ADEGEBSAN, IRETI A., M.S. Bodily Autonomy of Young Children: Mothers' Perspectives of Appropriate Acceptance or Rejection of Affection for their Toddler and Preschool Aged Children. (2021)
Directed by Dr. Danielle Crosby pp.105

Young children's understanding of autonomy related to their body and touch has received relatively little attention in the developmental sciences even though children's understanding of basic principles related to their identity start to take shape during this period. Addressing this gap in the literature could help inform efforts to develop a lifespan curriculum around consent, so that children learn about bodily autonomy and consent in a developmentally appropriate way. Informed by symbolic interactionism and feminist theory, this qualitative study incorporated both focus groups and semi-structured interviews with 21 mothers to examine their perspectives on bodily autonomy of young children ages 2 to 5. The study's findings reflected mothers' experiences, perspectives, beliefs, parenting philosophies and behaviors related to the following five themes: (1) Maternal Bodily Autonomy Socialization, (2) Connection Between Mothers' and Children's Socialization, (3) Children's Bodily Autonomy Socialization, (4) Maternal Advocacy, and (5) Complexity of Violation. Ultimately, all of the mothers in the study were pro-bodily autonomy and acknowledged the importance of children being given choice; however, there was considerable diversity in the experiences that shaped their perspectives and the socialization strategies they used with their children, suggesting there is no one size fits all model for socializing children about bodily autonomy, affection, touch, and consent. This study provides an initial empirical basis for conceptualizing ways to support and develop young toddler and preschool aged children's bodily autonomy and represents a starting point in helping parents, families, educators, children, and the public understand the importance of pro-bodily autonomy socialization in a world where this is not yet widely appreciated or recognized.

BODILY AUTONOMY OF YOUNG CHILDREN: MOTHERS' PERSPECTIVES OF

APPROPRIATE ACCEPTANCE OR REJECTION OF AFFECTION FOR THEIR TODDLER

AND PRESCHOOL AGED CHILDREN

by

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A THESIS

Submitted to

the Faculty of The Graduate School at

The University of North Carolina at Greensboro

in Partial Fulfillment

of the Requirements for the Degree

Master of Science

Greensboro

2021

Approved by

Dr. Danielle Crosby

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APPROVAL PAGE

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CHAPTER I: INTRODUCTION

The first five years of life are critical to a child's development in part because of children's understanding of basic principles related to their identity start to take shape during this period. Autonomy, or the ability to have choice and control over one's actions, is one of these principles. Several theories of child development and early childhood education emphasize the importance of supporting young children's development of autonomy (Erikson, 1964; Laurin & Joussemet, 2017). One specific dimension/aspect of autonomy that has received relatively little attention in the developmental sciences is young children's understanding of autonomy related to their body and touch. Bodily autonomy is defined as the right of an individual to have control over their body and withdraw consent at any time (UCSB Sex Info, 2018). Research on bodily autonomy has been primarily conducted with adults in relation to the medical field, and with respect to women's rights, legal rights, and consent theory (Hill, 2015; Hogg, 2018; Judge et al. 2017; McGillivray, 1997; Tanyag, 2018). The literature on bodily autonomy for children is rather limited and has mostly focused on children's rights to consent for medical procedures or research (Hermann, 1990; Meyers, 2014; Wertheimer, 2014). There is also additional literature that focuses on (1) examining children's relationship with bodily rights and (2) autonomy with children as young as toddler age (Eisenberg-Berg, 1981; Fasig, 2000; Van de Vondervoort & Friedman, 2015). Additionally, there is a small body of literature that analyzes the bodily autonomy of young children, considering both child and parent perspectives of ownership rights and bodily rights of young children, which is the first step in addressing children's bodily autonomy from a social sciences perspective (Fasig, 2000; Nakamura & Rogers, 1969; Van de Vondervoort & Friedman, 2015).

Examining the development of bodily autonomy in young children from a social science perspective could be helpful in terms of understanding the role of relationship contexts (mother-child, father-child, caregiver-child) and interactions. While the aforementioned literature on ownership rights has taken into account child and parent perspectives, parent-child engagement around bodily autonomy has been relatively unexamined even though family relationships are likely where children first learn about their bodily autonomy. Addressing this gap in the literature could help inform efforts to develop a lifespan curriculum around consent, so that children learn about bodily autonomy and consent in a developmentally appropriate way. Although the topic of consent is most linked to discussions of sexual activity for adolescents and adults; young children may first begin to learn about consent with respect to their autonomy in accepting or rejecting affection.

The current study aimed to address some of existing gaps by gaining greater in-depth knowledge pertaining to young children's rights and the contextual and social influences which affect access to these rights. Additionally, the study sought to examine the bodily autonomy of young children according to societal and maternal influences through the examination of maternal perspectives and beliefs pertaining to the bodily autonomy of their young children, along with appropriate levels of acceptance or rejection of affection in relation to their children's bodily autonomy socialization. This qualitative study incorporated both focus groups and semi-structured interviews to examine the bodily autonomy of young children according to societal and maternal influences through the examination of maternal perspectives and beliefs pertaining to the bodily autonomy of their young children, along with appropriate levels of acceptance or rejection of affection in relation to their children's bodily autonomy socialization. Therefore, the study sought to explore social norms, customs, and commonalities associated with children's bodily

autonomy to help inform the literature on parents' pertaining to young children's capabilities and rights regarding their bodily autonomy. The theoretical framework embedded in symbolic interactionism and feminist theory to address the following questions:

- What are mothers' beliefs and perspectives pertaining to the bodily autonomy of their young children?

- What are mothers' beliefs and perspectives of appropriate levels of acceptance or rejection of affection in relation to their child(ren)'s bodily autonomy socialization?

CHAPTER II: THEORETICAL FRAMEWORK

Symbolic Interactionism

Symbolic interactionism focuses on how people seek meaning and how it helps them create identities and their social realities (Bengston, 2005). Symbolic interactionism is centered around the following four major concepts that are mutually related: identities, roles, interactions, and contexts (LaRossa et al., 2009; Potts, 2015). These four concepts help in the process of analyzing self-meaning, positionality, relationships, culture, social negotiations, and societal structures to aid in the understanding of social worlds (LaRossa et al., 2009). One of the primary goals of symbolic interactionism is to investigate factors that influence individual behavior and social change, and this is seen by studying the multiple systems and levels of individuals' micro and macro systems (Burgess, 1926). Symbolic interactionism is being employed as a framework for this study because it allows for the analysis of the way in which people operate and develop as individuals within the four aforementioned mutually related concepts. This framework will be used as a guide to analyze how mothers' identities and social realities surrounding their personal bodily autonomy and the ways in which relationships with touch are formed through personal interactions. Ultimately this framework will help in analyzing the context in which their mothers' bodily autonomy socialization impacts their child(ren)'s bodily autonomy socialization.

Symbolic interactionism speaks to how human beings' reactions towards things are based on the meaning that things have to them (LaRossa et al., 2009). These meanings vary based on factors such as the socialization of personalities and the formation of self-concept, and the intergenerational transmission of culture, values, and attitudes from parents to children (Totkova, 2019). Additionally, symbolic interactionism assesses the meaning people contribute to aspects of their beliefs and perspectives about aspects of their life and relationship with different life

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factors and the influence of interactions with other individuals (LaRossa et al., 2009). Furthermore, symbolic interactionism also explores how people gain a sense of self through social interaction (LaRossa et al., 2009). Moreover, some of the early symbolic interactionists spoke to the importance of family as one of the primary places people learn social norms and values (Burgess, 1926; Waller, 1951). Additionally, symbolic interactionism explores society focusing "on social process and the relationship between [individual] freedom and [societal] constraint" (LaRossa et al., 2019). This aspect of symbolic interactionism looks further into individual behavior according to the constraints put in place by societal norms and values. Also, symbolic interactionism speaks to how people's daily social interactions aid them in working out the details of social structure by looking into the subjective factors of an individual such as attitudes, personalities, and the daily situations an individual encounters (LaRossa et al., 2009).

Some of the existing research on parent and child understanding of bodily autonomy and touch is consistent with the tenets of symbolic interaction. For example, Arnaz and Tenenbaum (2016) concluded in their findings that through parent-child interactions with touch children may develop their own relationship with touch. Second, Cooley (1992) suggested that children develop their sense of "me" and "mine" through their interactions with others. Third, Christensen et al. (2016) discussed how parents' own socialization impacted their desire to deliver open and comfortable conversations about sexuality with their young children. Subsequently, one way to explore these social norms is through technological change which gives more of an outlet to individuals through human agency (Hage & Powers, 1992); technology is a basis for social interaction and may influence social norms. Lastly, Vondervoot and Friedman (2014) used a scenario-based activity to explore different touch interactions with both parents and children.

The current study explores the culture of autonomy pertaining to non-intimate and intimate touch involving young children and others (family members, family friends/networks, peers, strangers), and young children's socialization with their body from their mothers' point of view and seek understanding of unique social structures with the goal of understanding how these processes occur in the context of unique social structures such as family gatherings, and childcare facilities. Symbolic interactionism serves as one of the theoretical frameworks for the current study to aid in exploring ways mothers assign meaning to intimate and non-intimate bodily touch with their young children and children's right to say yes, or no to touch at young ages, and the interactions that helped to inform the mothers' parenting philosophy centered around touch. The symbolic interactionism framework helps to guide analysis of how people and small groups are influenced by society and culture at large. Additionally, the current study explores several ways by which interactions may shape individuals' conceptualizations of bodily autonomy for young children, including intergenerational messages that children receive from their parents through conversations, intergenerational messages that mothers may have received from their parents or grandparents, parental social media engagement (scenario), and interactions mothers may have with other adults. Moreover, the current study explores mothers' beliefs about children's autonomy socialization, mothers advocating on the behalf of their children, and mothers' perspectives on young children's interactions with intimate and non-intimate touch. Lastly, the current study explores mothers' perspectives and beliefs about bodily autonomy in the context of social norms through engagement with a social media post discussing different perspectives about touch and consent with young children.

Feminist Theory

Feminist theory is a unique theory that examines power, differences, oppression, and privilege. Feminist theory serves as the theoretical framework for this study due to the theory's ability to analyze power dynamics, the nature of advocacy, and the intersectionality of mothers. This section explores a few of the core fundamentals of feminist theory consciously framing this study for mothers. The complexity and significance of motherhood, as reflected in such factors such as maternal instincts, mother-child bonds and relationships, and the role society places on mothers to be the gatekeepers and primary caregivers of all children contribute to understanding the role mothers have in children's bodily autonomy socialization. Feminist theory is particularly unique because it is meant to analyze the intersectional nature of the female experience beyond just being woman (Ferguson, 2017). Some common elements of feminism are gender as an organizing concept, gender relations in a particular societal and historical context, advocacy and social change for both women and oppressed groups and acknowledging the subjective nature of viewing the world and society at large (Ferguson, 2017; Ramazanoglu & Holland, 2002; Sprague & Kobrynowicz, 2006). Furthermore, feminist theory looks to go beyond just understanding the world but to change the world.

