TEACHING ABOUT

Growth, Development, and Healthy Relationships

IN ELEMENTARY SCHOOL

Teacher's Guide for K-5 Educators

Advocates for Youth
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Introduction to This Teacher's Guide

This guide is designed for elementary school educators and professionals preparing to teach students in grades K-5 about healthy relationships, growth and development, puberty, and sexual and reproductive health. Although these topics are often considered for middle and high school students, starting to teach foundational concepts at earlier grade levels in age-appropriate ways provides a valuable introduction to essential health knowledge and skill-building opportunities.

As youth matriculate into middle and high school and are introduced to more nuanced topics related to relationships and sexual decision-making, they will benefit from having had earlier education about topics such as personal safety, reproductive anatomy, consent and boundaries, talking with trusted adults, puberty and body development, and other important subjects and skills.

About the Authors

This Teacher's Guide was developed by Advocates for Youth. Advocates for Youth would like to thank Lauren Barineau and Pascale Alcindor for authoring this guide along with help from Ashley Speelmans, Nora Gelperin, Arlene Basilio and Beau Nelson. The editor was Sherrill Cohen.

You may find it helpful to consult a separate Teacher's Guide for the Rights, Respect, Responsibility (3Rs) K-12 sexual health curriculum. This guide highlights best practices for teaching K-12 sex education—best practices that are applicable to any curriculum and that can be especially useful for teachers who are new to teaching this subject matter. For more information about the Rights, Respect, Responsibility (3Rs) curriculum or Advocates for Youth, please visit www.3rs.org.

Teaching Healthy Relationships and Violence/Abuse Prevention, Growth and Development, and Sexual and Reproductive Health in Elementary School: What Makes K-5 Education Unique

Teaching in grades K-5 presents a unique opportunity for educators to introduce students to foundational healthy relationships and sexual health concepts in a developmentally appropriate manner to impart knowledge and skills that will prepare young people for bodily autonomy, healthy behaviors, and affirming relationships throughout their lives. Important foundations in elementary grades include empathy, consent, gender, healthy relationships with family and friends, identifying trusted adults, using anatomically correct terminology,and much more.

Also, in early elementary grades, teachers may observe that students like to touch particular parts of their bodies and may be curious about the anatomy of others. The American Academy of Pediatrics explains:

> **At a very young age, children begin to explore their bodies. They may touch, poke, pull or rub their body parts, including their genitals. It is important to keep in mind that these behaviors are not sexually motivated. They typically are driven by curiosity and attempts at self-soothing.** [1]

Understanding that this exploration is not sexual behavior, educators are often the first trusted adults to guide students to manage private vs. public behaviors in affirming and supportive ways. Educators should anticipate questions from students about touching their OWN body parts, including genitals and affirm that curiosity about bodies is normal and won't hurt them, but that it is important to only engage in this type of behavior in private.

In upper elementary school, many students will experience the onset of puberty. Again, educators are often the first trusted adults to help students understand the changes that come with puberty, and how best to navigate these changes in healthy, self-affirming ways. Although some students in elementary school may not show physical signs of puberty yet, it is important for them to feel prepared for, and ready to manage, the social, emotional, and physical changes that will occur in the next few years, rather
than learning information about puberty after the fact. As elementary school educators, you are in a unique position to help students through many firsts in their sexual health development and give them a foundation for lifelong well-being that includes:

1. The medically accurate terminology when referring to parts of their reproductive system. This is important knowledge that prepares students for later learning about bodily autonomy and personal safety.
2. The skills to navigate their development with an understanding that sexuality is a normal part of human development and does not use shame- or fear based language or messaging.
3. The affirmation that people of all genders, race and ethnicities, cultures, and abilities deserve mutual respect and kindness.
4. The use of positive social norms that encourage healthy and safe interactions, relationships, and sexuality.

Assumptions and Approaches for Elementary Health Education

Sexuality is a natural and healthy part of being human, and students have the right to age-appropriate information about health, sexuality, and relationships starting in elementary school. The National Sex Education Standards describe this approach, detailing the key knowledge and skills recommended for students in grades K-5.

