisciplinary teaming within the early care and education setting. The intentional inclusion of problem-based learning simulations in pre-service teacher education and ongoing professional development could better equip ECPs to confidently navigate the professional field. This recommendation emphasizes the complexities of sexual communication and the need to explore

nuances through communication role-play with peers, colleagues, mentors, and practicing professionals.

Studies like this one can inform higher education, TEPPs, and ongoing professional development programming opportunities about what ECPs need more education and in-depth training before entering and throughout their professional careers. Program directors, faculty/instructors, and professional development facilitators should also be made aware of the importance and outcomes of including sexuality development and communication into educational programming. This approach, in alignment with previous research (Balter et al., 2016, 2018; Balter et al., 2021; Bourke et al., 2025; Byers et al., 2025; Cheung et al., 2021; Manduley et al., 2018; Martin & Bobier, 2017; O'Brien et al., 2021), requires a fundamental change for facilitators to engage in self-reflection and learning to be emotionally and cognitively competent in addressing sexuality development and communication. Additionally, this change would include PCGs and ECPs individually acknowledging and working through their own histories, biases, and experiences that prevent the normalization of sexuality literacy, development, behaviors, and communication (Davies & Robinson, 2010; de la Mora, 2020; Jarkovská & Lamb, 2018; Robinson et al., 2017; Vélez-Agosto et al., 2017). This self-reflection appears crucial for effectively navigating early childhood sexual development, as many of the participants spoke to the (non)separation of their personal backgrounds from their approaches. TEPPs can help pre-service learners strengthen their abilities by encouraging critical self-reflection on their own histories, experiences, and biases that may hinder the effectiveness of their future ECP work.

An additional implication was the need for clearer guidance on childcare and related programming. Again, results from this study, in alignment with previous studies (Balter et al.,

2016, 2018; Balter et al., 2021; Davies & Robinson, 2013), mirrored the need for CSE guidelines and policy related to childcare administration. All participants spoke about programmatic policy guiding developmentally appropriate guidance around cognitive, social, physical, emotional, and linguistic developmental domains. However, participants repeatedly expressed the lack of childcare or programmatic policy guiding CSE, aside from signs, recognition, reporting, and prevention of CSA. Additionally, if larger professional entities, such as NAEYC, had clear established policies and guidance on CSE, it would likely make it easier for childcare centers and staff to accomplish these same goals. Lastly, the inclusion and implementation of childcare policy and guidance would provide PCGs with a clearer understanding of what to expect within a specific childcare center or program regarding sexuality-related guidance and communication.

Both PCGs and ECPs will need to work to develop the cognitive capacity to provide developmentally appropriate, scaffolded, timely, and critical information to build sexual literacy from the earliest years of life. The common focus of empowering children with the knowledge, capacity, and confidence to seek out trusted adults and to make informed, healthy decisions. Additionally, explicit inclusion of sexuality development and communication within TEPPs reinforces the expectation of sexuality as normative, research-based, and scientifically supported (Bourke et al., 2025; Byers et al, 2025; Goldfarb & Lieberman, 2021; O'Brien et al., 2021). Sexuality development and communication resources should be readily available. Access to tangible resources is critical, allowing PCGs to self-educate on general development and topics, including normative behaviors, open communication, and sex-positive approaches, and to connect them to additional resources for further learning opportunities.

Next, there would need to be a fundamental mind-shift from avoidance to embracing sexuality as a continuous lifespan process. This change in approach could enable more fluid

implementation and greater fidelity to developmentally appropriate early childhood standards, guidelines, and curriculum. For example, foundations in sexual literacy for young children encompass basic concepts related to consent, relationships, and emotions (Cacciatore et al., 2020; Davies & Robinson, 2010; Robinson et al., 2017; Shtarkshall et al., 2007). This change could allow for more focused and individualized educational opportunities to empower our earliest learners, young children, their families, ECPs, and society during this normative aspect of the developmental journey. After all, CSE is an essential building block for maintaining healthy relationships with oneself and others, expressing feelings, making decisions, solving problems, setting and maintaining boundaries, and appreciating and recognizing the diversity within human development (Balter et al., 2021; Brouskeli & Sapountzis, 2017). Additionally, CSE serves as a powerful protective factor, empowering children to be less vulnerable and less susceptible to the detrimental consequences of CSA (Jarkovská & Lamb, 2018; Simsar & Çapar, 2022; Wurtele & Kenny, 2011). Despite this knowledge, research (Balter et al., 2021; Brilleslijper-Kater & Baartman, 2000; Kenny & Wurtele, 2008; Pandia et al., 2017) in this area lacks forward momentum due to long-held societal struggles with the acknowledgment of sexuality existing at birth and openly engaging with CSE across the lifespan from a sex-positive framework.

It is important to note that there are established science-driven and evidence-based organizations (e.g., United Nations Educational, Scientific, and Cultural Organization (UNESCO), World Health Organization (WHO), Sex Education for Social Change (SIECUS) that provide science-driven, research-based guidelines, rationales, support, and data detailing the education and impacts of CSE programming. Establishing innovative, collaborative partnerships between the National Association for the Education of Young Children (NAEYC) and the

National Sex Education Standards (FoSE, 2014) could be a powerful springboard for developing Birth-K standards and guidelines that support young children, ECPs, and PCGs. These national Birth-K sexuality standards could then be adopted by states as an additional tool for research-based information and guidance.

Relatedly, once sexuality development and communication are embraced, existing K-12 CSE can then be facilitated with fidelity from its positive sexuality framework. An approach and framework such as this can then focus on birth-K guidelines to support young children, PCGs, ECPs, and society. This framework seeks to reshape and reframe negative attitudes, assumptions, feelings, and beliefs about sexuality (Taylor, 2010). This no doubt opens the door to future action-oriented, application-based normalization of sexuality development and communication in TEPPs and professional contexts. These findings highlight the need for intentional education and learning opportunities to better support CSE during early childhood (Balter et al., 2016, 2021; Brouskeli & Sapountzis, 2017; Bruner et al., 2016; Buettner et al., 2015; Byers et al., 2024; Goldfarb & Lieberman, 2021; Hendriks et al., 2024; Murray et al., 2019; O'Brien et al., 2021; Speller et al., 2010). Undoubtedly, CSE will be a critically important concept to intentionally include in teacher ed, professional development, and future opportunities that position ECPs as sex-positive socializing agents (Jarkovská & Lamb, 2018; Kurtuncu et al., 2015; Robinson, 2012; Taylor, 2010). This shift will address inaccuracies while simultaneously educating young children (ECPs, PCGs, too) on body awareness, consent, relationships, social-emotional development, and decision-making skills (Davies & Robinson, 2010; Robinson et al., 2017; Shtarkshall et al., 2007).

Limitations and Future Research

When considering the important and novel findings of this study, specifically the examination of lived experiences and specific recommendations for improving the field, several limitations must be addressed. Contextualizing the contributions of this study within its identified limitations is a critical aspect to unpack in relation to the existing literature. In doing so, this helps ensure that this study's findings are not overstated or misinterpreted by limitations.

