# A CURE-Concordia Project with Projet Bleuet

# The Consent at an Early Age Project

Madelaine Sommers (27362609)

WSDB292: Feminist Research Methods

A CURE-Concordia Project with Projet Bleuet

## Introduction

Montreal is home to a widely established network of feminist organizations that offer consent workshops, such as the Sexual Assault Centre of the McGill Student Society, Head and Hands' 'Sense Project,' the Centre for Gender Advocacy's consent education brigade, and the Get to the Pointe! sexual health conference for youth. A majority of these workshops are tailored to youth ages 13 and older. Often by the time adolescence is achieved, youth have long been exposed to social practices and cultures that contravene the concepts of consent being introduced in such education programs, and therefore it becomes difficult for them to understand and accept the ideas being passed on. The purpose of this paper is to explore how caregivers work to normalize the concept of consent with children before such discussions are formally introduced in high schools and post-secondary. The specific focus is to establish a basic understanding of consent applicable to children as well as explore the methods and techniques used to teach and practice consent to primary school-aged children not through curriculum, but daily interactions. Ideally, the information from this paper will be transformed into popular education tools used to support youth and adults in incorporating consent education into their childcare practices.

Simone De Beauvoir argues that society is colonized to see the world through a certain perspective; women are the "other" who see the world through a male/masculine gaze. An example given to demonstrate this is the way that parents' authority is naturalized because they give children life and support their survival (Aramaki 4). Exploring ways to develop children's capacity to both ask for and assert their right to consent is therefore a tool that caregivers can use to work towards decolonizing their own perspectives of dominance and power over children.

## Literature Review

Academic articles exploring consent ubiquitously define the concept within the context of sexual interactions. The notion of consent defended by most Western European states assert that valid consent can be given when all parties involved have relevant and appropriate information, mature powers of judgment, and that consent is invalidated in the case of coercion and fraud or underdeveloped capacities of deliberation (Steutel and Spieker 2004). More specifically, the law defines consent using two components: whether one has

the capacity to give consent based off age, mental capacity, intoxication and consciousness, as well as the medium though which consent is communicated; in some places consent can legally exist with coercion, in some places it cannot; in some places consent can be implied, in Canada it cannot (Beres 2014). Despite its importance to feminist research, sexual consent is an understudied and undertheorized concept which has led to varied and nebulous scholarly and popular understandings of it (Allen and Cameron-Louis 2013).

As the most prevalent definition of consent is one defined through legal mediums, young people's interpretation of consent within the context of their sexual interactions is not consistent to their descriptions of how they understand one's willingness to participate in sex (Beres 2014). Allen and Louis argue that the separation of sexual health and sexual assault curriculum leads the restriction of conversations around consent to the latter category; this results in young people understanding the concept solely within the context of sexual assault, and not within the realms of building sexual intimacy and communication (Allen and Cameron-Louis 2013). When defining consent, young people interviewed saw it as 1) a minimum requirement to engage in sexual activity, although this requirement does not make the sexual interaction unproblematic or morally permissible – this definition of consent was more concerned with consent as "a lack of resistance," 2) as a discrete event that occurs once during a sexual encounter – some described it as the "butt lift" that allows underwear to be taken off – and 3) as a request that is not necessary for people in a long-term relationships (Beres 2014). Such understandings of the notion demonstrate that, until now, sexual health education has not adequately communicated the synonymity between consent and willingness to have sex.

Scholarly articles explore ways to address the ambiguous and misunderstood definition of consent amongst young people through the development of sexual health education and curriculum in schools. Such discussions are limited to the development of sexual health content that caters exclusively to young adults and, again, the definition of consent is limited to sexual contexts. Research about developing effective sexual health education came to a consensus that the content of such programs must be generated by, relevant to, and meet the needs of the young people undergoing the education (Buck and Parotta 2013; Cameron-Lewis and Allen 2013). Some research demonstrated that educating university students on topics around consent

and sexual health and then asking them to develop their own curriculum led to young people realizing the limitations of existing sexual health curriculum; such an approach also facilitated students' recognition of the importance of discussions consent, pleasure, and sexual assault in sexual education (Buck and Parotta 2013). Research also emphasizes the significance of developing a framework for sexual health education that includes discourse of pleasure and desire to allow young people to explore their sexualities and boundaries positively, that discusses sexual assault without maintaining hegemonic notions of masculine dominance and feminine subservience, and that integrates these conversations into the same setting to normalize consent in all aspects of sexuality (Cameron-Lewis and Allen 2013). Defining consent beyond sexual interactions and how it would be taught to primary school-aged children has yet been thoroughly explored in a scholarly context.