It is crucial that health educators use age-appropriate and developmentally appropriate instructional strategies and content when teaching concepts about relationships and sexual health in elementary school. The following guiding assumptions should underpin content and instruction. Each assumption provides a helpful framework for introducing central ideas:

Assumption 1: Students have the right NOT to consent to any type of touch, in all kinds of relationships. The right of each person to bodily autonomy and the right to not consent to any type of touch is a universal concept and should be taught and reinforced for students of all ages. Elementary school students have many opportunities to practice bodily autonomy and consent throughout their daily interactions at school. For example, they use and share materials; stand and sit close together at tables, on carpets, and in lines; and interact with their teacher in ways that may include physical touch, such as hugs, high fives, or hands on the back.

Teaching children about their right to say "yes" or "no" to various types of touch allows them to practice saying no when the touch is unwanted and to recognize when they

1. Sexual Behaviors in Young Children: What's Normal, What's Not? www.healthychildren.org from the American Academy of Pediatrics. https://www.healthychildren.org/English/ages-stages/preschool/Pages/Sexual-Behaviors-Young-Children.aspx Last updated April 17, 2023.

may be in an unhealthy or unsafe situations that disrespects their bodily autonomy. Ultimately, teaching young people about consent keeps them safer. In elementary school, students will not be prompted to think about consent in the context of sexual relationships, but only in the context of family, peer, and friend relationships.

Assumption 2: Students need information about their bodies and how they function at all ages. Young people should feel knowledgeable about and confident in their bodies, including being able to name and describe sexual and reproductive anatomy, so they can share health concerns with adults or ask them for help. As youth approach puberty, they will need to understand how their bodies function, so they can anticipate and plan for the changes associated with puberty before they occur and take care of their sexual and reproductive health into adulthood. Additionally, research indicates that young children who know the names of their anatomical body parts may be less likely to be targeted as victims of sexual abuse.[2] Students should be introduced to medically accurate language about their sexual and reproductive anatomy and the functions of those body parts, including the role they play in pregnancy and reproduction.

Assumption 3: Students have an understanding of their gender. Everyone has a gender identity. Most people's sense of their gender (known as their gender identity) matches their sex assigned at birth. For some, however, their sense of their gender does not match their sex assigned at birth. Most typically, children between the ages of 18 months and 2 to 3 years begin to articulate some understanding of their gender identity,[3,4,5] and children have a clear sense of their gender identity by age 4 or 5.[6] At these ages, children also begin to develop speech and may begin to communicate how they understand their gender. Often, children who are transgender and non-binary will state with confidence at young ages, "I am a boy" or "Do not call me a 'girl.'"

It is also true that general expressions of gender exploration in children are common and do not always indicate gender variance. Directly addressing and deconstructing gender stereotypes in the classroom is one way to create a safe space for students to express themselves through dress, language, and play. In the National Sex Education Standards, students are encouraged to identify and counter common gender stereotypes, recognize that there are many ways to express gender, and acknowledge the importance of respecting people of all gender identities.

To learn more about gender-inclusive policies and practices in schools, see the Advocates for Youth's *Trans-Affirming Schools Project Resource Guide.*

Assumption 4: Students in grades K-5 have the right to a safe learning environment. Lessons about relationships and development involve young people in discussing personal and sometimes sensitive topics. When you teach lessons about growth and development in grades K-5, it is essential to create a learning environment that gains students' trust, maintains boundaries between students and educators, and recognizes the unique culture and values that each student brings into the classroom. You can create and preserve a safe, respectful environment by introducing and reinforcing ground rules.

Establishing ground rules, which are shared guidelines about how everyone—educators and students—will interact during lessons, is an important step in cultivating a sense of trust, support, and safety among students and educators. Ground rules help to increase comfort and facilitate learning for everyone in the classroom, especially in elementary school, where students have less experience discussing topics in school.

In grades K-5, existing classroom rules may be used for this purpose, but you should consider expanding them to include rules specifically appropriate for the age of your students. For example, rules in grades K-5 may include:

- Only share information about yourself; don't ask anyone else to answer personal questions.
- Use the words you learn in school for body parts if you know them, if not, it's okay to ask in the language that you do know.