First, although our sample was White, cisgender females, who are historically representative of the ECP workforce, including educators in the state of Kansas, and align with IPA approaches that seek homogeneity in samples (Smith & Fieldsend, 2021), we acknowledge its lack of diversity. Future work should amplify the voices of diverse ECPs to better reflect the population and further capture the role of identities, personal history, and larger social norms within their navigation of early childhood sexual development. Additionally, this qualitative study did not include any perspectives or voices from male-identifying individuals. This would be a critical perspective, voice, and experience to examine within early childhood systems.

Further, although this study intentionally focused on ECPs from Kansas IHEs to capture the nuances of a specific region and culture, the narrow geographic scope limits the range and diversity of early care and education experiences. Future research should expand to include varied states and diverse TEPPs to account for programmatic variations. Ultimately, a national-level examination is necessary to fully understand the educational opportunities, preparedness, and experiences of ECPs across the United States.

Lastly, although all participants were currently working in the field, several had been several years removed from their initial TEPP and educational experiences. One of the study goals was to examine the content, topics, and methods covered in TEPP. Participants who have

been out of their program for longer periods may have difficulty recalling the specific topics and content covered. This was demonstrated when asking participants to talk specifically about what they learned around the content they marked as a part of their TEPP and many indicating they couldn't remember the specific information. As such, findings from this study's participants may reflect outdated approaches and fail to capture current reflections of TEPP experiences or practices. As such, it would be interesting to explore programmatic planning from the IHEs' perspective. It would be critically important to examine the depth and breadth of sexuality development and communication content, topics, and strategies in human development courses, giving pre-service learners exposure and learning opportunities. Future longitudinal research would be beneficial in examining explicit instruction within TEPPs and later follow-ups with them, in-service ECPS with years of service, to continually refine and update sexuality content and topics to best support practitioners in the profession.

Beyond the limitations, an unintentional yet interesting finding from this study was the participants' misunderstanding that the focus of this study would be on them as a group of sex educators for young children. Specifically, several of the participants had the misperception of being an explicit instructor of CSE instead of viewing themselves as a co-socializer of sexuality. Many participants did not understand the connection between knowledge on normative sexual development and behaviors or themselves as sexual socializers within the ecosystem. Likewise, some participants did not realize that the socialization process for young children is influenced by adult responses and behavioral intentions to approach or avoid CSE-related topics. Future research should examine this phenomenon to better understand adult comfort levels about what it means to be a socializer of sexuality. Such as conducting theory-guided research on the meaning-making and roles of ECPs as sexual socializers.

Conclusion

Despite the recognition of normative sexual development that occurs in early childhood, there continues to be general avoidance, dismissal, and discomfort around foundational education on CSE and communication within early childhood. More specifically, pre-service teacher preparation programs continually miss the mark in preparing ECPs to navigate CSE-related topics and communication comfortably, competently and confidently in early care and education settings. As such, society at large and institutions of higher education continue to underprepare these essential sexuality co-socializers. This perpetual discomfort and lack of preparedness negatively impacts navigation of CSE and communication within early care and education settings and within the larger social systems of children, such as parents-caregivers and early childcare teams. Overarching, these deficits in education and preparedness can have long-lasting impacts on the sexual well-being of children who experience socialized silence and/or shame messages around normative sexual development and exploration during early childhood.

By interviewing seven ECPs, we found that within various early childhood contexts, ECPs continually balance their personal/professional selves, function within a continuum, wade through socialized silence, navigate daily interactions without sufficient knowledge or confidence, and have strong recommendations for professional empowerment. Moreover, these ECPs actively offered important considerations for IHEs when developing comprehensive teacher education on navigating early childhood sexuality and socialization, grounded not only in research but also in the lived experiences of those out in the field. As profound socializers in young children's lives, knowledgeable and confident ECPs are essential to the early childhood ecosystem and to the future of young children.

This study is a part of the movement to remove discomfort and normalize sex-positive development and communication as a lifespan process. This study aimed to serve as a wake-up call to better support ECPs, teacher ed, PCGs, and society on the need to shift from avoidance and shame to sex-positive and empowering. I hope that by uncovering participants' journeys, this study will help advance the field of early childhood care and education. By seeking to understand the nuances of the journey, we can begin to truly embrace and address the specific learning needs of aspiring and seasoned ECPs. Through active listening and intentional engagement, we can elevate developmental outcomes for generations to come. The significant impact of building and sustaining practitioner knowledge and best practices that support sexuality development and communication in early childhood sets the foundation for healthy and holistic sexual citizenship across the lifespan.

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Appendix A - 1 Recruitment Flyers

SEEKING

**EARLY
CHILDHOOD
PROFESSIONALS**

This study has been approved by **Kansas State University IRB# 13251** & is being led by Misti Johnson-Olthoff & supervised by Dr. Kristin Anders.

This study explores **early childhood professionals'** teacher education program preparation & professional experiences navigating early childhood sexuality development & communication. Have you:

Navigated **early childhood sexuality development** &/or **communication** in the profession?

Completed a Kansas **2 or 4-year degree** in Early Childhood?

1 year of early childhood **professional experience**?

Are you **18 years** or older?



\$\$\$ PAID PARTICIPATION \$\$\$

Be entered to win

1 of 15 **\$20 Giftogram** cards by completing a brief 10-15-minute survey

Opportunity to earn a **\$50 Giftogram** card for participating in a 60-minute interview

Keeping you informed of professional development opportunities for family child care providers, child care center staff, and other early education professionals throughout Kansas.

[View online version](#)



Share Your Voice: Research Opportunity for Early Childhood Professionals

Hello KCCTO Participant -

We are excited to distribute information about a research study being conducted by Misti Johnson-Olthoff with Kansas State University. **This study focuses on educational experiences of early childhood care and education professionals in Kansas and you were randomly selected for this opportunity.** We are helping distribute this information to ensure those who may be interested have the opportunity to participate and share their perspectives.

Sincerely,

KCCTO Research & Evaluation Team

Seeking Early Childhood Professionals

This study explores early childhood professionals' teacher education program preparation & professional experiences navigating early childhood sexuality development & communication.

You are a great fit for this study if you meet the following:

- Navigated early childhood sexuality development &/or communication in the profession
- Completed a Kansas 2 or 4-year degree in Early Childhood
- Have 1 year of early childhood professional experience
- Are 18 years of age or older

What this study involves:

Complete one or both of the following to be eligible for a prize:

1. Quick Survey (10–15 minutes): Enter to win 1 of 15 \$20 Giftogram cards.
2. In-Depth Interview (60 minutes): Participate and receive a \$50 Giftogram card.

This study has been approved by Kansas State University IRB #13251 and is supervised by Dr. Kristin Anders.



Click [here](#) or scan the QR code to learn more and get started.