Thus, one tool that feminist theory employs to aid in the understanding of the world is intersectionality to generate new knowledge pertaining to the mobile subjectivities of individuals by looking at social divisions such as gender, language, race, class, age, and sexuality (Butler, 1990). May (2015, p.xi) explained the potential feminist theory has in challenging oppressive power and pursuing social change through an intersectional lens: "Intersectionality is a form of resistant knowledge developed to unsettle conventional mindsets, challenge oppressive power, think through the full architecture of structural inequalities and asymmetrical life opportunities,

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and seek a more just world. It has been forged in the context of struggles for social justice as a means to challenge dominance, foster critical imaginaries, and craft collective models for change." Moreover, one way to incorporate this social justice agenda is through advocating for women's rights. An important component of advocating is campaigning for motherhood and oppressed groups such as children and analyzing the social reality between parents and children (Ferguson, 2017; Ramazanoglu & Holland, 2002).

Advocacy and agency can take place in different forms such as mothers acting as, "agents of their own needs and desires, including determining and meeting the needs of their children" (Kinser, 2010, p. 3). Which leads to the current study which analyzed mothers' advocacy and agency through exploring power dynamics, nature of advocacy, and the intersectionality of mothers. There are very few studies that use feminist theory or methodology to examine aspects of touch and affection with a focus on young children (Christensen et al., 2016). First, the current study explored the power dynamics of intimate and non-intimate bodily touch from a mother's perspective regarding young children and differential relationship dynamics such as stranger-child, parent-child, child-child interactions. It examined mothers' retrospective accounts of being a young child themselves and interactions with wanted and unwanted intimate and non—intimate touch and how it was perceived from other individuals. Then the current study explored the experiences of advocacy mothers have on their on children's behalf, other children's behalf, and what it means to be an advocate in the context of being a mother. Furthermore, the current study briefly touched on childhood sexual abuse and mother's perspectives and beliefs on when and how to teach children about intimate bodily touches. Lastly, the intersectionality of mothers such as race, age, occupation, and religion were explored indirectly throughout the study from the

experiences, stories, and conversational pieces related to mother's personal beliefs and

perspectives surrounding touch, affection, and young children.

CHAPTER III: LITERATURE REVIEW

Bodily autonomy for the purpose of this paper is defined as the right of an individual to have control over their body and withdraw consent at any time (UCSB Sex Info, 2018). In the literature, bodily autonomy is traditionally examined in the medical field, and in the areas of women's rights, legal rights, and consent theory (Hill, 2015; Hogg, 2018; Judge et al. 2017; Tanyag, 2018), and the focus population of this research is traditionally adults. The literature pertaining to children's bodily autonomy is focused primarily on rights to consent to medical procedures or research (Hermann, 1990; Meyers, 2014; Wertheimer, 2014), though some research exists on ownership and bodily rights of young children, which is the first step in addressing children's bodily autonomy from a social sciences perspective (Fasig, 2000; Nakamura & Rogers, 1969; Van de Vondervoort & Friedman, 2015). Ownership rights are defined as the right of governance over owned property and the things that can happen with it; whereas bodily rights refer to who has control over human bodies and what human bodies can be used for (Van de Vondervoort & Friedman, 2015). The literature that is available in this field is centered around ownership rights and bodily rights. These two terms are what will be used in this paper to analyze the bodily autonomy of young children.

Ownership Rights

To understand the concept of bodily autonomy, the concept of ownership rights should be considered due to the nature of the similarities between ownership rights and bodily autonomy in the literature surrounding young children. Both ownership rights and bodily autonomy explore the right of possession. A small number of studies have examined young children's understanding of ownership rights and the implications it can have on their development (Eisenberg-Berg et al., 1981; Fasig, 2000; Kim & Kalish, 2009). These studies support the

current study through the exploration of the ways in which young children come to comprehend possession of their body, self-concept and basic rights regarding touch. Eisenberg-Berg et al. (1981) examined the effects of instructions on children's sharing and defense behaviors regarding a toy. This study allowed for the examination of children's understanding of possession and the role linguistic cues play in the process. The study was conducted with a small sample of middle-class white children ages 32-64 months. Eisenberg-Berg et al. (1981) concluded that, "children who were told that the toy belonged to the class, were more likely to a) maintain possession of the toy, b) verbally state that they owned the toy, and c) defend the toy from peers." (p. 66). These findings support the claim that young children start to understand the concept of ownership and possession at a relatively young age.

Moreover, Fasig (2000) examined toddlers' understanding of ownership and young toddler-age children's ability to understand self-concept. The study incorporated both a mirror self-recognition task and identification of items as belonging to them or someone else for the toddlers who were age 18 to 28 months during the time of the study. The results illustrated that children as young as 18 months can comprehend the concept of ownership through being able to process information pertaining to themselves as a separate unique human being. Ultimately, Fasig (2000) found that the development of the extended self happens early in development, but further research is needed to understand the complexity of the development of self-understanding starting at an early age. These studies highlight the role of young children's play in understanding the concept of property ownership and provide a glimpse into children's understanding of self-concept. Additionally, there have been very few studies that directly examined ownership rights with young children over the last twenty years. However, research on

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bodily rights brings additional insight and perspective to the bodily autonomy literature of young children.

Bodily Rights

Very few studies in the social sciences have studied bodily rights in relation to young children. Many of the studies addressing the bodily rights of young children have been in the fields of medicine, law, and morality and ethics (Geynisman-Tan et al., 2017; Laurance, 2014; Thurber, 2005). In one legal analysis with particular relevance the topic of this study, Hill (2015) sought to provide insight on the dynamics between families and the government by examining "the constitutional right of minors to bodily integrity within the family by spanning traditionally disparate doctrinal categories such as abortion rights; corporal punishment; medical decision making; and nontherapeutic physical interventions such as tattooing, piercing, and circumcision." (p. 1296). This article was instrumental in looking at the legal aspects that pertain to the rights young children have regarding their bodies, especially in cases regarding parental rights. It concludes that children's bodily rights are situational, recognized in only certain cases, and that the lack of a legal doctrine determining the true rights children have pertaining to unwanted physical contact has many implications for the constraints placed on body socialization due to society's standards. Ultimately, the lack of research on children's bodily rights in the social sciences is problematic due to the nature of developmental outcomes that can be a result of violations of children's rights and autonomy.

Relationship Between Ownership Rights and Bodily Rights

There are many different laws and policies that speak to the rights and claims that people have over their bodies due to things such as cultures and physical resources. While ownership rights refer to who has governance and control over property, bodily rights dictate who has governance

or control over the use of human bodies (Van de Vondervoot & Friedman, 2015). Van de Vondervoot and Friedman (2015) sought to provide empirical evidence due to the lack of research addressing "whether there is some relation between how people represent and conceive of these two kinds of rights." (p. 185). The authors used examined possible relations in the way adult and preschool age children perceive ownership rights and bodily rights through their view on autonomy.

The authors conducted two experiments, one with preschoolers and a second one with adults. Both experimental groups were presented with an acted-out scenario centered around owned objects or body parts. The scenario consisted of an actor "Sally" whose job was to approve or disapprove of the performance of an actor, "Billy". Billy's performance consisted of an action towards his body part or property or Sally's body part or property all regarding the hair of a person, teddy bear or doll. The purpose of the scenarios was to address how approval or disapproval according to the thoughts and judgements of the actor "Sally" were influenced by factors such as the research staff Billy's sex was perceived by study participants. They found that when Sally approved or disapproved of an action it impacted the perception of the attack along with how adults and children viewed these scenarios in the same way. The study concluded that both adults and preschoolers understand the concept of ownership and bodily rights and how essential it is to attain consent along with being aware of when rights are violated. Overall, this study was quite informative in examining judgements of ownership rights and bodily rights of both parents and children. However, this study only used scenarios regarding a male's action towards a body part or property; this is potentially problematic because the sex of the violator may impact the results. Ultimately, this study gives researchers a basis of how autonomy and consent relate to bodily rights and ownership through the way in which adults and children

similarly viewed the scenarios. Therefore, this literature serves as a basis of exploring bodily autonomy and consent with young children's bodies (Van de Vondervoot & Friedman, 2015).

Consent

When discussing young children and consent in the literature, rarely is consent directly discussed in terms of bodily touch and allowing children the right to say yes or no. For children, this has implications for both their bodily rights and level of comfortability with the ability to say yes, no, or sometimes even "maybe" to touch and affection. For parents, this has implications for how they may or may not choose to socialize their young children pertaining to their body. Some of the literature relevant to this topic has examined parents more generally and some has focused specifically on mothers.

Parents and touch

There are various aspects of touch such as communication to consider when addressing touch between parents and children. One study looked at touch and verbal communication as a means of control directive between parents and children, as well as with the caregivers of the children (Cekaite, 2005). Cekaite (2005) found that when touch and talk are synchronous it aids in children following directives and aiding in social control. This study looks at the meaning of touch from a means of social interaction and the way in which touch may contribute to the socialization process, which is one step in examining adult-child interactions with touch and communication. Another study examined the ways parents navigate sexuality with their young children and categorized the data under two unique themes: 1) it's awkward stuff and 2) my parents never talked to me (Christensen et al., 2016). These two themes spoke to the nature of how parents may view discussing or not discussing sexuality with their young children and spoke mostly to children engaging in intimate touch or children asking questions about things such as

babies. This study was informative about the way topics such as sexuality and consent may be difficult for parents to discuss with children in developmentally appropriate ways. Furthermore, the previously discussed study by Van de Vondervoot and Friedman (2014) correlated consent with bodily rights and used a scenario-based approach with a teddy bear or doll's hair and a person's hair. This study was informative in addressing the similarities in the ways both adults and preschoolers approve of different types of touch. The current study will further explore the ways in which parents approve and disapprove of different types of touches primarily in the realm of affection. Additionally, a study by Aznar and Tenenbaum (2016) used a task-based scenario with parents and children to examine naturalistic positive touch through a play-based story task and a reminiscence story task and found that parents displayed positive touch at higher rates during the reminiscence task than the play-based task and they did so more often with their 4-year-old children than with their 6-year-old children. This study was instrumental in investigating parent-child positive touch relationships in a naturalistic setting, concluding that through early interactions with touch, children may develop their own relationship with touch. The current study seeks to explore mothers' relationship with touch and the way that this may impact the bodily autonomy socialization efforts with their children. All of these studies took unique approaches to addressing the relationship with touch, young children, and their parents (Aznar & Tenenbaum, 2016; Cekaite, 2005; Christensen et al., 2016; Vondervoot & Friedman, 2014).