## Methods and Methodology

This study employed the theoretical framework of critical feminist theory, the aim of which is to critique and challenge ideologies of social injustice and combine theory with action to challenge such injustice (Bethune-Davis, McWilliam and Bergman 207). This study encouraged participants to both explore the social injustices in childcare that reflect and perpetuate a broader culture of disregard for consent, and reflect upon their theories and practices that aim to reconstruct childcare in a way that is rooted in values and norms of consensual practices. Predicated on the belief that the relationship between researcher and participant should develop equality and reciprocity, this methodology works to foster active dialogue. This encourages participants to reflect upon, explore, and examine social processes that influence their work (Bethune-Davis, McWilliam and Bergman 207). In the spirit of liberatory research's feminist standpoint theory, the experience of on the ground childcare workers was prioritized as "evidence and an authoritative voice" (Aramaki 3). The research was approved by the Simone de Beauvoir Institute's Ethics and Review Board.

### *Sampling*

Caregivers with extensive experience working with children were chosen for their knowledge and experience talking to children about consent, and were found through recommendations from the Montreal sexual heath and anti-oppression educator community. Five caregivers were interviewed. Interviewees' experience with children ranged from being parents to after school care workers to summer camp leaders and

coordinators to head start program coordinators. All participants had a university undergraduate degree, one was completing a graduate diploma. All participants came from backgrounds of grass-roots organizing in Montreal, working with groups such as Solidarity Across Borders, Get to the Pointe! Alternative Sexual Health Conference for Youth and Ste Emilie Skillshare, and each had a year or more of experience talking to children and youth about consent and sexual health. This qualitative sample intentionally interviewed organizers with an experiential background in consent education with children to ensure relevance to the research topic. The study uses pseudonyms created by a name generator to protect particpants' identities.

*Data Collection*

Participants were first sent the interview questions to look over and determine whether they felt comfortable giving thorough responses. After informed consent was obtained, a semi-structured interview guide was used to conduct qualitative interviews, mostly in the homes and workplaces of caregivers, except for one interview which took place on Concordia campus. Interviews were audiotaped and transcribed. Detailed field notes were kept throughout the interviews regarding what each participant said. Two online articles from feminist popular education website Everyday Feminism talking about consent with children were also used.

## Findings

What follows reflects the thoughts and practices of a diversity of childcare workers who incorporate consent education into work. The exploration of the study's participants' experiences revealed a limited yet resolute and reflective culture that actively and deliberately encourages the incorporation of consent and consent education into daily childcare practices. The following themes were examined by interview participants: 1) identifying the basic definition of consent in childcare and determining if this definition is uniform to those used for youth and adults; 2) techniques and methods used to incorporate consent into interpersonal childcare practices; 3) how theory and practice combine to integrate an intersectional analysis into consent education with children. The following sections combine anecdotes, debates, questions, theoretical understandings and opinions to illustrate each of these three themes.

<u>Going Beyond 'Yes' and 'No': Defining, Expanding, and Critiquing our Understanding of Consent</u>

Caregivers interviewed were more or less in consensus when defining consent in its fundamental form. The word used by every particpant to foundationally describe consent was 'boundaries.' At its core, consent consists of two aspects: "learning how to affirm [one's boundaries] as much as knowing how to respect other people's" (West). Consent's first tenant, the awareness and articulation of one's own boundaries, was described as "knowing that [one] has the right over [their] own body, values, and the right to say yes or no," as "verbalizing intentions and needs," and, ideally, that everyone involved in interactions understands and wants those interactions to happen knowing "that they can say stop at any time" (Manning; Mercer). Consent's second tenant, the respect of others' boundaries, was elaborated upon as ensuring the "sense of safety, dignity, and respect" for those around you, and as "understanding the importance of communicating and asking other people for permission" (Manning; West). It was widely asserted that the use of consent applies far beyond physical interaction of bodies through touch, but must also be applied to "everyday participation in the world" (Danet). In the context of childcare, "participation" can range from being a part of activities, to following rules and receiving consequences for behaviors, to attending day camp, and so on.