If you have any questions, please email Clarissa Corkins, KCCTO Evaluation Coordinator, at corkins@ksu.edu

KCCTO Research & Evaluation Team

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Appendix B - 2 Step One Informed Consent & Inclusion Survey

PROJECT TITLE: A qualitative exploration of early childhood professionals' education, lived experiences, and communication, navigating sexual development in early childhood

PROJECT APPROVAL DATE / EXPIRATION DATE: 10.06.2025 (3 years)

LENGTH OF STUDY: Part 1 (10-15 minutes); Part 2 (60 minutes)

PRINCIPAL INVESTIGATOR/CO-INVESTIGATOR(S): Dr. Kristin M. Anders, KAnders8@ksu.edu. (785) 532-5510; Misti L. Johnson-Olthoff, semproject83@gmail.com, (785) 532-5510

CONTACT DETAILS FOR PROBLEMS/QUESTIONS: Misti Johnson-Olthoff, semproject83@gmail.com, (785) 532-5510; Dr. Kristin M. Anders, KAnders8@ksu.edu. (785) 532-5510

IRB CHAIR CONTACT INFORMATION: For the subject, should he/she have questions or wish to discuss any aspect of the research with an official of the university or the IRB. These are: Lisa Rubin, Chair, Committee on Research Involving Human Subjects, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, (785) 532-3224, rubin@ksu.edu; Brad Woods, Associate Vice President for Research Compliance, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, (785) 532-3224, comply@ksu.edu.

PURPOSE OF THE RESEARCH: In this study, I am seeking to explore and better understand the lived experiences of early childhood professionals, including what you learned in your teacher education preparation program, what you wished you had learned, and how you currently navigate early childhood sexuality development and communication within your professional roles. These research gaps will be directly addressed by early childhood professionals who share their educational journey, lived experiences, insights, and recommendations.

PROCEDURES OR METHODS TO BE USED: If you consent to participating in this study, you will be asked to complete a one-time online survey through Qualtrics that asks a variety of questions ranging from demographic characteristics (e.g., age, race, gender), teacher education preparation programming (content and/or topics around early childhood sexuality development and communication), your levels of preparedness, what you wish you had learned, and how you are currently navigating childhood sexuality development and communication in your professional role. Upon completion of this survey, you will be entered to win 1 of 15 \$20 electronic Giftogram gift cards for your participation. You will be notified via registration email if you are a gift card recipient.

RISKS OR DISCOMFORTS ANTICIPATED: There are no major risks involved in participating in this program. You may feel uncomfortable with some of the survey questions and can abstain from answering them without penalty. You can also end participation in the survey at any point without risk to you. In general, participation will not involve risks greater than those of everyday conversations.

BENEFITS ANTICIPATED: You will be entered to win 1 of 15 gift cards to compensate you for your time and insights. Your contributions to the field and research will benefit future professionals. You will also be allowed to receive a summary of the study results (i.e., manuscript, brief, etc.).

EXTENT OF CONFIDENTIALITY: All electronic data, including the surveys with individuals' responses and the survey asking for participants' names and email addresses, will be encrypted and secured in the PI's locked office on a password-protected computer. Any physical data forms will be shredded upon completion of this project. All reports will provide summary data to ensure the participants' identities cannot be discerned from the information provided. The information collected as part of this research could be used for future research studies or distributed to other investigators for such studies without additional informed consent. Lastly, all identifiable information will be destroyed seven years after project completion.

IS COMPENSATION OR MEDICAL TREATMENT AVAILABLE IF INJURY OCCURS: No.

TERMS OF PARTICIPATION: I understand this project is research, and that my participation is completely voluntary. I also understand that if I decide(s) to participate in this project, I may withdraw my consent at any time, and stop participating at any time without explanation, penalty, or loss of benefits or academic standing to which I may otherwise be entitled. I also understand that I am not required to opt into the qualitative interviews to receive potential compensation for my participation. I verify that by selecting “I consent” below, I have read and understand this consent form and willingly agree to participate in this data collection under the terms described.

PARTICIPANT CONSENT:

I consent (1)

I do not consent (2)

Page Break

End of Block: Block 1

Start of Block: Block 2

Q1 Are you 18 years of age or older?

- Yes (1)
- No (2)

Page Break

Q2 Was your most recent degree earned from a Kansas institution of Higher Education?

- Yes (1)
- No (2)

Page Break

Q3 What is the most recent type of degree you have earned (select one of the following)?

- 2-year (associate's) (1)
 - 4-year (bachelor's) (2)
 - Master's or Ph.D. (3)
 - None of the above (4)
-

Page Break

Q4 Based upon your response from question 3, your most recent degree earned, what is the name of (or name that most closely aligns) with that specific degree program?

- Early Childhood Education (Birth-Kindergarten) (1)
 - Elementary Education (K-Grade 6) (2)
 - Elementary Education (PreK-Grade 6) (3)
 - Associate of Applied Science (A.A.S.) in Early Childhood Education (4)
 - Associate of Science (A.S.) in Early Childhood Education (5)
 - General Degree with or without Specialty (I.e., Family Studies & Human Services/Early Childhood Education, Elementary Education/Open Option, etc) (7)
-

Page Break

Q5 Do you have at least 1 year (12 months) of professional experience within the early childhood education profession? Examples of professional experience include: infant, toddler, preschool, or kindergarten teacher, center-based childcare provider, in-home childcare provider, early intervention, infant-toddler specialist, early childhood special educator, family advocate, home visitor, parents as teachers, childcare administration/operations, KDHE childcare/licensing regulations, Childcare Aware, or KCCTO.

- Yes (1)
 - No (2)
-

Page Break

Q6 Do you speak fluent English?

- Yes (1)
- No (2)

End of Block: Block 2

Start of Block: Block 4

Q1 Age (in years)

Page Break

Q2 Gender (select all that apply)

- Cisgender woman (1)
- Cisgender man (2)
- Transgender woman (3)
- Transgender man (4)
- Non-binary (6)
- Agender (7)
- Genderfluid (8)
- Genderqueer (9)
- Two-spirit (10)
- Questioning (11)
- Prefer not to disclose (12)
- Not listed (13) _____

Page Break

Q3 Race/ethnicity (select all that apply)

- Black/African American (2)
- White/Caucasian (1)
- Asian or Asian American (4)
- Hawaiian or Pacific Islander (10)
- Native American or Alaskan Native (7)
- Hispanic (3)
- Prefer not to disclose (8)
- Not listed (9) _____

Page Break

Q4 Years of experience in the early childhood profession (enter number)

Page Break

Q5 Types of experiences in the early childhood profession (select all that apply):

- infant, toddler, preschool, or kindergarten teacher (1)
- center-based childcare provider (2)
- in-home childcare provider (3)
- early intervention (4)
- infant-toddler specialist (5)
- early childhood special educator (6)
- family advocate (7)
- home visitor (8)
- parents as teachers (9)
- childcare administration/operations (10)
- KDHE childcare/licensing (11)
- Childcare Aware (12)
- KCCTO (13)
- Other/not listed: (14) _____