Mothers

When analyzing touch with young children, the literature is lacking a focus solely on mothers with young children much beyond infancy (Barnett, 2006; Beeber et al., 2013). Barnett (2006) discussed the importance of touch in infant development through analysis of cross-cultural touch

practices, lab work with animals, mother-infant studies, and interventions in order to speak to the benefits of infant-mother touch interactions. The current study sought to further explore mothers' perspectives of their relationship with their young toddler and preschool aged children in the realm of physical affection. Additionally, Beeber et al. (2013) implemented an intervention to reduce depression scores and support positive mother-child interactions with a sample of mothers and their infant-toddler children enrolled in Early Head Start. They measured positive interactions through observing for closeness, affection, and warm touch through the implementation of an intervention by generalist and specialist nurses and concluded evidence-based interventions can help reduce depressive symptoms in mothers (Beeber et al., 2013). This study explored mother-child relationships in an effort to improve positive interactions. The current study obtained mother recommendations about bodily autonomy socialization practices as one of many factors in an intervention centered around positive mother-child bodily autonomy socialization. Additionally, no study was found that aided in making connections on the socialization process involving touch and the formation of boundaries pertaining to touch. These two studies were two of the very few studies that focused solely on mothers from a social science perspective incorporating young children and exploring the maternal impact of touch beyond infancy. Therefore, supporting the need for more research centered around toddler and preschool age children and their mothers surrounding touch and affection.

Affection

Floyd et al. (2005) spoke to the importance of affection as one of the most essential human needs, noting its importance not only for romantic relationships, the context in which it is usually discussed, but also its importance in friendships and relationships with family members (Floyd et al., 2005). Within the context of parent-child relationships, affection is generally considered a

positive characteristic with parental affection having potential benefits for children. And within the broader literature on parental affection, relatively few studies have examined physical touch and affection specifically, though there is evidence that mothers' physical affection has benefits for infant development (Feldman et al., 2004; Hesse et al., 2018). Additionally, the affection literature is also centered mostly around young adults and couples' relationships and there are few studies that analyze positive parent-child relationships with young children and adolescence (Hesse et al., 2018; Pauley, Hesse & Mikkelson, 2014).

Moreover, a gap in this literature is how early experiences with touch and affection shape individuals' later relationship to touch and possibly their eventual parenting behaviors with their own children. In other words, we know little about key socialization experiences related to touch and physical affection. For example, is affection, especially physical affection, and touch, always a positive thing? How do mothers negotiate affection, positive touch and teaching children about bodily autonomy and boundaries? Are mothers' ideas and decisions about physical affection connected to their own experiences as children? Ultimately, the current study seeks to begin to answer the aforementioned questions.

The Current Study

The current study aimed to examine maternal perspectives and beliefs pertaining to the bodily autonomy of their young children, along with their views on appropriate levels of acceptance or rejection of affection in relation to their children's bodily autonomy socialization. Additionally, this study sought to explore social norms, customs, and commonalities associated with children's bodily autonomy in order to help empirically inform the parenting literature on young children's capabilities and rights regarding their bodily autonomy. Both symbolic interactionism and feminist theory provided the framework for this study. Together this framework helps to emphasis the importance of human interaction, its importance to help people explore their intersecting identities

and social roles. Drawing on focus group and interview data with a diverse sample of mothers with young children (ages 2 to 6), this study aims to address the following questions:

- What are mothers' beliefs and perspectives pertaining to the bodily autonomy of their young children?

- What are mothers' beliefs and perspectives of appropriate levels of acceptance or rejection of affection in relation to their child(ren)'s bodily autonomy socialization?

CHAPTER IV: METHODS

Positionality

I am a researcher, graduate student, black feminist, African American woman with ties directly

to Nigeria and black American slavery.

I am a survivor of both childhood molestation and multiple rapes.

I am social justice advocate sick of the mistreatment and missocialization of generation after

generation.

#METOO

"My body is my body, and your body is your body." A simple statement, yet its manifestation is

complex…

No means no, yes means yes, right is right, wrong is wrong. Yet, these concepts are not always

so black and white but sometimes murky grey.

There is still work to be done, but the work is beyond just me and you.

Therefore, I am ready to examine outside my personal context the bodily socialization processes

and autonomy of others.

Others being mothers who have their own personal relationship with touch and little humans who

are being socialized by mothers and caregivers, developing their own bodily autonomy.

Doing the work, works.

Being the primary researcher on this qualitative project has allowed me to begin to capture the

perspectives of mothers enmeshed in complex contexts (Brantlinger, Jimenez, Klingner, Pugach,

& Richardson, 2005) and begin to understand the complex nature of the phenomenon of bodily

autonomy socialization processes (Yin, 2009; Creswell, 2003). I approach my work from a

constructivist paradigm analyzing the complex nature of power dynamics and socialization processes in order to aid in understanding and interpreting participant subjective realities (Lincoln & Guba, 1985). My positionalities as a researcher, and graduate student aid me in using my education as a tool to conduct research centering the participant and highlighting their experiences. As a black feminist and African American woman, I am able to see the complexity of the missocialization and mistreatment of black bodies and look to highlight the gendered and racialized experience of women in their distinct unique context. Though I mention my strong positionalities and life changing experiences, I maintained a critically self-reflexive approach and respect and honor the lived experiences of the mothers in my study (Pillow, 2010).

Participants

 Mothers of children ages 2-6 years old were recruited for this study. Mothers were recruited to be in the study via Facebook shares and groups that targeted mothers and families, as well as snowball sampling. Mothers interested in participating in the study completed an in-take survey which determined if the participants were eligible based on their self-identification as a mother of a child(ren) age two to six years old and asked those who were eligible to consent to participation and provide some basic demographic information. This online recruitment method was chosen due to the virtual nature of recruitment at this time along with the target population being mothers of children 2-6 years of age. Recruitment of participants took place over the month of November. A total of 46 mothers expressed interest in the study. Out of the 46 mothers that participated and that were selected based on scheduling availability and the creation of five target focus groups: two groups of white mothers, two groups of African American moms and one group with mixed race moms who identified as Hispanic, or Asian, a total of 21 mothers agreed to participate and participated in 1 out of the 5 focus group sessions. The target racial

groups for the study were met despite the mixed-race focus group only containing a two-mother dyad, and two mothers leaving the focus group early due to familial obligations. Data from the two mothers who left were not excluded because they offered further insight into the bodily autonomy of young children from their unique positionality and intersectionality, and they did not request their data be excluded from the study when asked upon leaving the focus group. Pseudonyms were used in place of participants' real names in this paper.

Of the 21 mothers, most of the mothers were in their thirties with one mother is 18 to 24 years old, six mothers are 31 to 36 years old, twelve mothers 37 to 42 years old and two mothers 43 to 50 years old. Overall, a little over half of the mothers in the study were Black, with eleven mothers identifying as Black, and one of these mothers identifying as Black Latina with a preference for being identified culturally as Puerto Rican and Guyanese. Nine mothers identified racially as white, with one identifying as White Latina with a preference for being identified culturally as Mexican, and one mother identified as Asian. Additionally, participants were highly educated on average. Eleven mothers have a graduate degree, six mothers have a bachelor's degree, one mother has an associate's degree, one mother has completed some college, and two mothers completed high school or a technical vocation. Also, the majority of the mothers in the study were married, with thirteen mothers married, five mothers single, one mother divorced, one mother separated, and one not reporting her marital status. Furthermore, participants' state of residence varied with fourteen being residents of North Carolina, two being residents of New York, two being residents of Pennsylvania, one being a resident of Ohio, one a resident of Massachusetts, and one a resident of Indiana. Lastly, most of the mothers in the study are considered middle class according to household income, with eight mothers reporting a

household income over $90,001 and the rest of the mothers in the study income ranged from $13,001 to $90,000 (see Table 1).

Mothers in the study self-reported their total number of children overall and in the target age range of 2-6 years old, as well as the sex of their child(ren). Three mothers reported having children under the age of two. Most of the mothers (19) in the study had one to three children in total, and a majority (11) had one young child in the target age range. Additionally, most of the mothers in the study had female children and most of the mothers had one child that was 2 to 6 years old. (See Table 1).

Table 1. Participant Information

Pseudonym	Mother Characteristics	Child Characteristics	Household Characteristics
Allison	White; age 31-36; graduate degree	2-year-old female	NC; married; annual income > $90k
Bridget	White; age 37-42; graduate degree	4-year-old female 4-year-old female 5-year-old male 6-year-old female older siblings	NC; married; annual income > $90k
Monique	Black; age 37-42; vocation	3-year-old male older sibling	NC; single; annual income $13k-26k
Cornelia	White; age 31-36; graduate degree	2-year-old female 4-year-old female	NC; married; annual income > $90k
Rachel	White; age 31-36; some college	2-year-old-female 4-year-old-female	NC; married; annual income $43k-$60k
Kerry	Black; age 31-36; graduate degree	2-year-old male twins	OH; married; annual income > $90k
Aaliyah	Black; age 31-36; associate degree	3-year-old male older siblings	NY; single; annual income $13k-$26k
Sylvia	Black; age 43-50; bachelor's degree	3-year-old male	NC; separated; annual income b/n $43K-$60K
Rebecca	White; age 37-42; graduate college	5-year-old male	NC; married; annual income > $90k
Brittany	White; age 37-42; graduate degree	2-year-old male 6-year-old male	NC; married; annual income $60k-$90k
Kay	Asian; age 37-42; graduate degree	2-year-old female 4-year-old female	NC; married; annual income > $90k
Erica	Black; age 31-36; graduate degree	4-year-old female	PA; single; annual income $43K-$60K
Tiffany	Black; age 37-42; bachelor's degree	4-year-old male twins older sibling	NC; married; annual income $26k-$43k

Jessica	White; age 37-42; bachelor's degree	3-year-old male older sibling	NC; single; annual income $13k-$26k
Oralyn	Black; age 37-42; bachelor's degree	1-year-old female 3-year-old female 5-year-old female	NY; ---; ---
Samantha	White; age 37-42; bachelor's degree	5-year-old female	NC; married; annual income $60k-$90k
Elise	Black Latina; age 37-42; graduate degree	1-year-old female 2-year-old female	MA; married; annual income > $90k
Ann	Black; age 43-50; graduate degree	2-year-old female 4-year-old female	NC; married; annual income $60k-$90k
Shelly	Black; age 37-42; graduate degree	4-year-old female 6-year-old male	PA; married; annual income > $90k
Dyme	Black; age 18-24; bachelor's degree	2-year-old female	NC; single; annual income < $13k
Alexa	White Latina; age 37-42; graduate degree	5-year-old female	IN; divorced; annual income $26k-$43k

Data Collection

Data collection took place over two months, from December 2020 to January 2021, and involved four focus group interviews, one two mother-dyad and eight semi-structured interviews.