For all interviewees, the fundamental definition of consent does not differ when applied to adults, youth, and children; however nuances and complexities are added to the definition when applied to different age groups. When asked, one caregiver responded "do I think that [consent] is different when working with a 3 year old or a 30 year old? No. The definition doesn't change, but the complexity of the concept does as we get older" (Danet). These intricacies lie in the paradoxical nature of teaching and incorporating consent in childcare when childcare itself can be structurally nonconsensual. Three participants spoke to the difficulty of fully practicing consent when childcare structures – where caregivers are the ultimate authority – do not allow for entirely consensual interactions. These participants argued that a caregiver's role is therefore to obtain children's consent wherever possible. One participant slightly disagreed however, asserting that because children have a decreased ability to understand and maintain their own health and safety, the younger children are, the more caregivers must prioritize ensuring their health and safety over fully consensual interactions. An example given was a young child who refused to have his diaper checked, even though it was

soiled; in this case, the caregiver overrode the child's consent to ensure his safety. Therefore navigating consent with children can be more complex because they are not autonomous beings and rely upon adults in their lives for survival.

Just as the fundamental notion of consent does not differ with age, all participants asserted that the definition and practice of consent does not differ whether in a sexual or non-sexual context. This is despite a vast majority of conversations around consent beginning with youth in high school, and being restricted to the context of sex and sexual assault. While participants acknowledged that the consequences of not having consent during sexual activity can be far more severe than most other interactions, most asserted that if communities want to build "healthier and more harmonious relationships, conversation[s] around consent must extend [to all our interactions] beyond sex" (West). Limiting explicit discussions around consent to a sexual context is a core reason the concept is so challenging to grasp when it is introduced to teenagers. This was especially emphasized by one participant who stressed that consent is not effectively taught at all levels of children's interactions. "We often vilify people if they're not able to practice consent," she said "but we don't think about why they weren't able to in the first place" (West).

Finally, the practice of consent in all interactions must be seen not as a "minimum ethical standard" but as a learned skill, one that some people are "privileged to have" (West). One participant noted that reframing consent as a learned skill shifts the narrative from one that vilifies and alienates certain children to an inclusive, collective discussion. Such a concept is comparable to the way that some schools reframe "anti-bullying week" to "conflict resolution week," for example. This recognizes the different skill sets and capacities that some students are privileged to have over others, and transforms the process of addressing such issues into a skill-building experience shared by everyone involved in the situation.

*Understanding Consent: What's Missing from the Conversation?*

Understood within the framework of social justice, consent education has been championed by feminists as a major solution gender-based violence. When critiquing our current understanding of consent however, most participants asserted that a truly feminist understanding of consent – one that emphasizes the ways in which consent is denied in the structures and conditions that dictate some children's lives – has yet to

be popularized. “We think of [consent] as two people about to sleep together or two people interacting,” one participant noted, “but sometimes what is lacking is the idea that people don’t give consent to be born into the current society that we’re living in and into the way that [some] bodies are controlled” (Manning; Mercer). The state controlling some bodies through border systems, certain people growing up and living in poverty, and bodies expected to endure racist policing were just some of the examples given of the ways in which our society’s structures impose and perpetuate the violation of consent .

One participant with experience as a pre-school head start teacher, a childcare program coordinator, and a parent strongly emphasized the nonconsensual nature of structures designed specifically for children, notably our schooling and youth protection systems.

> School is mandatory; the way that school is structure requires that teachers, parents and children do certain things. The way school [operates] can be stressful and hurtful and damaging for children yet its mandatory that they participate in this system; a system that teaches us to be submissive; [a system that] teaches adolescent girls that they don’t have the right to say “don’t touch me” or that they don’t have the right to wear a short skirt and not be assaulted. (Danet)

She emphasized the difficulty of teaching consent when structures and systems surrounding youth and their parents are nonconsensual themselves.