End of Block: Block 4

Start of Block: Block 3

Q6 Early Childhood Sexuality Development & Communication. Sexuality development and communication in early childhood entails developmentally appropriate acknowledgement of sexuality as a lifespan process, nurturing curiosities and inquiries of young children that fosters foundational aspects of (but not limited to): consent, body autonomy, relationships, typical behaviors, anatomical labeling (including genitals), good/bad touch, masturbation, gender identity, gender expression, gender roles, gender stereotypes, diversity of relationships, and diversity of family structures. For the following questions, I would like you to reflect on the most recently earned 2- or 4-year teaching degree you have, and the educational learning opportunities (i.e., lectures, discussions, hands-on activities, case studies, field experiences, practicum experiences, student teaching) that were part of your teacher education program. Select the

following topics related to early childhood sexuality development that were explicitly included in your 2- or 4-year teacher education program (select all that apply):

- Consent (1)
- Healthy relationships (characteristics of friends, friendship) (2)
- Respect for self (3)
- Respect for others (4)
- Healthy expression of feelings (verbally and physically) (5)
- Body autonomy (6)
- Personal boundaries (7)
- Diverse kinds of family structures (e.g., nuclear, single-parent, blended, intergenerational, cohabitating, adoptive, foster, same-gender, interracial) (8)
- Showing respect for diverse family structure (9)
- Medically accurate names for body parts (including genitals) (10)
- Definitions of gender, gender identity, and gender-role stereotyping (11)
- Discussion of the range of ways people express their own gender (12)
- Discussion of how gender-role stereotypes may limit behavior (13)
- Reproduction (living things have the capacity to reproduce) (14)
- Interpersonal violence (15)
- Definition of child sexual abuse (16)
- How to identify behaviors that would be considered child abuse (17)
- How to identify situations that are uncomfortable or dangerous (e.g., bullying, teasing, child sexual abuse) (18)
- How to identify trusted adults, including parents and caregivers, that you can talk to about situations which may be uncomfortable or dangerous (e.g., bullying, teasing, child sexual abuse) (19)
- A demonstration of ways to treat all people with dignity and respect (e.g., race, ethnicity, socio-economic status, differing abilities, immigration status, family configuration) (20)
- A demonstration of ways to start a conversation when seeking help from a trusted adult about uncomfortable or dangerous situations (e.g., bullying, teasing, child sexual abuse) (21)
- Other/not mentioned above: (22) _____

Page Break

Q7 For the next set of questions, consider your confidence levels upon completing your most recent 2- or 4-year Kansas teacher education degree, and to what extent you felt confident in

discussing the following with young children? Indicate your confidence level, ranging from very low (1) to very high (7):

	Very low (1)	Low (2)	Slightly low (3)	Neutral (4)	Slightly high (5)	High (6)	Very high (7)
The correct names and functions of the genitals of the two sexes (1)	☐	☐	☐	☐	☐	☐	☐
Where the genitals of the two sexes are located (2)	☐	☐	☐	☐	☐	☐	☐
Where babies come from (3)	☐	☐	☐	☐	☐	☐	☐
The fetuses grow in the mother's body (4)	☐	☐	☐	☐	☐	☐	☐
How babies are born (5)	☐	☐	☐	☐	☐	☐	☐
Children of different sexes can have the same interests (6)	☐	☐	☐	☐	☐	☐	☐
Children of different sexes can have the same values (7)	☐	☐	☐	☐	☐	☐	☐
How to protect our own bodies and refuse to be touched by others (8)	☐	☐	☐	☐	☐	☐	☐
How to reject inappropriate touching and seek help (9)	☐	☐	☐	☐	☐	☐	☐

Q8 For this last set of questions, consider your professional experience(s) within the early childhood field, and to what extent you AGREE with each of the following statements? Indicate your level of agreement, ranging from strongly disagree (1) to strongly agree (7).

	Strongly disagree (1)	Disagree (2)	Slightly disagree (3)	Neutral (4)	Slightly Agree (5)	Agree (6)	Strongly Agree (7)
Sexuality education can help children develop healthy interpersonal relationships. (1)	☐	☐	☐	☐	☐	☐	☐
Sexuality education can help children develop a good personality. (2)	☐	☐	☐	☐	☐	☐	☐
Sexuality education can help children develop good living habits and attitudes. (3)	☐	☐	☐	☐	☐	☐	☐

Teaching
young children
about the
genitals makes
me feel
embarrassed.

(4)

Talking to
young children
about sexuality
makes me feel
uncomfortable.

(5)

I find it
difficult to talk
to young
children about
the birth of
babies. (6)

When young
children raise
questions about
sexuality,
teachers should
respond in an
open manner.

(7)



When young children show curiosity about sexuality, teachers should discuss it with them openly and actively.

(8)

When young children raise questions about sexuality, teachers should hold a positive attitude and treat it as a good opportunity for sexuality education. (9)

When young children ask questions about sexuality, teachers should respond to them minimally. (10)



When young children raise questions about sexuality, it is better for teachers to ignore it or respond in an avoidant manner. (11)



When young children show curiosity about sexuality, teachers should ignore the behavior (12)



End of Block: Block 3

Start of Block: Block 4

Q9 I am seeking to better understand the lived experiences of early childhood professionals as they navigate early childhood sexuality development and communication in professional settings. At this point, I would like you to schedule a 60-minute interview (in person or via Zoom) to learn more about your specific experiences. Upon completion of the interview, you'll

be compensated \$50 for your participation and contribution to improving the field of early childhood sexuality development and education. Please select one of the following:

- I would like to OPT-OUT and DO NOT want to participate any further in this research project. (1)
 - I would like to OPT-OUT and DO NOT want to participate any further in this research project, and YES, I would like to be entered to win 1 of 15 \$20 Giftogram gift cards. (2)
 - I would like to OPT-IN for CONTINUED PARTICIPATION in this research project, including submission of informed consent, scheduling, & participating in a 60-minute interview with the opportunity for \$50 compensation upon completion. (3)
-

Q22 Thank you for your participation thus far in my research study focusing on teacher education programming and your work within the early childhood profession. At this time, you do not qualify for the interview portion of the study. Please select one of the following:

- NO, I would like to OPT-OUT and DO NOT want to be considered for 1 or 15 \$20 Giftogram gift cards. (1)
 - YES, I would like to be entered to win 1 of 15 \$20 Giftogram gift cards. (2)
-

Page Break

Q10 Please enter your contact information below. Kindly verify your contact information for accuracy before submitting. This will conclude your participation. You will be entered to win 1 of 15 \$20 Giftogram cards for your participation. You will be notified by email if you are a recipient. Thank you for your time.

- First name and last initial only (i.e., Sally Z.) (1) _____
 - Email (2) _____
-

Page Break

Q23 Please enter your contact information below. Kindly verify your contact information for accuracy before submitting. You will receive an email from SEMProject83@gmail.com within 24 hours of submission. This email will contain a Qualtrics link to complete the following: 1) interview informed consent, and 2) a Calendly link to schedule your 60-minute interview. Both must be completed to continue participation in the study. Cheers!