Focus Group Interviews

The primary mode of data collection in this study was focus groups. Focus groups were used to discuss bodily autonomy with mothers of young children with hopes to gain multiple perspectives from the process (Glense, 2016). This approach was chosen due to the potential benefits of having multiple mothers with child(ren) of a similar age, so that they might "chain ideas off one another or work towards emergent solutions." (Tracy, 2020, p. 191). This qualitative methodology allowed for multiple viewpoints to be heard resulting from the group dialogue and dynamic (Tracy, 2020). The current study aimed to have 5 focus groups with 5 mothers in each of them (25 participants total). In the study there were 5 attempted focus groups with four groups being a success. There were two Black mother focus groups with 4 Black mothers in the first group and 6 Black mothers in the second. There were two White mother focus groups with 4 White mothers in the first group and 5 White mothers in the second group. There was an attempt at a mixed-race focus group, but three people did not join, and the group turned into a two-person dyad with one Black Latina mother and one Asian mother. The mixed-race group was composed of mothers who did not identify solely as White or Black. The mother who identified as White Latina did not check off the box and therefore was placed into a White mom focus group. Additionally, the mixed-race focus group was the first focus group, and the primary researcher didn't send reminders the day before and a few hours before like she did with the rest of the focus groups to increase attendance. The focus group interviews lasted between 1½ to 2 hours long and in exchange mothers received a $20 e-gift card for their participation.

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Mothers were asked questions that fell into two categories: 1) general questions and 2) reactions to an Instagram post. The general questions were centered around ways mothers talk to their child(ren) about their bodily autonomy regarding intimate and non-intimate touch with a variety of different people ranging from family members to friends. The general questions ended with a question about advocacy pertaining to their young children and physical touch. The Instagram post activity involved questions about their feelings about a real post that read, "Normalise asking children for consent to touch them. Whether it is a hug, a kiss, an arm rub. Ask for consent. Teach them from a young age that they have autonomy over their personal space, and they have a right to be upset if it is violated." Then mothers were asked questions about how they would engage with the post and their thoughts on the comments that were under the post. The addition of the comments helped with group engagement around topics such as touch from parents and the people placed in their children's lives, decision making, personal space, advocacy as a parent, connection to bodily autonomy in the child's future, and violations of bodily autonomy connected to no-no spots (see Appendix A). All the focus group questions were designed to learn about the complex relationship between mothers and young children regarding bodily touch and affection with hopes of a group effect when discussing the questions in order to help promote a culture of self-disclosure (Carey & Smith, 1994).

Semi-Structured Interviews

This study also utilized semi-structured interviews to probe any additional questions not answered by the selected participant in the focus group and to dive deeper into individual mothers' perspectives and beliefs pertaining to their young children and bodily autonomy. Semi-structured interviews were chosen due to the flexibility with modification or adding additional questions to the interview format with hopes of assisting in further inquiry of emerging data

(Brantlinger et al., 2005; Daly, 2007). The addition of this type of interview aided in the exploration of mothers' perspectives and beliefs according to their individual context and allowed for additional information to be collected along with clarification through an interactive conversation dynamic (Barriball & While, 1994). The semi-structured interviews also aided in the theoretical sampling process that helped with understanding the phenomenon at hand (Daly, 2007). Tracy (2020) suggested an effective way to approach a focus group interview is through following up with participants about what they learned. Thus, mothers were also asked follow-up questions about their thoughts and beliefs about the focus group, conversations they have had about the topic with other adults outside of the focus group, the role of community and social media in providing resources/information about bodily autonomy, and the impact of the conversation and the role their upbringing brings to their personal beliefs and perspectives (see Appendix B). All of the semi-structured interviews were recorded via Zoom, with audio recordings and transcripts saved and transcribed verbatim. The current study was conducted with 1 or 2 mothers from each focus group and met the goal of 8 mothers in total for the semi-structured interview component. Semi-structured interviews lasted from 40 to 60 minutes and in exchange for participation mothers received an additional $10 e-gift card.

Analysis Plan

All the data was analyzed using Dedoose, while Microsoft Word and Excel were used to help organize codes, categories, themes, and descriptive statistics. All data from both the focus groups and the semi-structured interviews were analyzed using a combination of both inductive and deductive procedures to facilitate the analysis of themes connected with symbolic interactionism (LaRossa et al., 2009) and feminist theory (Ferguson, 2017), as well as a general inductive approach (Hatch, 2002) to allow for the discovery of additional categories and themes beyond

those related to the two theoretical perspectives (Fereday & Muir-Cochrane, 2008). This methodology suited the research design given that the researcher had topics in mind when the study was conceptualized and actively sought patterns derived from the data pertaining to the bodily autonomy socialization of young children according to societal, familial, community, and maternal influences. The informal data analysis process began with the primary researcher reading and listening to the interview's multiple times during data collection, transcription and analysis. The research team was composed of the primary researcher and two graduate students. In addition, the research advisor listened and transcribed both focus group and semi-structured interviews to also become immersed in the data.

Formal data analysis began with the research team transcribing all transcripts verbatim and placing them in Box and Dedoose. The research team generated a log of general topics that was used in creating initial categories and codes while transcribing. All interviews were coded in Dedoose, which allowed coders to code in uniformity and evaluate data in a way that helped establish inter-rater reliability. Twenty five percent of the data was coded by both the primary and secondary coder and discussions were used to resolve any discrepancies in coding (Brantlinger et al., 2005). The formal coding process began with a research team meeting to discuss and establish initial descriptive codes and categories to aid in the line-by-line coding process. This initial phase of data analysis involved deriving rudimentary meaning from text and phrases and served to further immerse the research team in the data (Saldana, 2011; Hsieh & Shannon, 2005). Several key concepts from symbolic interactionism (LaRossa et al., 2009) and feminist theory (Ferguson, 2017) were agreed upon by the research team and employed during the coding process to connect existing categories of codes to the aforementioned theories beginning the creation of a codebook (Glesne, 2016; Fereday & Muir-Cochrane, 2008). The deductive codes were centered around

meaning mothers assigned to intimate and non-intimate physical touch, children's right to say yes or no to physical touch, and the role of interactions, upbringing, and socialization, along with maternal advocacy and power dynamics between child(ren) and adults. For the transcripts, examples of deductive codes used included "Power Dynamics and Children's Perceived Rights"

To help illuminate the particular experiences of the sample, the research team conducted an inductive analysis of the transcripts, influenced by inductive grounded theory (Strauss & Corbin, 1990). For the transcripts, examples of inductive codes used included "Bodily Autonomy Violations and Mothers' Recommendations". All interviews were coded in following the stages: 1) open coding and creation of concepts, 2) creating categories, 3) making linkages in data through focused coding, and 4) connecting themes/concepts (Charmaz, 2007). This coding process allowed for optimal inductive analysis to take place (Fereday & Muir-Cochrane, 2008). The research team met regularly throughout the analysis process to discuss emerging themes and prepared informal memos to provide insight on both their perspective and understanding of both the deductive and inductive categories and codes. This method of analysis allowed for patterns and themes across the interviews to be identified and later be presented in the findings. Moreover, another graduate student on the research team helped in coding and analyzing the data to help establish inter-coder reliability. Throughout the study the primary researcher engaged in reflexive processes through note taking, grounding exercises and journaling to process their perspective, feelings, and analysis (Lincoln & Guba, 1985). Finally, throughout the data collection process with probes and clarifying questions and after data analysis. member checks took place in the form of sending participants their excerpts in the findings section and giving them a chance to ensure accurate representation of their point of view (Brantlinger et al., 2005).

CHAPTER V: FINDINGS

This section presents the various accounts, beliefs, and perspectives of the mothers in the study in relation to both research questions and is centered around several themes, which are organized into the following categories: (1) Maternal Bodily Autonomy Socialization, (2) Connection Between Mothers' and Children's Socialization, (3) Children's Bodily Autonomy Socialization, (4) Maternal Advocacy, and (5) Complexity of Violation.

Maternal Bodily Autonomy Socialization

The mothers in the study discussed the various ways in which they were socialized and developed their personal relationship with touch, affection, and their bodies. The mothers discussed the implicit and explicit messages they remember receiving about touch and affection, which helped to shape their beliefs and perspectives about their own and others' bodily autonomy. Mothers' socialization experiences varied according to these messages and the impact of culture. Many mothers (17) received mostly implicit messages and were socialized at a young age to accept affection from family. Some of the messages these mothers received at a young age was to be cautious of strangers or even family members. As time progressed these messages became more explicit in the early teen years and were centered around sex education and consent with a focus on rejecting touch. About half of the mothers in the study (14) did not receive explicit messages from their parents or school because bodily autonomy and consent were seen to be so closely linked to sex. Therefore, these mothers received implicit messages that these are not things that are appropriate to talk about.

Implicit and Explicit Socialization Messages

When asked about their own childhood experiences related to bodily autonomy, all (21) mothers were able to recall messages that they had received about their bodies and the circumstances under which they could, or should, accept or reject affection. Most mothers identified their parents and/or school officials as instrumental people in their personal childhood socialization around bodily autonomy, touch, and affection. The age at which mothers received these messages varied, ranging from kindergarten to middle school, and around the time of the start of menstruation.

Some of the earliest socialization experiences that mothers reflected on were the messages they received about whether they had any choice about accepting or rejecting affection from others. These messages to young children tended to be implicit messages rather than explicit. This most commonly came up in the context of interactions with extended family and family friends. Many mothers (15) remembered feeling obligated to accept and show affection to family members, that it would be rude or disrespectful to reject things like a hug or kiss.

Aaliyah indicated how she never really felt comfortable with rejecting affection due to what felt like a requirement of displaying affection with family members when greeting them or upon saying goodbye. Aaliyah expressed how even now she is," …trying to be more conscious of asking people before I do these things because I realized that I was in a position where I never felt comfortable to say no to those things." Aaliyah mentioned part of the rationale behind this being she "never got the impression that she was allowed to reject the hug or the kiss." The implicit message that Aaliyah received about being required to show affection even when it was unwanted impacted her socialization to the point of her now making a conscious effort to not make people uncomfortable.

Dyme spoke to the messages she received as child such as, "you're a child and I said so, stop being disrespectful and give that person a hug" and how as a kid her opinion was not always valued especially when it came to her comfortability and consent. She highlighted this situation stating,

> I wish she [her mother] would have asked me how I feel about things or like asked for my opinion and how I was feeling about something ask what I'm comfortable, asking like… do you like basically, do you consent to this person hugging you, do you want this person to hug you.

Dyme spoke to retrospective accounts of the messages she received as a child and how she wishes her opinion was considered and she was not seen as disrespectful but instead uncomfortable. Dyme, Aaliyah and a few (5) of the other mothers in the study spoke to feeling uncomfortable in engaging in unwanted affection and being ignored.