> The youth protection system puts all of these expectations on parents: parents can have their children taken away if they don’t force [them] to go to school, if they don’t have control over their behaviors and can’t get them to behave the way that’s societaly accepted. These systems reprimand parents rather than supporting them. (Danet)

She argued that sometimes these systems adapt to children who learn that they don’t need to be submissive, but that they are not adapting enough to support children’s increasing sense of autonomy. It is therefore critical that thorough understandings of the systemic and structural notions of consent be incorporated into our more interpersonal understandings of the concept. Exploring the fundamental definition of consent in childcare, the contexts in which it should be taught, and the anti-oppressive framework within which it should

be situated helps develop a theoretical understanding consent applied to childcare; however participants noted that putting these theories to practice can be complex and challenging, especially when messages that support the cultivation of consent culture sometimes contravene widely accepted childcare practices.

Tips, Tricks, and Teaching Methods: normalizing consent at a young age:

Participants were unanimous that the earlier consent was incorporated into practices and discussions with children, the more likely those children were to accept and understand more complex and nuanced concepts around consent and sex in adolescence. One participant described incorporating sexual health and consent conversations into the day camp activities with 10 year olds,

> The younger [kids] were able to have spaces to talk about that [sex and consent], it was awkward for them at first but they grew into appreciating and looking forward to it. By the time that they were 13 they had much more informed relevant questions because they felt more able to ask them, because they had the language, the words, the exposure, could identify relevant examples, and knew it was a good thing to talk about. (Harring)

Another participant described the impact that beginning conversations around consent in childhood had on her 15 year old daughter's ability to grasp and accept the conversation when talking about sex. She explained that recently, her daughter had undergone a consent workshop in leadership class. In this workshop, all of her daughter's peers were laughing at the idea of asking permission before touching someone, a concept they saw as unnatural, but because the conversation had been sustained with her daughter since childhood, the workshop's content was easily accepted and was not seen as strange.

Explicitly discussing and practicing consent with children has yet to become a normal childcare practice, which is reflected in the difficulty of so many youth accepting messages transmitted by consent educators. The online publication Everyday Feminism published an article by Michelle Dominique Burk detailing 'How to Teach Consent to Kids in 5 Simple Steps.' What follows will incorporate interviewees' input on practicing consent education into four of the article's 'simple steps,' with the goal of developing an accessible, comprehensive and concrete guide to developing consent culture with children of young ages.

*Step One: teach children how to ask for consent*

Often caregivers respond retroactively to a child who has gotten a bad response from another child after physically interacting with them. Instead of seeking out a child's apology after a negative interaction, caregivers must put an emphasis on the child asking permission before the interaction even takes place (Burk). This ensures that the needs of children who do not always vocalize their discomfort with interactions are being met, that a culture of consent becomes normalized for children, and stops the negative interaction from even having to happen in the first place.

Most caregivers interviewed avoided explicitly using the term 'consent' when encouraging children to begin incorporating the concept into their interactions. To effectively translate the concept into a language that children could better understand, caregivers emphasize questions and words that help children "develop an emotional awareness" of their own and others' boundaries (Manning). Such language can include asking questions like "have you asked how ___ feels when you do that? What clues do people give when they're not having a good time? Have you asked ___ if they're ready or want to play with you?" and emphasizing that different people feel different ways about interactions so "let's ask for permission" or "let's check-in before doing that" (Manning; Mercer). Consent is about "trying to get kids to think about what it means to be in someone else's shoes and what their experiences are like," one participant noted (Manning). Taking time to let children talk about, process, and reflect on the feelings they have allows them to develop the vocabulary to better communicate and understand their own boundaries and those of others, strengthening their capacity to practice consent.

Not all participants shied away from explicitly using the term 'consent' with children. Two caregivers noted that, although children may not understand the term, using and then explaining and applying consent to different situations can plant a seed of understanding that will continue to be cultivated as children grow.