- First name and last initial only (i.e., Sally Z.) (1) _____
- Email (2) _____

End of Block: Block 4

Appendix C - 3 Participant Email

Hello, XXX

It's time to schedule your interview. The allotted time is 75 minutes, with the interview expected to last approximately 45-60 minutes. The interview can be completed either face-to-face (in a reserved room, located in Justin Hall on the K-State campus) or via Zoom.

Please use the following Calendly link to schedule your appointment: <https://calendly.com/semproject83>

If no times listed work for you, please email me with some preferred dates/time blocks, and we can schedule accordingly. If any of the times listed below work, please let me know. I work with 100 undergraduate students who have access to my calendar for scheduling, so I block off time (for my own sanity!). For example, the following I have available:

Tuesday, December 9, 12-1:15 pm

Wednesday, December 10, 8-9:15 am

Friday, December 12, between 8 am and 12 noon

Additionally, if you have other 75-minute blocks of time available between December 9 and 18, kindly send them my way!

I am looking forward to chatting with you.

Cheers! -Misti

Appendix D - 4 Informed Consent for Interview

PROJECT TITLE: A qualitative exploration of early childhood professionals' education lived experiences, and communication, navigating sexual development in early childhood

PROJECT APPROVAL DATE / EXPIRATION DATE: 10.06.2025 (3 years)

LENGTH OF STUDY: 60 minutes

PRINCIPAL INVESTIGATOR/CO-INVESTIGATOR(S): Dr. Kristin M. Anders, KAnders8@ksu.edu. (785) 532-5510; Misti L. Johnson-Olthoff, semproject83@gmail.com, (785) 532-5510

CONTACT DETAILS FOR PROBLEMS/QUESTIONS: Misti Johnson-Olthoff, semproject83@gmail.com, (785) 532-5510; Dr. Kristin M. Anders, KAnders8@ksu.edu. (785) 532-5510

IRB CHAIR CONTACT INFORMATION: For the subject, should he/she have questions or wish to discuss any aspect of the research with an official of the university or the IRB. These are: Lisa Rubin, Chair, Committee on Research Involving Human Subjects, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, (785) 532-3224, rubin@ksu.edu; Brad Woods, Associate Vice President for Research Compliance, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, (785) 532-3224, comply@ksu.edu.

PURPOSE OF THE RESEARCH: In this study, I am seeking to explore and better understand the lived experiences of early childhood professionals, including what you learned in your teacher education preparation program, what you wished you had learned, and how you currently navigate early childhood sexuality development and communication within your professional roles. These research gaps will be directly addressed by early childhood professionals who share their educational journey, lived experiences, insights, and recommendations.

PROCEDURES OR METHODS TO BE USED: If you consent to participating in Part 2 of

this study, you will be asked to submit the informed consent for the interview, schedule a 60-minute interview (option of face-to-face in a reserved room on the KSU Campus or via secure KSU.SOO/Zoom), and agree to having the interview audio, visual, and transcript recorded to be utilized for later review and coding. The interview will consist of questions related to your teacher education preparation programming (content/topics around early childhood sexuality development and communication), your levels of preparedness, what you wish you had learned, and how you are currently navigating childhood sexuality development and communication in your professional role. By participating in the 60-minute interview, you will receive a \$50.00 electronic Giftogram gift card.

RISKS OR DISCOMFORTS ANTICIPATED: There are no major risks involved in participating in this program. You may feel uncomfortable with some of the interview questions and can abstain from answering them without penalty. You can also end participation in the interview at any point without risk to you. In general, participation will not involve risks greater than those of everyday conversations.

BENEFITS ANTICIPATED: You will receive a \$50 gift card to compensate you for your time and insights. Your contributions to the field and research will benefit future professionals. You will also be allowed to receive a summary of the study results (i.e., manuscript, brief, etc.).

EXTENT OF CONFIDENTIALITY: All electronic data, including the transcripts with individuals' responses and the survey asking for participants' names and email addresses, will be encrypted and secured in the PI's locked office on a password-protected computer. Any physical data forms will be shredded upon completion of this project. All reports will provide summary data to ensure the participants' identities cannot be discerned from the information provided. Any identifying information within the recorded interviews will be removed for confidentiality. Participants will be encouraged to provide a pseudonym to help protect their identity after the interview. This will allow interview participants to provide an additional layer of identity protection for potential inclusion of their statements in manuscripts, posters, publications, etc., as well as discreetly save data and files. Allowing participants to self-identify with a pseudonym of their choice that will best represent them and their lived experiences. The information collected

as part of this research could be used for future research studies or distributed to other investigators for such studies without additional informed consent. Lastly, all identifiable information will be destroyed seven years after project completion.

IS COMPENSATION OR MEDICAL TREATMENT AVAILABLE IF INJURY OCCURS: No.

TERMS OF PARTICIPATION: I understand this project is research, and that my participation is completely voluntary. I also understand that if I decide(s) to participate in this project, I may withdraw my consent at any time, and stop participating at any time without explanation, penalty, or loss of benefits or academic standing to which I may otherwise be entitled.

I verify that by selecting “I consent” below, I have read and understand this consent form and willingly agree to participate in this data collection under the terms described.

PARTICIPANT CONSENT:

I consent (1)

I do not consent (2)

Appendix E - 5 Interview Protocol and Guide

A qualitative exploration of early childhood professionals' education, lived experiences, and communication, navigating sexual development in early childhood		
PARTICIPANT //		
DATE //	TIME START //	TIME END //
MODALITY // ZOOM (WHERE) IN-PERSON (WHERE)		
VERBAL CONSENT All information shared today will be CONFIDENTIAL and stored on a secure learning management system owned by Kansas State University. Per the submitted informed consent for this interview, I am now requesting permission to record video and audio, and to produce a transcript, for future thematic coding and analysis. Do you consent to this session being recorded? I am going to begin recording now.		
QUALITATIVE INTERVIEW INTRODUCTION Thank you for your interest and involvement with this research study. I want to acknowledge your commitment to the early childhood profession and seek to better understand early childhood (birth - 8 years of age) sexuality development from two different lenses: your teacher education preparation program (TEPP) at your Kansas institution of higher education (IHE), as well as your lived experiences navigating early childhood sexuality development and communication in the professional setting.		
BACKGROUND INFORMATION To center our discussion today, when we are discussing early childhood sexuality development and communication, it is about young children (birth to age 8) and their basic understandings, discovery, and exploration of sexuality. Sexual literacy are the bits, pieces, and components that young children learn about in a developmentally appropriate manner that may include (but not limited to): healthy relationships, scientific labeling of anatomy, anatomical differences, gender identity/expression, gender roles, reproduction, distinguishing self from others, privacy, self-touch/masturbation, good/bad touch, values, beliefs, norms, and open		

communication. These basic concepts are associated with sexual literacy, which sets the foundation for later nuanced and more complex aspects of sexuality development.