Some participants like Oralyn attributed being ignored as a child to the socialization norms of her generation. Oralyn highlighted how in the past in her generation it was the norm to be required to give people a hug, or a kiss despite not wanting to. Oralyn said,

> You can see like being a parent, I see the kids feeling like, "Well, I don't really want to do that right now" and we think, someone said we weren't really necessarily given a choice. Because you were a kid.

Oralyn spoke to how she can see the lack of choice and the requirement of displaying affection being the norm when she was growing up. The explicit message she received of having to "give them a hug" was how she was socialized. Oralyn spoke to the need for a generational shift in normalizing children's choice in displaying affection. Anna shared a similar perspective to Oralyn and indicated that the social norms of her generation led to her to wish they had a greater awareness for children regarding their choice to say yes or no. Anna spoke further to this point stating, "you know, you don't have to be over a certain age to have control and autonomy over

your body". Anna's viewpoint on the social norms of her generation and made her want to make a change and renew her perspective.

One mother, Dyme remembered receiving messages as young children about when or from whom they should reject affection or be cautious around. For one mother, Dyme, the message she received was centered around her mother's hypervigilance of the frequency of male visitors at her grandmother's house and her transition into kindergarten. Dyme recalls the initial conversations with her mother leading her to perceive people inside of her grandma's house as "bad people". Dyme indicated that she did not perceive people outside of her grandmother's house as bad people and was unaware of the potential for bad touch interactions with peers and others. Dyme also indicated that due to her age and the type of socialization she received, when an incident of violation did occur, she was unaware of it at the time. Her recollection of the incident and her socialization is as follow:

> And then I had this incident in kindergarten that happened, and nobody, nobody ever knew because I didn't know it was bad until I got older, I didn't know I wasn't supposed to be doing. I thought I would get in trouble too. So, you know, I never said nothing about it and I never knew it was bad. Because I thought it was just like she emphasizing emphasized older people, you know, say like men men men men, she never emphasized people my age and what they can do to you and you know good touch bad touch as far as my peers.

Dyme's experience of violation is disheartening and a perspective to consider in support of providing children with a well-rounded bodily autonomy socialization in the form of messages starting at a young age.

While many mothers did not feel as though they had bodily autonomy as children in relation to touch and affection, a few (3) of the mothers felt that they had more of a choice as child. Rebecca was a mother who was raised in what she considered to be a "feminist household" and

she remembers in middle school receiving messages mostly pertaining to peers such as "you don't have to hold hands with boys".

Several (7) mothers indicated that their socialization process consisted of conversations centered around sex education and consent messages and hardly incorporated explicit messages surrounding their bodily autonomy and choice. These mothers in the study indicated being socialized "late" in middle school either through sex education or through conversations with their mothers. For example, Monique indicated her socialization process started in middle school around seventh or eighth grade and expressed how today that "would probably be a little too late." Monique believes children should hear these conversations earlier than she did. Additionally, Kerry indicated formal messages about consent also were taught to her in middle school. These messages Kerry received were centered around her anatomy and didn't contain messages about touch or affection. Kerry attributed the type of messages she received to her mother's perception of her abilities to not engage in things she didn't want to do. Kerry said,

> …it was like "this is about your body, you should know about your body", but it was never like "someone might come and touch you. And you can say no" or it wasn't ever like that. And I think primarily because like I was good at not doing things, I didn't want to do so she just did never have to do that.

While Kerry's mother did not explicitly tell Kerry that she had autonomy to say no to unwanted touch, in retrospect, Kerry believes that her mother may not have felt the need to do so because she knew that Kerry would not go along with something she did not want to do. Kerry also indicated that her socialization was influenced by her mother's behavior and, "watching my mom never do anything she didn't want to do and realizing I didn't have to do anything…especially around touch." Kerry's socialization was not only influenced by her mother's words in middle school but through her observation of her mother's actions throughout her life. Kerry's mother

displayed the impact of both actions and words can have on a child's bodily autonomy socialization.

Lastly, Elise indicated her socialization also took place in middle school with her mother, but it was very brief in nature and completely centered around menstruation. She attributed the lack of additional conversations centered around sex and bodily autonomy to aspects such as her Catholic upbringing and the taboo nature of the conversation. Elise explained by saying,

> …we didn't talk about sex. We didn't talk about touch. We didn't talk about it was...it was almost taboo in many ways right, that that you would have those open conversations about that so if we're not talking about sex generally when we can't talk about consent.

In Elise's experience, discussions of sex and consent felt directly connected and because these were not considered acceptable things to talk about, there was also no discussion of bodily autonomy. In a way, the lack of any explicit conversation sent an implicit message to Elise about this being an inappropriate topic for her to discuss or voice.

Impact of Culture

As mothers recalled their own socialization experiences as children and adolescents, some spoke about how these were connected to aspects of their identity. Specifically, mothers who identified as Black, Latina (Puerto Rican and Guyanese & Mexican), or Asian spoke about the impact that their race, culture, and traditions had on their own bodily autonomy socialization, as well as their beliefs and perspectives about bodily autonomy socialization of children. These mothers spoke of the significance of their racial identity, upbringing, cultural norms, and traditions, along with the impact of societal views on perpetuating stereotypes and the concerns they have for their children. Most (6) of the Black mothers in the study spoke to the significance of the rejection of affection being considered rude and the process of personal self-resocialization to not project the same cultural views onto their children. About half (5) of the Black mothers in the study agreed

that rejecting affection such as a hug was considered rude within the Black community. Sylvia specifically highlighted her experience with renewing her mindset stating,

> You're in our community. It can be considered rude. So, I've had to renew my mind set on that, especially having seen such an increase of molestation and things of that, even from people within the family. So, I try to not pressure him I encouraged him to speak or to be nice. Um, but yeah, I've had to kind of renew my mind on not making him hug somebody or there's a family member...

Her experience highlights the impact of her cultural socialization on her mindset and how acknowledgement of her past experience was essential in altering her parenting style and beliefs. Sylvia and the other mothers spoke about renewing their mindset due to the influence of culture. Another aspect of cultural socialization that came to light is how society views the Black body and the impact it has on bodily autonomy and raising young Black girls and boys, two of the Black moms spoke about this. Dyme spoke to the complexity of society's viewpoint on the Black body and the implications it has on raising Black children in America. Dyme stated:

> I see a lot of things about women as far as bodily autonomy and I don't like it, because the things that they say about women it's like they teach our, teach our, teach our girls and our boys that this is the standard of how we treat women based on what they wear or how look how they hair is how big their butt is, how big their boobs or the color of their skin, ….they say to treat women, if she wears booty shorts she's a player she's a slut like I don't understand. But I just feel like as long as that stuff keeps going on, it's gonna be hard for us to get a say in how how we wanna hopefully raise our kids. It's hard to raise them … I don't know, people just like to make it making everything about lust.

Dyme's statement above seems to explicitly speak to the role of social media and the way the Black body and black culture is perceived on social media. Additionally, it was my interpretation that she spoke to the culture of lust created on social media and the way it may impact the relationship children form with their bodies.

Additionally, Kerry spoke to race having implications on the "paranoia" about her Black boys. She spoke of their physical characteristics impacting the worry she had for her 2-year-old twin boys stating how, "one of them is huge and he's only two and it's like I'm worried about the

police, I'm worried about women, I'm worried about, like, what have you." Kerry spoke to how the physical characteristics of her son's appearance can have implications for police interactions, and potential future relationships. Kerry's fear is due to the nature of being a black boy in America, which encompasses a life of being targeted, harmed, and even killed by police at a disproportionate rate. Additionally, her fear about girls comes from her Title IX background and the biased assumption that Black boys and men are sexual predators. These fears are shared by many Black mothers in American society and illustrates the role that race plays in the formation of the relationship with their bodies for them and their children.

Additionally, traditions and norms played a role for both the Asian and Latina mothers in the study. Elise, the Puerto Rican, and Guyanese mother in the study spoke to the role of norms and traditions at family gatherings and how she had no autonomy when it came to those norms and traditions. Elise said,

> ….. if you're at a large family gathering gathering, you have to go around the whole house and you know, give hugs and kisses bye even if you don't want to right. Like it's, it's a sign of respect. And how, you know, in some ways, that is culturally appropriate but in some ways it's it is, um, it could be harmful...and you know that's problematic in many ways.

Elise highlighted how although giving a hug and a kiss to a family member was seen as a sign of respect it could be considered problematic due to the lack of autonomy and choice she and others may be given in that situation. She spoke of how although it is culturally appropriate in some ways but would be harmful when the affection is unwanted. Kay, an Asian mother in the study spoke to how in her culture and household if someone was to give a present or gift it is considered appropriate to give them a hug or a kiss. Kay spoke to how she would provide encouragement for her children to display affection through hugs and kisses by saying things like, "give grandma thank you kiss", but she also indicated that despite cultural norms she would

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not force them but instead provide them with a reminder. Additionally, Alexa the Mexican mother in the study agreed with rejecting affection being considered rude and providing alternatives. Alexa spoke to her Mexican culture and how in her culture sometimes children are asked to display intimate affection such as hugs and kisses when they may be shy and uncomfortable. Alexa highlighted how she makes the conscious effort to give her children a choice and if they choose not to engage with the adult in a way, they are uncomfortable with she provided them with a suggested alternative such "ask them if they can wave at them."

Kay, Alexa, and Elise spoke on the role of culture and tradition in affection practices, but both believed in an individual having a choice to deny affection.

Cultural socialization pertaining to the mothers' bodily autonomy socialization influenced the Black, Latina, and Asian mothers in the study according to their personal beliefs and perspectives and factors such as how they were personally socialized and the cultural and societal messages they received. Notably, none of the White mothers explicitly mentioned culture as a factor influencing their bodily autonomy socialization.

In summary, as they reflected on their own childhood and adolescence, most (17) of the mothers shared various implicit and explicit messages they had received about touch and affection. The messages they received were mostly implicit as young children pertaining more to being cautious of others and in middle school transitioned to be more explicit in as time went on about sex education and consent with an emphasis on rejecting touch. The nature of the type of messages they received were let's not talk about autonomy and consent to touch because it linked so closely to sex and was sometimes linked to a life event such as menstruation. Additionally, most (8) of the Black, Latina, and Asian mothers explicitly highlighted the role of culture on their socialization in their upbringing especially at gatherings all indicated they had to show affection

even at times when they did not want to because it was viewed as rude. The messages mothers

received and/or their culture was the basis of their maternal bodily socialization, which leads us

into the next section addressing the connection between mothers' socialization and children's

socialization.