Encouraging children to ask for consent can be a difficult practice to establish, especially if the message is not being reinforced in children's other spaces. To support this practice, one caregiver described her method of "catching kids being good," which she described as giving positive attention and reinforcement

to children actively making an effort to ask for consent. This tool can also be used to encourage children to recognize their own boundaries. This participant also chronicled how, after a summer camp activity on the diving board, she made a point not only to congratulate the children that challenged themselves by jumping off the high board, but to also congratulate the children that chose not to participate in the activity for their ability to recognize their own comfort zones. Another participant noted that often kids that were able to practice consent were very well liked amongst other children; she agreed that 'catching kids being good' in front of their peers associates asking for consent with behavior to be proud of, acting as a strong and effective tool of encouragement.

*Step Two: teach children that consent can be given and taken away at any time*

As Burk reminds us, "just because someone gives you consent once doesn't mean that their consent is indefinite. Consent can be removed at any point during any interaction"(Burk). This principle was inadvertently echoed by various participants when describing specific situations used to encourage the practice of consent. Nearing the end of an interview, one participant's child groggily wandered into the living room in her pajamas, upset because her brother had told her they could cuddle before falling asleep, and then decided that he no longer wanted to cuddle. Her mother, in the midst of an interview about consent, responded to her daughter by affirming her brother's right to change his mind. This anecdote coincidentally describes the concept well.

Talking to children about how consent can be given and taken away at any time was mainly discussed by participants within the realm of physical activity. One participant spoke on the importance of emphasizing this tenant of consent when facilitating competitive sports games. In atmospheres that often breed high concentration levels, bragging and putting other people down, the caregiver asserted that it is especially important to leave space for the withdrawal of consent. This can be done by monitoring escalating tensions throughout the game. The caregiver described how she would call for breaks from hockey games when tensions ran high, using that time to ask children to check-in with each other, asking "are you still having fun?" and encouraging them to reflect on whether their boundaries and those of their peers were still being respected (West).

A similar technique was proposed by participant who spoke in the context of play fighting. This caregiver described how, after a play fighting event that ended sourly, they would sit with the children and together, walk through the experience, and identify the moment when the play fighting went from consensual to non-consensual. They would then explore the emotional and verbal cues used by each child to indicate that consent had been withdrawn, encouraging children to ask each other how they're feeling while also developing the skills to pick up on as well as verbalize such cues. For this caregiver, a discussion post-event is the first step in building children's capacity to check-in and feel comfortable communicating and accepting the withdrawal of consent situations of physical play.

*Step Three: discuss the importance of No*

In her article, Burk describes this concept as "never forc[ing a child] to interact physically with an adult"(Burk). While participants did agree with this concept, their analyses expanded further to discuss various aspects of the importance of No in consent education. On a fundamental level, caregivers described this step as normalizing and learning to accept – or even welcome – 'no' as an acceptable answer in any context, even those where it does not seem urgent. One participant described an experience where one young girl invited another to play a game, and when the other refused she responded by saying "you're not my friend anymore." The caregiver asserted that although the non-physical nature of such situations does not seem urgent, they are in fact important spaces to cultivate consent culture through discussing accepting and welcoming a No (West).

Discussing the importance of No in consent education was especially emphasized by caregivers on the topic of sharing. Regarded as an important value to instill in children at a young age, caregivers often override children's wishes in favour of sharing. Such practices were strongly discouraged by a majority of participants, who asserted that respecting a child's decision not to share a toy, an object, food, etc. with other children is a meaningful demonstration of respecting their capacity to say no. It is often our instinct to negotiate with a child that refuses to share, but such negotiations reinforce the idea that others can question what one wants to do with their own space and body, and was therefore discouraged by many participants. Those who voiced these ideas also broached the feeling of discomfort around private ownership and individualism that can arise

from discouraging sharing; they nonetheless affirmed the importance of respecting a no in such situations, and described alternative ways to strengthen the values of collectivity, for example through facilitating co-operative games instead of competitive ones.

*Step Four: Adults must follow their own rules for consent***consent can't happen w/out parents

Lastly, Burk reminds us that if caregivers "don't ask for consent…ignore the word "no," or force consent upon another person, it won't matter what you tell a child because the rules will become invalidated by your own actions" (Burk). Participants were almost entirely in consensus with this concept, speaking of how it is important not only to ensure that, as a caregiver, one is always conscious of asking for consent and respecting the responses of children, but also ensuring that children are asking for and respecting the consent of caregivers. One participant spoke of how she would ask for consent before touching each part of her son's body when washing him in the bath, as well as how her children, her partner and the children she work with know to ask before touching her body . In the case that a caregiver does not follow their own rules for consent, it is important that they address the mistake and apologize to demonstrate that such actions should not be normalities. This tenant of consent education is so important that two participants asserted that, because of the intimate, trusting and long-term relationship between parents and their children, parents therefore play a critical role in the consent education process; without parents' integration of consent into their practices, the concept cannot be effectively communicated to and adapted by children.