QUESTIONS

You indicated that the following topics (insert highlighted sexuality-related topics here for each participant) were addressed in your TEPP. Could you tell me more about your educational experiences in these topics, specifically as they relate to your role as an early childhood teacher? (such as specific strategies, content, or topic discussions, etc.)

Follow-up questions IF they don't directly address this within their initial response:

- Tell me more about your education on how to talk with or navigate sexuality-related topics with the young children in your classroom/center/in-home environment?
- Tell me more about your education on how to talk with or navigate sexuality-related topics with parents/caregivers of the children in your classroom?
- What did your education cover related to how to talk with or navigate sexuality-related topics with cooperating early childhood professionals (such as boss, supervisor, direct report, colleagues, co-teachers, paras, etc.)?

Follow-up question: Potentially other experiences or specifics a participant might bring up in conversation.

Consent

Body autonomy

Medically accurate names for body parts (including genitals)

Definitions of gender, gender identity, and gender-role stereotyping

A Discussion of the range of ways people express their own gender

A Discussion of how gender-role stereotypes may limit behavior

Reproduction (living things have the capacity to reproduce)

How to identify trusted adults, including parents and caregivers, that you can talk to about situations

	which may be uncomfortable or dangerous (e.g., bullying, teasing, child sexual abuse) A demonstration of ways to start a conversation when seeking help from a trusted adult about uncomfortable or dangerous situations (e.g., bullying, teasing, child sexual abuse)
Based upon your TEPP and learning experiences, how prepared did you feel navigating these topics upon entering the professional field? <i>Follow-up:</i> What topics did you feel the most prepared for? How did you navigate these experiences when they came up in the classroom/center/in-home environment?	
You indicated that the following were NOT addressed in your TEPP (insert sexuality-related topics NOT SELECTED by participant). Could you tell me how this has impacted your approach to navigating sexuality development in your professional role(s)?	ADD Deleted from green here
What, if any, continued educational or professional development opportunities have you participated in that focused on sexuality development and communication that were not included in your TEPP? <i>Follow-up:</i> How did these additional training or educational experiences impact your level of preparedness when navigating these topics?	
Based upon your experiences both in your teacher education program and your own experiences in the field, what do you think should be included in TEPP to better prepare ECPs navigating sexuality development and communication in the early childhood profession? <i>Potential follow-up:</i> What specific topics should all ECPs be taught in the teacher prep?	

What recommendations do you have for otherwise improving ECPs' knowledge, confidence, or pedagogical approach to sexuality development in early childhood once they are out in their professional roles and settings? <i>If an example is needed, such as administrative direction on how to approach these topics</i>
Close-out: Is there anything else you would like to share with me about this topic?
PSYEDONYM
Confirmation of email // Compensation Information Study results (manuscript, brief) (Y/N) Thank You

Appendix F - 6 National Sex Education Standards (FoSE)

The following are K-2 sexuality education standards by topic strand as guided by the National Sex Education Standards (FoSE, 2014):

Consent & Healthy Relationships

- Describe the characteristics of a friend
- Demonstrate how to communicate personal boundaries and show respect for someone else's personal boundaries
- Identify healthy ways for friends to express feelings, both physically and verbally
- Define bodily autonomy and personal boundaries
- Explain why it is important to show respect for diverse kinds of families
- Define consent
- Identify diverse kinds of families (e.g., nuclear, single-parent, blended, intergenerational, cohabitating, adoptive, foster, same-gender, interracial)

Anatomy and Physiology

- List medically accurate names for body parts, including genitals

Gender Identity and Expression

- Define gender, gender identity, and gender-role stereotyping
- Discuss the range of ways people express their own gender and how gender-role stereotypes may limit behavior

Sexual Orientation and Identity

- No items

Sexual Health

- Define reproduction and explain that all living things may have the capacity to reproduce

Interpersonal violence

- Define child sexual abuse and identify behaviors that would be considered child sexual abuse
- Identify situations that are uncomfortable or dangerous (e.g., bullying, teasing, child sexual abuse)
- Demonstrate the ways to treat all people with dignity and respect (e.g., race, ethnicity, socio-economic status, differing abilities, immigration status, family configuration)
- Demonstrate ways to start a conversation when seeking help from a trusted adult about uncomfortable or dangerous situations (e.g., bullying, teasing, child sexual abuse)
- Identify trusted adults, including parents and caregivers, that you can talk to about situations which may be uncomfortable or dangerous (e.g., bullying, teasing, child sexual abuse)

Appendix G - 7 Adapted and Translated Scales

Scale – Confidence in teaching about sexuality

作為準幼稚園老師，你有多大信心教導幼兒認識以下各項？請從 的 量表中圈出最能代表你的數字。

As a pre-service early childhood teacher, to what extent are you confident in teaching children each of the following? Please circle the number that best represents you.

	非常小 Very low	小 Low	有點小 Slightly low	中立 Neutral	有點大 Slightly high	大 High	非常大 Very high
1. 兩性生殖器官的正確名稱和功能 The correct names and functions of the genitals of the two sexes	1	2	3	4	5	6	7
2. 兩性生殖器官的位置 Where the genitals of the two sexes are located	1	2	3	4	5	6	7
3. 嬰兒從哪裡來Where babies come from	1	2	3	4	5	6	7
4. 胎兒會在母親體內成長The fetuses grow in the mothers' bodies	1	2	3	4	5	6	7
5. 嬰兒如何出生How babies are born	1	2	3	4	5	6	7
6. 性別不同但都可以有相同的興 Children of different sexes can have the same interests	1	2	3	4	5	6	7
7. 性別不同但都可以有相同的價值 Children of different sexes can have the same values	1	2	3	4	5	6	7
8. 如何保護自己的身體， 且不隨意讓他人 碰觸How to protect our own bodies and refuse to be touched by others	1	2	3	4	5	6	7

9. 如何拒絕一些不應該的接觸，並尋求幫助 How to reject inappropriate touching and seek help	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---

Body parts of the two sexes – Q1 + Q2

Origin of life – Q3 + Q4 + Q5

Roles of the two sexes – Q6 + Q7

Self-protection of private body parts – Q8 + Q9

Other Scales

作為準幼稚園老師，你對以下各項有多大認同？請從 的量表中圈出最能代表你的數字。

As a pre-service early childhood teacher, to what extent do you agree with each of the following statements?

Please circle the number that best represents you on the scale (1-7).