3. Olson KR, Durwood L, DeMeules M, McLaughlin KA. Mental Health of Transgender Children Who Are Supported in Their Identities. Pediatrics. 2016:2015-3223. doi:10.1542/peds

4. World Professional Association for Transgender Health. Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People. East Dundee, IL: World Professional Association for Transgender Health; 2012.

5. Wyckoff AS. AAP continues to support care of transgender youths as more states push restrictions. AAP News. January 6, 2002.

6. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition. American Academy of Pediatrics website. Last updated July 2022. Downloaded from: https://www.aap.org/brightfutures

- All questions are important, and it's okay to ask even if you're feeling shy.
- It's not okay to tease another person about their experience, their body, their identity, or the questions they ask.

Engage all participants in creating, understanding, agreeing to, and respecting the ground rules and keep the ground rules posted either on a wall or in a digital version that can be reviewed at the start of every class. A lesson about creating ground rules for use in an elementary school can be found **here.**

Another characteristic of a safe learning environment is the use of inclusive language. As you teach, make sure to use language that is inclusive of all students. Examples of language used often in elementary schools and sample language to use instead appear in the chart below:

INSTEAD OF...	USE...
Addressing students as "Boys and Girls" or "Ladies and Gentlemen"	"Class," "Scholars," "Y'all," "Everyone," "Friends"
A woman's uterus/A man's penis	A uterus/A penis
A girl can get pregnant/a girl gets her period	A person who gets pregnant/a person who menstruates/menstruating people/a person with a penis
A boyfriend or girlfriend	Partner/people dating/when you like someone
It's important to talk about this with your mom or dad at home	It's important to talk about this with an adult you trust at home
Getting deeper voices is something that happens to boys during puberty	Getting deeper voices is something that happens to everyone during puberty (i.e., avoid categorizing puberty changes as things that just happen to boys or just happen to girls)

Approach to Partnering With Families in Grades K-5

Extensive research has found that open parent-child communication about sexual health topics has many positive effects for young people, including helping them to protect their sexual health through more consistent and accurate contraception use and fewer sexual risk behaviors as they age. Communication with parents has a protective effect on young people's safer sex behaviors.[7] In elementary school, it is important for parents to practice starting conversations early and often with their children on topics like relationships, puberty, consent, and anatomy. These conversations will equip their children with the information they need to have more complicated conversations when they are older and to make self-protective decisions about their sexual health.

Partnering with families to implement lessons about relationships, bodies, and growth and development is important for two reasons. First, it communicates transparency regarding the age-appropriate content you're teaching, invites parents to view materials and ask questions, and instills trust in the process. Second, when families are invited to share their perspectives related to content covered in class, it enhances the outcomes of the program and identifies a trusted adult at home who can continue to answer young people's questions as they grow up. According to most state laws, parents can opt their child out of any or all sexuality education components. As you plan for implementation, make sure that there is a clear plan for families to opt a child out of sex ed at your school and that it is communicated to families.

The content you teach should use the wording "parent or caregiver" to acknowledge a variety of family formations. Additionally, "trusted adult" may refer to a parent, coach, faith leader, teacher, or other adult who may not be an immediate family member but is someone a young person knows and trusts who may be able to respond appropriately to questions.

There are two distinct ways to partner with parents and caregivers:

- Use homework assignments that are designed to be completed alongside a trusted adult. These assignments could include inviting students and their families to view a video or website together and respond to questions about what they saw, or prompting students and adults to discuss a set of reflection questions.
- In alignment with the skills outlined in the *Professional Learning Standards for Sex Education*, educators are expected to encourage students to talk with their trusted adults when seeking answers to questions about values and culture. This maintains the teacher's boundaries related to self-disclosure, acknowledges that people have different values related to sexuality and relationships, and makes clear to students the types of questions they should ask their trusted adults to receive guidance and feedback.

Families may be looking for support in answering their child's questions that arise from lessons on relationships, violence, growth and development, and sexual and reproductive health. It can be helpful to share with families effective ways to respond to their child's questions. The framework below is one example:

- Affirm and Appreciate: Affirm your child's question and appreciate them for coming to you.
- State: State the facts, if you know them.
- Explore: Share your family value as it relates to the question, if it applies.
- Be Honest: If you do not know the answer, be honest and find it together.
- Check In: Remain available and check if you answered the question.