As briefly discussed in the first part of this body section, a dissenting participant noted that children of younger ages do not always have a firm understanding of how to prioritize their health and safety, and in some cases it is therefore the responsibility of the caregiver to override a child's consent to keep them safe. One participant who did not fully agree with this idea noted that a way to mitigate such a problem would be to have established rules around health and safety that were created by children and caregivers together. This will be explored in greater depth in part three of the findings section, which looks at how age and positons of authority can affect consent education.

*Challenges*

All participants agreed that teaching consent in the context of childcare is inevitably met with multifarious barriers; the specifics of these barriers were defined differently by each participant. On an interpersonal level, one participant spoke of the challenges explaining the difference of equity and equality with children, most of whom have unrelentingly been exposed to the notion of equality – that is, the same treatment for everyone no matter different personal situations. The caregiver explained her approach of giving children different consequences for violating consent depending on what their knowledge of and the support they have in learning the concept is. This equity framework is often challenged by children who have been taught the importance of equality, and explaining this complex concept can prove difficult for caregivers with limited time and high child-caregiver ratios.

Another interpersonal challenge faced by caregivers teaching consent is the depth of relationship that they have with the children. As previously discussed, parents play a critical role in communicating messages around consent because of their long-term, intimate relationship with children; relationships of comparable depth for childcare workers are often difficult to develop due to the transient nature of childcare, where relationships often endure for just one school year or a few summer camp seasons. This caregiver explained that the problem is augmented by how little childcare workers are paid for such physically and emotionally demanding work as well as the fact that they are often not hired from the community in which they work as a result of restrictive community centre policies and funding sources. These two factors leave them less inclined to develop deep roots in the childcare setting and the children's lives and therefore less capable of effectively and enduringly communicating the importance of values such as consent.

On a more structural level, caregivers also spoke of the ways that existing social systems can hinder effective consent education. One caregiver described a major challenge as the "gendered nature of consent education" (West). According to this caregiver, the absence of conversations about consent between masculine caregivers and young boys leads to a strong culture of resistance to the concept when introduced by women and femmes. Another caregiver spoke of how capitalist culture impedes upon children's capacities to understand how their actions affect people in an "individualist society that promotes individuals pursuing what

they want" (Harring). This caregiver argued that such values challenge the notion of consent, because they encourage children to feel entitled to bodies, interactions, time, and space.

Challenges to teaching consent rooted in systemic social inequalities are multifarious, stretching beyond gender and economic ideology. This was demonstrated in section one when interviewees came to consensus that consent must be understood beyond interpersonal interactions, on levels of nonconsensual interactions as related to systemic inequality and oppression. The next section will begin to explore what it can look like to talk about consent with children whose lives are more broadly affected by nonconsensual circumstances such as economically and socially embedded inequality or state violence.

Thoughts on Consent and Intersectionality with Children

Intersectionality, a term first coined in 1989 by Black legal scholar Kimberlé Crenshaw describes the way that oppression and privilege can be experienced by individuals as a result of various lived identities, such as being both Black and a woman and queer; examples given by Crenshaw include "the multiple ways that gender and race interact with class in the labour market" or "the ways that states constitute regulatory regimes of identity, reproduction, and family formation" (Cho, Crenshaw and Mcall 785). Intersectinality is a powerful tool used to explore the multiplicities of privilege and oppression that individuals experience in various social contexts. If the idea of consent cannot be conceptualized without a broader understanding of systemic inequality and oppression, then consent education cannot be practiced in the context of childcare without an intersectional approach and analysis. Caregivers interviewed spoke to their experiences incorporating an intersectional approach into their consent work with children. While this information is a valuable addition to this piece of work, it is regrettably the most limited discussion partially because a topic of such complexity merits more than five perspectives to begin thoroughly understanding how to implement this analysis in the practice of consent education.