	非常 不認同 Strongly disagree	不認同 Disagree	有點 不認同 Slightly disagree	中立 Neutral	有點 認同 Slightly agree	認同 Agree	非常 認同 Strongly agree
1. 性教育能幫助兒童建立健康的人際關係。 Sexuality education can help children develop healthy interpersonal relationships.	1	2	3	4	5	6	7
2. 性教育能幫助兒童養成良好的人格 Sexuality education can help children develop a good personality.	1	2	3	4	5	6	7
3. 性教育能幫助兒童建立良好的生活習慣及態度。 Sexuality education can help children develop good living habits and attitudes.	1	2	3	4	5	6	7
4. 向幼兒教導生殖器官的知識，會令我覺得害 羞. Teaching young children about the genitals makes me feel embarrassed	1	2	3	4	5	6	7
5. 與幼兒談論有關性的問題，會令我覺得不自 在. Talking to young children about sexuality makes me feel uncomfortable.	1	2	3	4	5	6	7
6. 與幼兒談論有關嬰兒誕生的議題，會令我覺得難於啟 齒. I find it difficult to talk to young children about the birth of babies.	1	2	3	4	5	6	7

7. 我認為應該以坦然的態度面對幼兒提出的性疑問。 When young children raise questions about sexuality, teachers should respond in an open manner.	1	2	3	4	5	6	7
8. 幼兒出現性好奇行為時，我認為應以坦然且主動的態度與幼兒討論。 When young children show curiosity about sexuality, teachers should discuss with them in an open and active manner.	1	2	3	4	5	6	7
9. 幼兒提出性疑問時，我認為是教導性教育的好時機，應該以正視的態度面對。 When young children raise questions about sexuality, teachers should hold a positive attitude and treat it as a good opportunity for sexuality education.	1	2	3	4	5	6	7
10. 幼兒向老師提出性疑問時，我認為老師敷衍他們便可。 When young children raise questions about sexuality, teachers should respond to them perfunctorily.	1	2	3	4	5	6	7
11. 幼兒向老師提出性疑問時，我認為老師以忽視或逃避的態度面對為佳。 When young children raise questions about sexuality, it is better for teachers to ignore it or respond in an avoidant manner.	1	2	3	4	5	6	7
12. 幼兒出現性好奇行為時，老師應以忽略的態度來面對 When young children show curiosity about sexuality, teachers should ignore the behaviour.	1	2	3	4	5	6	7

Perceived benefits of sexuality education – Q1 + Q2 + Q3

Embarrassment of talking about sexuality – Q4 + Q5 + Q6

Behavioural intentions towards children's curiosity about sexuality: Approach intention – Q7 + Q8 + Q9

Behavioural intentions towards children's curiosity about sexuality: Avoidance intention – Q10 + Q11 + Q12

Appendix H - Themes, Subthemes, and Quotes

Theme <i>Sub-theme</i>	Quotes
(Non)Separation of Personal and Professional Self	
<i>Personal History</i>	“When I grew up, my mom never taught us the names of our private parts. We never talked about it.” (Green Talker) “[mom stated] ‘You’ll understand when you’re older.’ That was her way of saying, stop asking me about it, I’m not gonna give you an answer.” (Ali)
<i>Professional Experiences</i>	“I remember that we did talk about it ...” (Marie) “A national behavior conference I go to every year taught me my communication strategies and the way I speak with kids, and keeping things in a positive, curious tone.” (Curious Chameleon) “Okay, I get it. So, I did flip how I worded things like that, so we don’t use ‘secret’ anymore; we just say ‘surprise.’” (Green Talker)
<i>Identities</i>	“I’m obviously continuing to be educated through my agency.” (Marie) “... first as a mom to four boys and an early childhood teacher” (Boy Momma) “I’m a sexual abuse survivor, so I have reservations or a different way of looking at things.” (Green Talker) “I am a lifelong learner. I need to learn more. I need to understand the child’s processes for thinking and reasoning, and why they’re doing what they’re doing or choosing what they’re doing.” (Curious Chameleon)
<i>Cognitive Conflict</i>	“If it was something kids brought up, became an issue, or was talked about a lot in the group I was in, I might seek out more advice on it. I’ve been in the classroom for 20 years, and that’s not something we’ve talked about much (Boy Momma) “That’s not really a topic that I’ve ever had [to discuss with families in their homes].” (Marie) “Or when someone has two moms or two dads, we haven’t really touched on that. We do have books that talk about it, just so that we’re open to those kinds of things, but you also must remember that we are a Christian-based

center, and because of that, we typically do not really delve into those things unless it's explicitly brought to our attention, and it's a glaring thing right in our face." (Ali)

Socialized Silence

within TEPP

"We kind of touched on that, such as these are people you can trust, you can talk to, and then we just kind of moved on. ... We didn't have classes on how to approach kids with that kind of stuff, how to talk to parents, or how to talk to our own kids at the time." (Emmy Black)

"It's been a while since I was in school. I just turned 40 this year, so I mean, 10-15 years ago. It [CSE] wasn't a big part of it [TEPP] as it is now. We had a small thing in there, and it just kind of vaguely went over it." (Jamie)

*Socio-political
climate*

"I graduated in '96, so I don't think my actual education covered much of that." (Boy Momma)

"When I was in school, pronouns were not a thing. ... I just try to avoid saying 'he' and 'she' as much as possible. But it's hard, especially with little kids."

"And this all, unfortunately, aligns with whether you lean left or right politically, and the current climate of our divisive country, and there's so much nuance, especially when teaching children about sexuality." (Ali)

*Fear of parental
and/or institutional
consequences or
repercussions*

"I can talk with kids. What makes me back off? Society. Parents. I am worried that I might say or try to explain something, and then it gets taken out of context, and I worry about being sued. I worry about everything." (Green Talker)

"Sometimes talking to parents can be harder than talking to children. Children in the classroom are more teachable. They're soaking it all in. The adults tend to be more rigid, embarrassed, and uncomfortable talking about certain things." (Marie)

"The mom was mad that I even kind of went into some detail. I don't know how it was translated. Maybe I should have said, 'Oh, hey, we talked about breastfeeding'." (Green Talker)

"In my district ... there's zero acknowledgment of sexuality. There is no talking about it. We don't have curriculums. Teachers aren't encouraged to seek out such courses. ... I think it's a fear of cultural backlash. ... I don't want to get fired, but I also don't want to mislead the children. So, it's an interesting topic." (Emmy Black)

ECP Continuum

*Not applicable,
unimportant, No
Additional Learning
Opportunities Needed*

"I wouldn't be looking for it. That's not something that interests me, or is a need for me, so I wouldn't be seeking that out, so it might have been offered, but I've chosen not to." (Boy Momma)

“The children and families that I work with now are in early intervention. That’s not really a topic that I’ve ever had to discuss with them.” (Marie)

*Uncertainty and
Hesitation*

“There wasn’t any direction from a professor, but I’ve just navigated it on my own since graduating. ... What have I done to continue my education? Nothing. There’s zero out there that I can find.” (Emmy Black)

“After the training, there was little guidance or practice on how to actually do this in the classroom with real, live children.” (Marie)

*Knowledge Seekers
and the Whole Child
Approach*

“It went over keywords, like cisgender, transgender, binary, and non-binary. I did the training because I wanted to understand a bit more.” (Green Talker)