Connection Between Mothers' Socialization and Children's Socialization

In sharing their views about whether, when and how young children should be socialized in

relation to bodily autonomy, touch and affection, mothers in the study (17) discussed how their

own socialization experiences in childhood and adulthood had influenced their beliefs,

motivations, and approaches as a parent. For most mothers (15) in the study, the messages they

received as children caused them to resist or counter those messages as adults and parents, with

all mothers exhibiting some degree of pro-bodily autonomy beliefs and/or behavior.

Influences for Children's Socialization

Most mothers in the study (17) motivations for the bodily autonomy socialization was usually

influenced by their upbringing, experiences, conscious social media engagement, and violation

prevention. The impact of the aforementioned factors was dependent on the mother's unique

upbringings, bodily autonomy socialization and social context. The mothers in the study had a

variety of different motivations for teaching their children about their bodies ranging from

interactions with spouse and others, violations, social media/the media, and different

experiences; these motivations ranged from wanting to guide children's interactions with their

spouse and other individuals, to protect against violations, to instill safe touch practices. Every

mother in the study had a motivation for socializing their children pertaining to their bodies,

touch, and affection all of them wanting their children to have autonomy, be protected, and/or

educated about their bodies. Dyme spoke to a conversation she had with someone in college who

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helped her to realize the proper anatomical names for body parts which has prompted her to do so with her children. Dyme expressed her thoughts on how the conversation went and said,

> I thought vagina was a scary word, I thought penis is like a dirty word. And I thought what I was saying was filtering like, you know, but someone had a conversation with me and told me how that could like impact others, it could impact other people like umm especially kids, impact kids.

This conversation influenced the way Dyme currently socializes her two-year-old daughter by now calling her body parts by the proper anatomical names displaying the connection between her personal experience and the way she now socializes and educates her daughter. An additional motivation Dyme had for socializing her daughter was her upbringing. Growing up Dyme said, "I felt like my feelings were disregarded …you know cause I was a child." Dyme's feelings being avoided has influenced her to give her daughter a choice and the skills to "use her voice…I just want to instill that in her" especially when it comes to expressing or rejecting affection. Cornelia is a stay-at-home mom and entrepreneur who spends most of the day with her daughter and indicated that she views her job to be "as important as my husband's" and everybody in her children's network should,

> …be able to step in and help stand up for kids and their autonomy or to help teach them to say yes and no. But you know when they don't, it's important for the parents and the moms who, in my case, I spend the most time with my kids. So, of course, there's that like I have the most opportunities to teach them about these things.

Cornelia is the primary caretaker of her daughter and understood that since she spends the most time with her it is critical for to teach her about bodily autonomy. Cornelia's motivation for her daughter's socialization is the amount of time and opportunity she has with her daughter to really aid in her socialization process. Another mother, Rebecca noted that one of the challenging aspects of parenting, "…is trying to prioritize this massive list of things that you're supposed to be teaching your kids." For Rebecca teaching her son about his and other people's bodily

autonomy is a priority because in her opinion she knows, "this does not live in a priority group for my husband." Therefore, she indicated the if she wants it to happen, she has to be present and make a conscious effort to make it a part of her son's socialization process. Rebecca's motivation behind prioritizing her son's bodily autonomy socialization is influenced by being a female and her pro-bodily autonomy social media feed.

Most mothers (16) in the study identified the threat of sexual abuse to their children as one of the reasons for socializing their children to learn about their bodies and the autonomy they have over it. Rebecca indicated one of her motivations for teaching her son about bodily autonomy is the fact,

> That there are so many people that end up in this position where they are survivors of sexual abuse, and many of them don't realize that they were survivors of sexual abuse until much later in life, because it happened when they were really young, and they didn't understand.

Rebecca was influenced by her knowledge of the nature of sexual abuse, and it was part of her motivation for, "why it's so important to talk to them when they're young." Shelly was similarly influenced by the sexual abuse statistics in her state. Shelly stated,

> I remember a few years ago I read this harrowing data about sex abuse cases in Pennsylvania that's from a known family member, like they occur within the family. And so…I am very unapologetic about teaching my kids boundaries for themselves.

Shelly's research on the statistics in her state has influenced and motivated her to teach her children boundaries in hopes of them combatting potential violations. Kerry, on the other hand, spoke to motivations beyond sexual assault and the benefits of removing sexual assault from the conversation. Kerry stated,

> Like if you're only doing it to prevent a risk, then you don't see that. Even if that risk is gone…, it's still really important for people to decide what they want people and kids - young kids. To decide what they want to do with their body even outside of sex… its intrinsic value and the value that it has in every other aspect of our life like boundary

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setting, communication, pleasure; I just think it's really important… And they could be fuller humans if we do this as well.

While most mothers (16) in the study indicated sexual assault prevention as one of their main influences for socializing their children pertaining to their body, Kerry was intentional about providing an alternate perspective that went beyond sexual assault and violation and focused on the potential of creating a fuller human.

The majority (17) of study participants also spoke about the ways in which their background and experiences both inform and provide motivation for the conversations they anticipate having with their children in the future. For example, Kay spoke to how she intended to have these conversations with her children using her conversative family values. Kay stated,

> We're very conservative religious family. And so, things like, you know, your body is a holy temple respect it… don't put tattoos on it, don't do this, don't do that. No body piercing and dress modestly...you respect yourself, so you know every now and then we get some reinforcement through our church teachings. Ugh, but, yes, I don't know when. But I do plan on having when they're older.

Kay's motivation and the tactics she plans to incorporate come from her religious values and the church teachings in conjunction with her conversative background. She shared that her religious background influences the way to have the conversation about, "how to respect and protect and appropriately show affection."

Elise spoke to the evolution in the conversation she wants to have with her children as they get older. Elise intends, "for the conversation to go more in depth as they get older and.., they're able to comprehend certain things". Elise wants the conversation to be developmentally appropriate and build upon each other as her children age. Elise highlighted her perspective indicating,

> We've had these conversations multiple times and then it's adding on to that conversation, you know, whether it's introducing. You know, the idea of sex or you know contraception like whatever as they get older, you know, I intend to have those really intentional conversations because when I was growing up, my parents didn't like they didn't. They didn't have those conversations until you know. I was much older.

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Elise wishes for the conversation to evolve as her daughters age and part of her motivation for having this evolving conversation is the influence of her lack of bodily autonomy socialization from her parents.

A few of the mothers spoke to the influence of social media and the media being a part of their motivation for teaching their children about their bodily autonomy. About half of the (14) mothers in the study were influenced by the media or social media and/or used social media to find resources to inform their parenting style and children's bodily autonomy socialization. Cornelia spoke about talking to her four-year-old about her boundaries due to seeing stories on the news about teens and college students experiencing violations to their bodily autonomy. Cornelia used the resources she finds on social media to talk to her kids about physical touch and boundaries and part of her motivation to do so is, "No one talked to me about anything like that growing up, so it seemed like a good time." Cornelia's lived experiences helped to inform both her quest for resources and socialization tactics to aid in her teaching her children about their bodily autonomy. Aaliyah also used social media to inform her parenting style. Aaliyah sought out virtual peers and groups to gain information about conscious parenting and, "friends who talk about respecting children and things of that nature." Aaliyah spoke to the concept and benefits of "finding your tribe". Aaliyah highlighted her experience stating,

> Umm social media when you find your tribe. It's a good thing because that's where I got most of my information from, I joined a group called conscious parents for the culture on Facebook, and I mean aside from bodily autonomy, they talk about developmentally appropriate, they talk about developmentally appropriate behaviors. They're all tied so what I did from there was adjust my social media my Instagram, my Facebook so reflect more of what I believe in.

Aaliyah making the conscious effort to adjust her parenting led to her use social media as a resource that influenced bodily autonomy practices and expanded her knowledge on child

development overall. Aaliyah indicated that the shift in who she followed on social media was a huge help in shifting her parenting style and her overall respect for children.

Pro-Bodily Autonomy Parenting

Most of the mothers (16) in the study spoke to how their upbringing and experiences growing up directly influenced their parenting style and provided further motivation to socialize their children. Pro-bodily autonomy parenting would be described as believing in giving their children the choice to yes or no to touch especially in relation to affection. Shelly spoke to her personal socialization experience and how it has impacted her pro-bodily autonomy parenting style now. Shelly said,

> I can't leave my kids' sexual education, like it was for me, up to her friends. Like once they get in middle school or high school like I you know I want them to have the knowledge from me first and I want them to be able to feel comfortable coming to me by having those conversations with them when while they're younger because they're probably not going to want to talk to us that much when you get older.

Shelly's sexual education and bodily autonomy socialization came from her friends and she wants to be conscious in making an effort in making sure history does not repeat itself with her own children. Shelly's rationale behind her pro bodily autonomy parenting style is, "it starts at home" and to "give them the language". Shelly is influenced by her upbringing to make a difference in her children's lives. Aaliyah also spoke to the role her upbringing played in her initial lack thereof comfortability with standing up for herself. Aaliyah said,

> I realized that my upbringing led me to be one of those adults that was too quiet when I had my kids because my mom was old school Caribbean, kids have to be seen and not heard, you couldn't say anything…Um, so it definitely, I definitely grew up to be an adult, where I didn't feel comfortable speaking my mind because growing up, it wasn't allowed it was seen as disrespectful. It was seen as rude.

Aaliyah was not allowed to speak up as child and in turn wants her children to have the ability to be able to speak up for themselves. Aaliyah spoke to consciously raising her children, "to say

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what they want to say" and believing that children should have the freedom to be comfortable speaking their minds and truths, "without the fear of consequence." Aaliyah grew up not advocating for herself and being given the ability to advocate for herself now has in turn given her the desire to give her children the tools to have the ability to advocate for themselves.

In summary, throughout the study moms highlighted their experiences which influenced their motivations and rationale behind their varying degrees of pro-bodily autonomy parenting behaviors. Mothers in the study (15) influences which they turned into motivations for their children's socialization all influenced by their personal intersectionality, and unique experiences. Most participants (16) also continued to counter their own lack of bodily autonomy socialization in childhood by intentionally making the decision to incorporate pro-bodily autonomy behaviors into their parenting practices with the goal of positively impacting their children's bodily autonomy socialization.

Children's Bodily Autonomy Socialization

All the mothers in the study discussed the ways in which they are socializing their children pertaining to physical affection and autonomy, and the role that child characteristics such as age, sex, gender, and temperament play in how they do this. Additionally, most of the mothers (12) in the study spoke to how their parenting approach varied in response to exhibited social cues, the range of allowable autonomous behaviors, safe touches and rejecting affection, and socialization strategies. Furthermore, some of the mothers in the study discussed the role that Covid-19 has played in their children's bodily autonomy socialization. Lastly, the mothers in the study who participated in a second interview discussed the impact that the focus group had on reinforcing their perspectives and/or introducing additional practices into their parenting routine with their children.