A topic thoroughly explored by participants was the power dynamic that can impede upon caregivers' practice of consent and consent education as a result of age. Most participants outlined the ways in which they believed agency and decision-making power are denied to children on a day-to-day basis because of the normalized authoritative role held by their caregivers. Examples given included physical interactions such as

hugging children, picking them up, forcing them to physically interact with others (eg. extended family and friends), but also encompassed many daily activities and moments where children often do not have the right to say yes or no such as curriculum and consequences in school, the capacity to stay in or leave a room or building, the children that one shares space with, the adults that perform interventions, meals to be eaten and so on. One participant described the challenge of navigating the importance of providing structure for children while still allowing space for a child's consensual decision-making autonomy.

Those who spoke to this topic were in consensus that the most powerful way to mitigate a caregiver's position of authority with children is to give choices to children as much as possible and to then respect the decision that the child consequently makes. Examples of choices given ranged from giving children different meal options (if within the capacity of the caregiver) and allowing them to choose their own clothes in the morning, to giving options for activities, to choosing which adult to interact with in an afterschool care intervention setting, to collaboratively creating rules with children and allowing them to choose their own consequences when breaking those rules. One participant even described an education initiative they were involved where youth determined and created the curriculum that they would be taught. It was affirmed by participants that choices give children more agency and power, thus increasing their capacity to give or withdraw consent in situations restricted by the authority of a caregiver. While choices may be a way to diminish power imbalances between children and adults along lines of age, one participant raised the important point that many caregivers may not have the time or financial capacity to be able to expansively provide choices and options to children, and such should therefore not be expected of everyone.

Aside from the power discrepancies that exist in consent education as a result of age, participants also emphasized the importance of understanding that "structures and value systems like patriarchy, white supremacy, and colonialism exist in our society," and affect the way that notions of consent are communicated to and between children (Manning). One participant who has worked with both children and youth described the ways that gender and racialization work together to affect the way that consent is taught and practiced amongst caregivers, children and youth. This caregiver spoke to their experience seeing white children not

respecting the body autonomy of children of colour, to white teen girls' bodies and space being more respected than that of Black teen girls, and, in the case of Black teens and white teens working with younger kids, to how sensitive children were to those teens saying stop depending on their race. The participant also described how children of colour, especially Black children and Black boys are often punished more severely as a result of their identities and behaviours being pathologized by adults in their lives. Participants expressed the importance of being acutely aware of these dynamics between children as well as within the actions of caregivers themselves. Aside from recognition of and increased sensitivity to the ways that gender and racialization interact to affect the way that children experience consent through daily interactions, participants were unable to come to a consensus as to how they responded to such forms of oppression fortified in childcare practices. For example, one caregiver expressed a method she used of naming the difference and marginalization experienced as children of colour and girls; another participant disagreed, stating that such a tactic can be very "hit or miss," and necessitates extensive background knowledge and training to be considered an option (West).

On integrating an intersectional analysis into consent education with children, one participant espoused the idea of adjusting expectations for different children. This caregiver spoke of working with a child on the autism spectrum who expressed happiness and excitement by hugging others in a day camp group without their consent. Instead of reprimanding this child, she spoke to the entire group about when is appropriate to hug, how to ask permission, and how to say no. Other participants spoke of how young boys show signs of not respecting the boundaries of girls and women in their lives, and that stressing the importance of consent and the resistance gendered socialized norms with them is especially important.

While participants did contribute thoughts and practices regarding the integration of an intersectional analysis into consent education with children, it became clear that the capacity to develop expansive insights into the topic was limited. Intersectionality is a complex concept that consists of multifarious identities and boundless experiences. The gravity of such a subject merits an entire study, one that discourages tokenism by inviting a multiplicity of voices and perspectives and specifically seeks out caregivers with experiences and

knowledge in anti-racism, anti-colonial, anti-ableism, anti-classism and consent in childcare. This study was unable to fully accomplish such a task, as it was limited to five participants and spent much of its content establishing an understanding of consent in its basic definition and practices with children.