“Some kids touch themselves and do that kind of stuff during naptime. I learned ways to talk with them that do not hinder them for the future.” (Jamie)

“If I’m curious about something, I’m gonna figure it out. I understand there’s only so much time in a teacher prep program, and there’s so much to cover.” (Curious Chameleon)

“The practices I learned from Conscious Discipline, including teaching kids to advocate for themselves, use their words, and become more independent, were a game-changer. ... When it comes to consent, I felt very prepared to go in and talk about it. Consent is such a tied-in part of using your big voice.” (Curious Chameleon)

“I’ve looked for those types of training, and there’s not a lot for early childhood ... You’d think that there would be a course in early childhood, and there’s nothing.” (Ali)

“I embrace him. He’s the same kid. I don’t treat him any differently.” (Green Talker)

“...a lot of those behavior conferences have taught me that this is a whole, entire human being with a whole, entire life.” (Curious Chameleon)

“I feel like that [sexual behaviors] ties into that same situation. These little girls figured something out. She doesn’t realize it isn’t socially appropriate. That’s not a behavior a kid chooses to do in public. That’s a skill we need to teach, knowledge we need to give.” (Curious Chameleon)

**Preparedness for
Real-Time
Navigation of CSE**

*Themselves
(generally)*

“Oh, so unprepared. So unprepared. Honestly, I went to childcare from a pediatric nursing background. I had no clue.” (Ali)

“The surface-level things get hit really well. The other things, not so much. With those deeper, darker abuses or larger traumas, you don’t know how to deal with that.” (Curious Chameleon)

“Zero, what I learned in my teacher education program. Never touched on. ... With 3- to 5-year-olds, they like to tell you all about everything and ask anything. I really wasn’t prepared to have these conversations with them.” (Emmy Black)

“I think I felt okay, but nothing compares to when you’re right there in the moment, and ‘Oh, we have to deal with this now’ kind of thing.” (Marie)

The Child or Children

“Children touching themselves inappropriately in the classroom. Okay, we gotta have this conversation in real time, it’s happening.” (Marie)

“Mostly, I let the kids lead the conversation. I add additional questions, such as, ‘What was that like?’ or ‘How did that make you feel?’ I let them lead. It’s kind of hard to do.” (Emmy Black)

“That’s kind of like when you go to the bathroom. That’s private. That’s not something we do around other people.” (Curious Chameleon)

“I let them choose. For me, it’s about role-playing. It’s about using imagination. I never told them, ‘Oh, dresses are just for girls.’ I just never did that when they were here. They weren’t judged by what they wanted to play.” (Green Talker)

*The Early Childhood
Team*

“I was trying to explain that it’s [masturbation] like anything else children are doing. You’re throwing a fit. There are better ways to express yourself. I was trying to pull that example into it for them, so they knew, okay, they’re kids, they’re learning themselves, they’re young, they’re sponges, they absorb everything.” (Jamie)

“Other staff were kind of shocked and taken aback by it. I think it’s probably because of my education, but for me, it [masturbation] was easy to talk about. Talking to them [colleagues] about it, just telling them about it, this is what happened, and this is what we did.” (Marie)

“Nobody knew what to do. Nobody knew how to have that conversation. At the end of the day, five adults in the office were talking and trying to figure it out. ... Once we had that professional group experience, we all learned together.” (Curious Chameleon)

“We were unsure. Let’s elevate it. We talked to the county director, and she spoke with the behavior coach.” (Curious Chameleon)

The PCGs

“I had a private conversation with mom at the end of the day, and said, ‘We noticed that this [masturbation] started this week. Is this something you’ve seen at home?’ And mom said, ‘Yeah, we’ve seen that before, and we redirect her.’” (Curious Chameleon)

“We also facilitate communication with parents if there’s an issue. We also teach them [parents] to advocate on their own level.” (Curios Chameleon)

“Then my nursing experience focused on body parts being called a penis or a vagina. ... Some parents were not comfortable with that. I made it a non-negotiable in my classroom. This is what I’m calling them and why. ... The parents I did have who had a hard time with it were on board after I explained it to them verbally.” (Ali)

“‘Hey, this came up today. So sorry! I wanted to let you handle it,’ and then I just let the parents parent.” (Emmy Black)

ECPs’

Recommendations

What Topics Need to be Taught

“First and foremost, with early childhood education, what is sexually appropriate and what is not sexually appropriate?” (Jamie)

“What are the signs of sexual abuse? What is developmentally appropriate? Those feel like big gray areas because they [TEPPs] just don’t talk about it as directly, and people kind of get left unsure what to do at times.” (Curious Chameleon)

“How to talk about your body parts, with appropriate terminology. I think it would have been helpful, as a young teacher before I had kids, to know how to talk about that, because it was taboo to discuss anything like that.” (Boy Momma)

“Scientific labeling of body parts needs to be taught. Sometimes parents give them nicknames. What if something happens and they [children] go to a safe adult, and that safe adult doesn’t know what the heck they’re talking about?” (Marie)

“I really think that they [TEPPs, ECPs, PCGs] need to have an overall understanding of what each of those things [gender spectrum] is and what it means [gender spectrum terminology], especially in today’s society.” (Green Talker)

“I understand that those things [consent] are taught in kindergarten and beyond, but we need them even before then, especially for kids in group care, home daycares, or programs where they interact with peers more regularly, because those things do come up” (Ali)

“Addressing kids who do it [masturbate] during nap time. Why are they touching themselves like that?” (Jamie)

“I wish there had been some way to be taught how to address parents. No matter the topic, I don’t feel like my teacher prep program prepared me to have real, complex conversations with families about a whole-child approach” (Curious Chameleon)

*How Topics and
Socialization are
Addressed*

“Things always change, and new research always comes about. We shouldn’t expect to just not evolve with the times.” (Marie)

“How do you address it? I think being very clear, such as ‘You might see this in the classroom. This is appropriate. It’s normal behavior. It’s developmentally appropriate. It is not appropriate for the classroom, but it is developmentally appropriate, and this is how you can address it.’” (Jamie)

“Videos and research articles, tangible takeaways. If you’re doing a video, include questions, an example of the conversation you would have with the child after the incident, and how the professional teacher would navigate it” (Marie)

“I wouldn’t mind seeing some role-playing training with providers. In some of these situations, by talking and doing, I think maybe we would be more comfortable with how to approach a situation.” (Green Talker)

“... we need dedicated resources, courses, and opportunities to seek out that information from professionals, rather than just me or whoever Googling, ‘How do I handle this?’” (Ali)

“Conversations about gender, explaining it, and talking about it with parents. They don’t understand that these are included in conversations about gender. If you have a little boy who’s telling a little girl that she can’t be a girl because her hair is short. That’s a conversation about gender. If you have a little boy who’s getting teased for loving pink. That’s a conversation about gender.” (Curious Chameleon)

“Above all, my job is to mold children into their best selves and let them discover their gifts. That means exploring every aspect of their learning.” (Ali)