A helpful resource for educators is Advocates for Youth's Parent-Child Communication: Best Practices.

Consider distributing this resource to your students' families before and while you teach.

7. Widman L, Choukas-Bradley S, Noar SM, Nesi J, Garrett K. Parent-Adolescent Sexual Communication and Adolescent Safer Sex Behavior: A Meta-Analysis. JAMA Pediatrics. 2016;170(1):52–61.

NOT CITED BUT INCLUDED IN GDOC: https://doi.org/10.1001/jamapediatrics.2015.2731

Instructional Strategies and Resources

Educators may wonder: What are the best practices for introducing family life content to students in grades K-5? The chart below outlines age-appropriate strategies for elementary instruction about healthy relationships and violence/abuse prevention, growth and development, and sexual and reproductive health.

Age-Appropriate Strategies Tip Sheet

SITUATION	EARLY ELEMENTARY: GRADES K-2	LATE ELEMENTARY: GRADES 3-5
CREATING SAFE/ INCLUSIVE SPACES	Ensure that messages on the walls and throughout the classroom celebrate diverse gender identities, races, abilities, and cultures. Intentionally provide games, toys, props, and colors that are available to everyone. Ensure everyone feels welcome and seen.	Ensure that messages on the walls and throughout the classroom celebrate diverse gender identities, races, abilities, and cultures. Intentionally provide games, toys, props, and colors that are available to everyone. Ensure everyone feels welcome and seen.
INTRODUCING MEDICALLY ACCURATE TERMS FOR THE FIRST TIME	Say something like: "Now we will discuss the private parts of human bodies. It is okay if you want to giggle about that. Let's all giggle, stop, take a deep breath, and then get started."	Say something like: "Now we will discuss the reproductive system. That topic makes some people feel awkward or uncomfortable and that's okay. It takes practice to use some of these grown-up terms…let's get started."
STUDENTS REFER TO BODY PARTS WITH NON-MEDICAL TERMS	Reinforce in a fun way the medically accurate terms for body parts. Gently redirect when non-medical terms are used. Example: say aloud a non-medical term students used and have them redirect you to the medically accurate term.	Encourage students to practice medically accurate terms for body parts and specific body functions. Use the term "reproductive systems."
STUDENTS REFER TO OTHERS	Model using inclusive and non-binary terms. "All students…" and "Persons with a…"	Model using inclusive and non-binary terms. "All students…" and "Persons with a…"
STUDENTS REFER TO FAMILIES	Explain why it is important to show respect for different kinds of families (e.g., nuclear, single parent, blended, intergenerational, cohabiting, adoptive, foster, same-gender, interracial). Model respect for ALL kinds of families.	Explicitly explore the concept of sexual orientation as falling along a spectrum; describe the families that may form along this spectrum. Explain why it is important to show respect for different kinds of families (e.g., nuclear, single parent, blended, intergenerational, cohabiting, adoptive, foster, same-gender, interracial).
GROUPING STUDENTS	Avoid gendering and grouping by gender. Use random grouping methods.	Avoid gendering and grouping by gender. Use random grouping methods.