## Conclusion

The voices that spoke in this study are in consensus that thoughtful incorporation of consent into childcare is an essential part of developing a culture amongst youth that accept the concept when introduced in conversations around sexual health. The conversations held throughout this study help develop a concrete foundation for understanding consent in the context of childcare and propose a variety of tools, methods and thoughts regarding how to apply such understandings to childcare practices. First, consent is an idea and practice that is not limited to sexual interactions and sexual health education, nor does it apply exclusively to youth or adults. Expanding popular understandings of the concept and therefore examining its use within childcare settings allows caregivers to better understand whether messages about the importance of consent are being properly communicated in their spaces. Second, all participants were in consensus that, in order to truly understand the complexity of applying consent education in childcare settings, the concept must incorporate an analysis that encompasses all the ways that specific groups of people have their consent violated every day by systems of inequality and state violence; consent therefore cannot be understood without a lens of anti-oppression.

When looking at how to teach and talk about consent with primary school-aged children, it was communicated that children ages 5-11 years have varying abilities to understand and engage in such concepts; nonetheless, various ideas were put forth. First, those interacting with children must question childcare values and practices that normalize the contravention of consent; such can be seen in the way that adults force children to share or interact with one another and other adults around them or participate in activities and in the way that childcare structures operate. Second, caregivers must teach children how to ask permission, accept a No, and understand that consent can be withdrawn at any time. Such messages can be transmitted in settings from sports games to play fighting to art to conflicts had between children and can be encouraged

through positive reinforcement and an emphasis on children developing a sense of emotional awareness. Thirdly, it is imperative that consent be a concept integrated into the daily practices of parents and guardians.

If consent cannot be understood without a lens of anti-oppression, then its application to and education within childcare settings cannot flourish without incorporating an intersectional analysis. It is critical that childcare workers and caregivers are aware of the social hierarchies built around age, race, class, gender and ability that affect the way children can give consent and the way that society accepts or ignores their wishes. The findings invite more in-depth research exploring theoretical concepts and practices of consent, intersectionality and childcare that draw information from a larger pool of participants.

While academia has yet to look thoroughly at consent education with children, many parents, childcare workers and communities are doing so through the care they provide on a daily basis. Consent education rooted in an anti-oppressive analysis is fundamental to building communities of respect, safety and reciprocity. As such, the work being done to foster values of consent at a young age is an act of social change that has the power to transform communities.

**Work Cited**

Aramaki, Michiko. “Designing a Feminist Research; Qualitative and Quantitative Research.” Concordia University, Simone De Beauvoir Insitute, Henry Hall building, Montreal QC. 19 January 2016. Course Lecture.

Beres, Melanie Ann. “Rethinking the concept of consent for anti-sexual violence activism and education.” *Feminism & Psychology* 24 (2014):373-389. Print

Buck, Alison and Kylie Parotta. “Students teach sex education: indroducing alternative conceptions of sexuality.” Sex Education (2013): 67-80. Print.

Burk, Michelle Dominique. “How to Teach Consent to Kids in 5 Simple Steps.” *Everyday Feminism. np,* 26 February 2015. Web. 14 March 2016.

Cameron-Lewis, Vanessa and Louissa Allen. “Teaching Pleasure and Danger in Sexuality Education.” Sex Education 13.2 (2013): 121-132. Print.

Cho, Sumi, Kimberle Williams Crenshaw and Leslie Macall. “Towards a field of intersectionality studies: theory, applications and praxis.” Journal of Women of Colour and Society 38.4 (2013): 784-810.

Danet, Melissa. Personal Interview. 18 March 2016.

Harring, Leith. Personal Interview. 13 March 2016.

Manning, Adrian. Personal Interview. 15 March 2016.

Mercer, Morgan. Personal Interview. 17 March 2016.

Patricia Bethune-Davies Professor , Carol L. McWilliam & Helene Berman. “Living With the Health and Social Inequities of a Disability: A Critical Feminist Study.” *Health Care for Women International* 27.3 (2006): 204-222. Print.

Steutel, Jan and Ben Spiecker. “Sex education, state policy and the principle of mutual consent.” *Sex Education* 4.1 (2004): 49-62. Print.

West, Riley. Personal interview. 14 March 2016.