Role of Child Characteristics

Most of the mothers (16) in the study acknowledged the role their children's characteristics play in the way they teach them about touch and affection. Mothers considered children's age, temperament, sex, and gender when socializing children about their bodily autonomy and the bodily autonomy of others.

Age. Most of the mothers (15) in the study began to consciously socialize their children about their bodies around the age of two and a few even started in infancy. Mothers' motivations for socializing their children at a young age included potty training, daycare incidents, and bodily cues. For example, Allison had started to socialize her two-year-old daughter recently about boundaries and physical touch, motivated by the start of potty training. Allison indicated that she "enjoyed listening" to the other mothers in the group because she is "nervous about what words to use and things like that". Allison had started talking to her daughter about her what is considered her private areas and who is allowed to touch her. Rebecca also started to socialize her son around the age of 2 due to the reports she received from her son's daycare which stated, "your kid did this to somebody else." Rebecca used these reports to begin to have conversations with her son centered around boundaries and respecting other people's personal space. Additionally, Rachel has a two-year-old daughter and a four-year-old daughter and started having bodily autonomy socialization conversations with her now four-year-old daughter around the age of three. Rachel discussed the indirect socialization that her two-year-old daughter is starting to receive by listening in on those conversations. Then there is Aaliyah who discussed beginning to socialize her children as infants both through conversations and respecting their bodily cues. Aaliyah stated,

> Um, I'll say that from the time that you know I've always talked to my kids from the time that they were infants and I take bodily cues before you know they, they can even

understand what it is they're showing. So, for me, I know I have a soon to be three-year-old right now.

Aaliyah believed in and understood the role of children's bodily cues as young as infancy in teaching them about respect for boundaries and beginning to have conversations starting the bodily autonomy socialization process.

Sex and gender. A few of the mothers (4) in the study spoke to the role they saw biological sex and gender playing in their children's bodily autonomy socialization process. Notably, these mothers all had young boys. When mothers identified sex and gender as a factor in children's socialization it was due to their child beginning to form a relationship with their body and touch, and the role gender norms may contribute to their boy's socialization process. For example, Rebecca spoke to the role of her son being a boy and establishing boundaries centered around conversations about his penis. Rebecca stated,

> Yeah, like I only have a boy. I don't know if girls are the same, but like my boy was like really into the idea of like, you know, his private other people's privates like that was, uh. That that definitely probably around three, I agree with that. When you're like, Hey, I know you can touch your own penis. But you can't touch somebody else's penis.

Rebecca was unsure of the socialization process of girls because she has a son. Rebecca started to establish boundaries surrounding her sons' penis and him not touching other people's penises. Rebecca motivation for socializing her son she attributed to,

> …going back to the gender piece of it. You know, I think that you feel, I feel a particular responsibility in raising a boy that he has that really strong understanding of, you know, when somebody says, No, don't touch me that that means no. Don't touch me.

Rebecca started to socialize her son first at home pertaining to his body due to wanting him as a male to have a strong understanding of consent. Jessica believed that her son's sex may have a distinct role in his socialization process and his temperament when he doesn't want to be touched. Jessica described said differences as,

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> … I think sex has a lot to do with this because I do feel like girls are a little, still a little bit more socialized to be meeker and quieter and not like that physicality of a boy, like, you know, get off me, …I mean sure, kids, girls push each other on the playground everything else. But when they're young. I think a lot of times a little girl might be less likely to say something.

Jessica spoke to the role that gender norms and sex may play in the socialization process and acknowledged that she may be "wrong" and "stereotyping" there.

Several mothers did not mention their child's sex or gender as a consideration or motivation for socialization. However, only one mother, Aaliyah a mother to both boys and girls, explicitly said that gender does not play a role for her in the type of conversations that boys and girls have pertaining to their bodily autonomy socialization. She said that she talks to them as "people" and not boy or girl. Aaliyah assumed the responsibility of having bodily autonomy socialization conversations with her children and stated that she would "give them the same information."

Temperament. Some mothers (8) in the study discussed the role that their children's temperament and self-expression may have in socializing their children about their bodily autonomy and how this motivates teaching boundary setting. Bridget spoke of one her daughters exhibiting more of a shy temperament and how her temperament is one of the reasons she makes sure that her daughter is socialized to know that her saying "no" to being touched should be honored in every situation. Bridget noticed that her daughter does not like to, "want to be hugged a lot or anything like that." Therefore, Bridget makes sure that she is,

> ...really driving home that she does have the right to say no and, that someone should not proceed with touching her, even if it is a grandparent or an aunt or an uncle.

Bridget believed in attempting to give her daughter the language to help reject unwanted touch and advocate for herself no matter who the individual is. Elise also spoke to the role that her one-year-old daughter's personality played in her rejecting unwanted affection. Elise described her daughter's personality as "very strong willed" and "very sassy" and innate. Elise described her

daughter using her words and using her body to create physical boundaries when she doesn't want to be touched. Elise provided the example of,

> Sometimes we cuddle, but sometimes she just doesn't want to and like she pushes me away, and be like go away, mommy go away. I'm like, okay, so she just I didn't really teach her that it's just kind of innately in her now.

Elise's daughter in this situation clearly expressed she didn't want to cuddle in this instance, and Elise respected her decision. Additionally, Elise spoke to her younger daughter's personality being not as sassy and how she will, "probably have to give her a little more of the language." Elise considers the role of her daughters' personality in respecting their boundaries, and the difference in approach she may need to take in providing the tools for her daughters to have the ability to advocate for themselves.

Sylvia, on the other hand, indicated that her son was "very affectionate" and spoke to the role of socializing him according to his affectionate personality. Sylvia described her son as "a hugger" and "a giver" and because her son is such a hugger and a giver, she is intentional about teaching him that, "sometimes people may not want a hug and it is ok not to hug." Sylvia being aware of her child's affectionate nature has prompted her to help her son become aware of other people's boundaries and that people rejecting affection is ok.

All the mothers in the study who discussed their children's temperament were aware of their children's unique personalities and made sure to give them the tools to advocate for their boundaries and to respect other people's boundaries. This awareness on the part of mothers of their children's temperaments is conducive for their pro-bodily autonomy parenting style. Ultimately, most of the mothers in the study were attentive to their children's unique characteristics and used this information to inform their pro-bodily autonomy parenting style and to assist in giving them appropriate tools to increase their comfortability with advocating for

themselves against accepting unwanted affection. In addition, mothers in the study sought to give

children the tools to recognize and respect when other people didn't want affection as well.

Context of Socialization from Mothers' Perspectives

All the mothers in the study discussed the importance of understanding social cues (both for

themselves and helping their children recognize them as well) and/or the range of behaviors they

allowed their children to exhibit. The mothers believed in giving their children the tools to

succeed and giving their children autonomy according to what they have seen as fit for their

children to say or do when it comes to accepting or rejecting affection.

Importance of understanding social cues. A few of the mothers (6) in the study discussed how

important it was for them and their children to observe different social cues as a tool to help

assess when someone may or may not want affection. Cornelia discussed the importance of

children being able to pick up on social cues because there is "always going to be people that

don't ask". Cornelia stated,

> So, it's important for our kids to know like to recognize um like cues for when someone
> wants to give the hug like putting the arms or holding up a hand for a high five and be
> able to say no, just from someone like making a gesture without actually asking a yes or
> no question.

Cornelia believes in the importance of children understanding cues in relation to affection

through hugs or non-intimate touches such as high fives. Cornelia's example highlighted how

gestures such as when someone wants a hug "putting the arms up" or if someone wants a high

five "holding up a hand" can also prompt a yes or no response without even having to answer a

yes or no question. Aaliyah also discussed the importance of social cues and how she is

intentional about regularly observing social cues when interacting with other people. Aaliyah

thinks that, "…more people just need to be aware of how-to read body language and not just rely

on you, when people speak to them". Aaliyah's perspective is based both on diversity in human

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conditions and abilities, such as someone being hard of hearing, and the role of individual temperament such as an individual being an extrovert or an introvert, and how these conditions contribute to people needing to pay attention to bodily cues. Aaliyah's perspective helps to inform her children's bodily autonomy socialization through her awareness and respect in honoring her children's bodily cues since infancy. The few mothers in the study who discussed the role of social cues spoke to how social cues are used to help inform when someone may not want affection, respecting that choice and how reading social cues is important for both adults and children.

Range of allowance of autonomous behaviors. All the mothers in the study spoke about allowing their children some types of autonomous behavior, with some mothers directly speaking to what their children are allowed to do when they don't want to be touched or receive affection. Most of the mothers (19) in the study believed in giving their children a choice and their children having their own autonomy to reject or accept affection. Mothers in the study suggested ways for children to verbalize or remove themselves in situations where they didn't want to receive affection. Tiffany discussed her four-year-old twin boys who she lets know that "they always have the right to decline touch if they don't want to be touched. Tiffany discussed various conversations she has with them, such as,

> That even if this is your brother, if it's your classmate, you know if it's your mom or dad like you, like this is your body you have been given this body and you have the right to say, you know, yes or no, to anyone. You know whether it be your twin brother or, you know, one of your classmates.

Tiffany believed in her children having the option "because their body belongs to them" and allows her twins to make the choice and have the right to say yes or no to touch from anyone. Tiffany uses conversations about choice to teach her twins that they can decide what autonomous behaviors they would like to engage in. Additionally, Rebecca spoke to the range of autonomous

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behaviors she allowed her son to engage in such as, "verbal reactions, giving a no or setting a boundary, and removing themselves from space." Rebecca also advocated for children having a choice in how they navigate and handle situations where their autonomy is violated. Rebecca suggested specific rights children should have such as, "you absolutely have the right to say no", "you have the right to walk away", and "you have the right to find an adult". Rebecca highlighted the importance of children having a choice in appropriate behaviors to combat bodily autonomy violations and believed that children can navigate these situations in a positive way versus defending themselves through hitting. All the mothers in the study indicated that their children had the right to say no to unwanted affection but had different beliefs on the ways in which children are allowed to verbalize their no and use their bodies in removing or defending themselves from any unwanted affection.

Safe touch and rejecting affection. Most of the mothers (19) in the study spoke to various activities that they used to teach children about their bodies especially pertaining to safe touch. A few mothers went beyond discussing safe touch and explicitly spoke to it being ok to reject affection. Based on the mothers in the study the socialization activities were mostly centered around bath time, potty training, conversations, and social interactions involving touch and activities with siblings and peers.

About half of the mothers (10) in the study delivered messages to their children about safe touch during bath time and during potty training. Samantha uses bath time to help her daughter understand safe touch and to let her know she, "can ask anyone to stop at any time and that they should." Samantha stated,

> I choose the bath time because it's the time when I'm reminded of it for one and um, we're alone and its as I'm washing her, I can tell her what, you know, what would be inappropriate for someone else, as far as you know, the 'washing and touching.