STUDENTS REFER TO RELATIONSHIPS	Use gender-neutral terms even when students may themselves be more comfortable using terms such as "boyfriend and girlfriend" When students imitate or talk about romantic relationships, use the opportunity to discuss healthy relationships and healthy ways to express appreciation or affection.	Deliberately begin using "partner" or "a person one may be attracted to…" When students imitate or talk about romantic relationships, use the opportunity to discuss healthy relationships and healthy ways to express appreciation or affection.
RECOGNIZING DEVELOPMENTALLY APPROPRIATE BEHAVIORS	Recognize these behaviors are often about self-soothing. Students may touch their own genitals or other parts of their own bodies. Students may imitate kissing, hugging, exploring by touching others and/or have impulse to "play doctor." Introduce concept of personal space and seeking consents.	Help students develop a stronger sense of self. Students are seeking greater independence yet still seeking acceptance from group. Students may experience fluctuating moods. Help students by gently redirecting "mean" behaviors using ground rules.
REINFORCING CONSENT	Defined in ground rules. "Good touches" vs. "uncomfortable touches." Begin modeling asking for permission, listening and treating others with respect and kindness in non-sexual, age appropriate situations.	Consent should be part of group agreements. Provide clear guidance on seeking consent. Ensure that students understand coercion. Have students role-play seeking consent in non-sexual, age appropriate situations..
CELEBRATING DEVELOPMENTAL CHANGES AND PUBERTY	Help students appreciate that their bodies will change as they get older. Ensure they understand that many changes are the same in all people. Using inclusive language is critical—bodies and body parts don't need genders.	Help students understand the physical, social, and emotional changes that occur during puberty and adolescence and how the onset and progression of puberty can vary. Assess students' understanding and feelings about emerging pubertal development. Reinforce that many changes are the same in all people. Using inclusive language is critical—bodies and body parts don't need genders. Be prepared to help students with access to menstrual products since some students menstruate in grades 3-5.

Glossary

Many terms that may be unfamiliar to educators are used in elementary school content about growth and development, healthy relationships, and sexual and reproductive health. It can be helpful to have additional student-friendly definitions like those below to share with elementary school students.

More detailed glossaries for a variety of topics can be found in the following resources:

- National Sex Education Standards, 2nd Edition, 2020 (glossary begins on page 58)
- Advocates for Youth's Racial Justice in Sex Education E-Learning Modules (glossary included in each module)
- Advocates for Youth's Trans-Affirming Schools Project Resource Guide (glossary begins on page 34)

Terms associated with sexual and reproductive anatomy

Vulva: body part on the outside of the body that includes the labia, vaginal opening, urethral opening, anus, and clitoris.

Ovary: body part (there are two ovaries) in a person with a uterus that stores eggs (or "ova") and releases eggs once puberty has begun; eggs are the reproductive cell of a person with a uterus.

Uterus: this is the part of a person with a vulva where a fetus, or baby, would grow during a pregnancy; if there is no pregnancy, then the uterus sheds its lining every month in the form of a menstrual period.

Fallopian Tube: the passageway that connects the ovary to the uterus.

Vagina: the passageway between the uterus and the vaginal opening through which a baby may come out if a person is having a baby or the menstrual blood comes out during a monthly period.

Clitoris: body part located above the urethral opening, very sensitive to touching or rubbing which can cause pleasure or "orgasm."

Penis: body part that contains the urethra, which urine and semen pass through to leave the body; very sensitive to touching or rubbing which can cause pleasure and can fill the penis with blood so that it becomes erect.

Scrotum: pouch of skin underneath the penis that holds the testicles.

Testicles: reproductive organ of a person with a penis that makes sperm.

Sperm: the reproductive cell of a person with a penis; these cells are in the testicles and they can join with an egg and implant in the uterus to start a pregnancy.

Ejaculation: when semen is released from an erect penis, which usually is accompanied by pleasure or "orgasm."

Urethra: carries urine from the bladder to the outside of the body where urine exits the body.

Bladder: body part that stores urine.

Anus: the opening where solid waste, or poop, leaves the body.

Terms associated with General Sexual and Reproductive Health and Wellness

Infection: caused by tiny organisms, called "germs," that make us sick; if germs get inside your body, they can multiply and cause an infection.

Transmitted: passed from one person with an infection to another person without an infection.

Communicable: an infection that can be spread from person to person.

Non-communicable: cannot be spread from one person to another.

HIV: human immunodeficiency virus, a virus that attacks the immune system, making it hard to fight off infections; if not treated, HIV can progress to its most severe stage, known as AIDS (acquired immunodeficiency syndrome).

Sexual Abuse: All touching of private parts between an adult and a child is sexual abuse. If an adult (or an older child) engages in any sexual behavior (looking, showing, or touching) with a child to meet the older person's interest or sexual needs, it is sexual abuse.

Fertilize: when a sperm cell attaches to an egg cell in the fallopian tube; the fertilized cell may implant in the uterus to start a pregnancy.

Boundaries: a limit on something, can be physical or personal.

Personal Boundaries: boundaries you keep in mind and convey to others regarding your body or personal space; such boundaries are intended to stop physical contact with your body or belongings.

Sexual Harassment: A behavior, including words or actions, unwanted attention, or jokes about bodies or doing something sexual that makes the person feel uncomfortable, embarrassed, or bad about themselves.

Safe/Safer: an activity or space that reduces or removes risk.

Immune System: the body system that enables us to fight off infections.

Cognitive Changes: how we think, process information, and learn.

Physical Changes: the changes our bodies go through during puberty.

Social Changes: changes in our interactions with the people around us and the people with whom we spend the most time.

Emotional Changes: feelings and our awareness of what may or may not cause us to feel certain things.

Vaccine: an injection that helps protect us from getting an infection.

Terms related to sexual orientation and gender identity

Biological Sex: the sex of an individual is determined by chromosomes (such as XX or XY), hormones, internal anatomy (such as gonads), hormone levels, hormone receptors, genes, and external anatomy (such as genitals). Typically, individuals are assigned as male or female at birth. (National Sex Education Standards, 2nd Edition, 2020).

Intersex: umbrella term used for a variety of conditions in which a person is born with variations in reproductive and/or sexual anatomy or chromosomes that do not fit the typical binary definitions of female or male. Intersex variations are not always discernible at birth, and awareness of internal anatomy present at birth may not be known to the person until puberty, if it is known at all. (National Sex Education Standards, 2nd Edition, 2020).

Gender: a set of cultural identities, expressions, and roles—typically attached to a person's sex assigned at birth and codified as feminine or masculine—that are assigned to people based upon the interpretation of their bodies and, more specifically, their sexual and reproductive anatomy. Gender is socially constructed, and it is, therefore, possible to reject or modify the assignment made and develop something that feels truer to oneself. (National Sex Education Standards, 2nd Edition, 2020).

Gender Identity: a person's deep internal sense of who they are as a gendered being—specifically, the gender with which they identify. All people have a gender identity. Some gender identities may include cisgender, transgender, non-binary, agender, genderqueer, bigender, genderfluid, and gender non-conforming. (Teaching Transgender Toolkit, Eli R. Green and Luca Maurer, 2015).

Cisgender: a person whose gender identity is aligned with their biological sex or sex assigned at birth.

Transgender: a person whose gender identity and/or expression is not aligned with the sex they were assigned at birth.

Gender Expression: a person's outward gender presentation, usually consisting of personal style, clothing, hairstyle, makeup, jewelry, vocal inflection, and body language. In the Rights, Respect, Responsibility (3Rs) curriculum, the authors intentionally give examples of students who express their gender in a variety of ways. (Teaching Transgender Toolkit, Eli R. Green and Luca Maurer, 2015).

Sexual Orientation: the gender or genders of people one is attracted to emotionally, sexually, and/or romantically. Everyone has a sexual orientation. It is not necessary to engage in sexual behaviors to know what your sexual orientation is. Sexual orientations include asexual, bisexual, gay, heterosexual or "straight," lesbian, pansexual, and queer.

Terms related to racial justice in sexual health education

Equity: a culture of fairness and justice that can create a positive outcome for a specific group based on their cultural challenges, needs, and histories; equity is a step beyond diversity or equality and it requires systemic approaches to intentionally create, support, and sustain social justice.

Marginalization: the treatment of a person, group, or concept as insignificant or peripheral.

Prejudice: a preconceived opinion that is not based on reason or actual experience.

Privilege: an unearned special right, advantage, or immunity granted or available only to a particular person or group.

Power: the capacity or ability to direct or influence the behavior of others or the course of events; when a person or a group of people hold political, social, or economic power, they have privilege that benefits them while oppressing others.

Race: the concept of stratifying people by placing them into groups based on their physical characteristics (phenotype); social meaning is also ascribed to those groups.

Racial Justice: the systematic fair treatment of people of all races, resulting in equitable opportunities and outcomes for all.

Racism: the belief that groups of humans possess different behavioral traits corresponding to inherited attributes and can be ranked based on the superiority of one race over another; it may also mean prejudice, discrimination, or antagonism directed against other people because they are of a different race or ethnicity.

Reproductive Health: the condition of reproductive systems during all life stages.