Samantha uses bath time as an opportunity to teach her in the study used child safe touch and let her know that she is allowed to reject touch. Kerry also discussed bathing her twin boys together and using bath time as an opportunity to teach them about their bodies together. Kerry stated

> They've never been apart so they like in the bathtub, umm, if one of them is standing, the other one will be like what is that, and it's like, well, that's another penis, but that's not yours. They can say like no to each other and practice that, … also, when I'm washing them or when I'm changing them. I go over their body parts, again, and then I say, I'm wiping you or I'm you know we need to change your diaper so that I'm helping them understand that it's not only touch that is, you know, questionable, but like, what is the reason for it. Because I don't want them to be afraid of, like, any contact on their body.

Kerry also uses bath time as a time to teach her boys about their bodies pertaining to establishing boundaries between siblings but takes it a step further by letting her children know the basis behind her touches. Kerry is giving them a blueprint to establish an understanding why different touches are occurring in hopes of them understanding and not being afraid of bodily contact. Additionally, a few mothers use potty training (5) as an opportunity to teach their children about safe touch. This conversation was centered around who is allowed to assist them using the bathroom. Oralyn highlighted her experience with setting boundaries with touch during potty training stating,

> Hey, this person is allowed to, like, you know, help you use the bathroom, but luckily for me, my kids were potty trained pretty much like around two, so it was easy to be like, you know, no one's basically supposed to be touching you at all and just maybe supervise, you go to the bathroom.

Oralyn uses potty training as a tool to help in the socialization of her female children in hopes to avoid inappropriate touching because her two older children were fully potty trained and capable of using the bathroom mostly on their own. Both bath time and potty training are used by the mothers to teach their children safe touch procedures.

Furthermore, the role of conversations and interactions with peers was briefly discussed by all the mothers in the study. Most of the mothers (19) in the study had a conversation with their

children pertaining to safe touch and these conversations usually included helping their children establish boundaries by letting them know they were able to reject affection. Tiffany spoke about her conversations with her four-year-old male twins and stated,

> I actually say things like, this is your private area, and no one's supposed to touch that, except for you, but also to extend it to just more areas of their body other than their private areas. I try to make sure that they can say no to us like if I want to hug, but they don't want to hug that they have the right to say like, I don't want to hug right now, or if we're tickling them, and they say stop just to make sure that me and their father or their sister know to stop that they have the right to say no or to stop when it comes to any part of their body because it belongs to them.

Tiffany uses conversations with her twin boys to let them know boundaries and safe touch but also that their body belongs to them. Tiffany is making sure that as a parent her twins know that they can say stop to any part of their body being touched and anyone should honor their request no matter their age or relationship to them. Moreover, a few mothers in the study spoke to the role of rejecting affection from others and that other people may be hurt or offended but it is important to know that people feeling emotions towards your rejection is ok. Kerry highlighted a situation that her twins had experienced with the children of some close friends, stating,

> They were trying to touch them and trying to chase them, and you know when they didn't want to keep going then the other kids looked sad, or they kind of pouted… And so, I tried to tell our boys that she can be sad, that's okay. She can, you know, we will tend to her sadness, but that doesn't mean you now have to give up the thing that you wanted to give up or you now have to hug, and you didn't want to hug. So, I want them also to be able to sit with the other people's disappointment or other people's rejection and not feel like they have to change what they want to do because of that, and it's hard it to.

Kerry uses this encounter at her friend's house to let her twin boys know that if they don't have to change how they give others affection even in an instance where another person may be disappointed. Kerry's rationale behind her twins being able to sit with this rejection is, "I think men in particular, like in this position where if they see someone sad and they don't know what to do with it, they try to just fix it." Kerry and a few of the mothers (6) in the study expressed not

wanting their children to "give in" to giving anyone (ranging from peers, siblings, families, parents, or others) affection if they didn't want to regardless of the feelings the other person may express. Kerry and the few other mothers (6) spoke to the importance of choice despite how other people may deal with being rejected. Sylvia also spoke to helping her son establish boundaries with touch and herself. Sylvia stated,

> He likes to touch mommy's chest, or I say to him this is mommy's chest. This is mommy's breast, please don't touch my chest. This is mine. And I'll tell him that yours, and this is mine. You can touch yourself. But don't touch mommy's, you know, things like that. So, he likes about we use that when he tries it, he'll say, Mommy, I like your butt I say I like my butt too, but you don't you don't touch my butt that's my butt. And I'll say, okay, but I say I'm not going to let you touch my butt.

Sylvia began to set boundaries with her son and let him know that just because he wants to touch her doesn't mean that he can. Sylvia rejected his touch in a way that explained to him why and what he is allowed to do. Sylvia started at home with herself and let her son know that just because he wants to touch somebody or a part of their body he likes, he can't. Sylvia and a few of the other mothers (3) in the study discussed setting boundaries pertaining to their children touching them and helping them to understand safe and appropriate touch.

Ultimately, most of the mothers in the study (19) spoke to their children about safe touch through these activities because they viewed these activities as opportune times to have safe touch conversations, teach their children about their body parts in terms of autonomy and establishing boundaries, and helping children to learn to be ok with other people expressing emotions in relation to them rejecting affection.

Socialization Strategies

Most of the mothers in the study (17) discussed the various socialization strategies they used to teach their children about their bodies, strategies to get out of uncomfortable situations, and ways to advocate on their children's behalf or helping their children to advocate on their own behalf.

This group of mothers in the study believed in giving their children the tools to help them navigate and develop their own positive and healthy relationship with affection and expressing themselves when they didn't want to be touched or receive affection. These socialization strategies include giving children language, making a scene, "private parts are normal", media messages, role modeling, giving power to words, and appropriate names for body parts to start conversations and teach lessons about their bodily autonomy.

Giving children the language. One strategy most of the mothers (15) in the study agreed to was giving their children language through saying things such as "stop". "I don't like it", and "hold you" sometimes teaching their children to incorporate creating space or consent to touch when saying things such as hold you or stop. Cornelia spoke how she actively teaches her four-year-old daughter that,

> she can always tell people to stop doing something that she doesn't like or say no and right now, that's really just family like if she's getting tickled too much, and she asks someone to stop.

Her motivation for teaching her is wanting to instill in her daughter, "no means no and stop means stop." Cornelia wanted to start to give her the language to use in different situations. Shelly wanted to also give her daughters the language along with using her body to "create distance." Shelly stated,

> We've kind of told them like to put out that he put out their hand in front of them and to say stop, like, I don't like it when is that it creates a barrier for them to feel safe, so they create distance. And then like the importance of language.

Shelly gave her child both the language and a way to use her body to create a distance and barrier for them to feel safe. Shelly paired language with a behavior in an effort to give her child a strategy for them to feel comfortable. Allison also gave her child the strategy of using her hands and words to communicate things such as "hold you" and "all done". Allison used the

term "hold you" to help, "bridge communication for when she wanted to be held and comforted" and the term "all done" with her words and hands when she was tired of being tickled. Allison's strategy was to give her daughter the tools through these strategies to both understand her and make sure she is comfortable. Most of the mothers (17) in the study believed in giving children the language and tools to effectively create boundaries, space, and overall, just be comfortable combatting unwanted touches especially in the realm of affection.

Giving power to words. One mother in the study discussed the importance of giving power to words through making sure words such as stop means stop and down means down. Kerry stated,

> And also, the tickling part when they say stop it, but they really mean keep going, I stopped, and then they get mad and they learned that they have to say something different, which I think is perfect because now they know stop is actually going to cause this person to stop and if I want them to keep going. I have to say something different and then even when I'm holding them are squeezing them and they're like down then I put them down and then will you know reach back up, like, no, no, no, you know, pick me back up and it's like well you said down and when you say down, I'm going to put you down.

Kerry believed in helping her children understand the true meaning behind their words in order to make sure they understood that their words have meaning and power. Kerry wanted her children to understand she wasn't punishing them but teaching them, "that like those cues should change the following action." Kerry also spoke to how this strategy is not easy to implement because, "it's so hard with other kids and other kids who are being raised differently which is, yeah, it's tough." Kerry understands the complexity of wanting to give power to words in a society where people are raised differently and may not have experience with their words create a change in their present situation.

 Making a scene. Two mothers in the study spoke about their children "making a scene" and "disrupting things when they needed to be disrupted" as a strategy to combat when they don't want to be touched. Dyme described creating a scene as,

If somebody tells you no or you don't want something or if somebody is trying to take you or touch you or pull you and you don't like it just say no and pull back.

Dyme discussed when using this strategy, it may also be implemented with her, but it is all about being her teacher and teaching her daughter, "the right kind of place to do it". Dyme's rationale behind her daughter making a scene is,

> … one of the best defense mechanisms because if a child makes a scene everybody's, everybody's looking, everybody noisy they try to see what's going on trying to see what's going on and I feel like if she's ever in a situation like that, that's the best way for her. So, you know, possibly avoid things happening.

Dyme uses this as a tool for her daughter to use when she is uncomfortable and needs to bring attention to herself to stop the situation. Additionally, Kerry also believed in her twin sons having the ability to make a scene when, "the scene calls for a scene to be made". Kerry's rationale behind this is,

> I want my kids to feel comfortable disrupting things when they need to be disrupted and I think I mean a lot of parenting, when I was a child was teaching children not to be disruptive, not to interrupt not to kind of be inconvenient and I want my kids to obviously I want them to be very convenient for me so that I can have an easy life but more so want them to know that their perspective matters, their feelings matter it's their body.

Kerry like Dyme believed that creating a scene when necessary is a tool and strategy that their children can use to combat unwanted touch despite how uncomfortable it may make other people in the situation feel.

"Private parts are normal". Half of the mothers (13) in the study believed in creating a culture of normalcy by helping their children not associating their private parts with shame but instead view them as a normal part of their body. Mothers expressed rationale came from wanting their children to "enjoy their bodies" and affirming "their positive sexual identities". Shelly spoke to allowing her children to explore their bodies and giving them a little privacy but also teaching them to respect other people's bodies. Shelly stated how she is,

> Conscious of never shaming them so like if they like when you were younger and touching putting her hands on her diapers like there was never like a shaming thing where

it was a taboo topic. Right, and so I think it's just all about like a strong, healthy positive affirmation of their bodies right and how to respect others.

Shelly believes in her children forming a relationship with their bodies that is both strong and healthy and free of shame, while respecting other people's boundaries as well. Additionally, Kerry spoke to normalizing conversations around private parts such as penises and butts because they are an identifiable part of the body just like head, shoulders, knees, and toes. Kerry stated,

> In our house we talk about like penises and butts and like we talked about head, shoulders, knees, and toes, and so I tried to like I don't want them to have no-no spots, I want them to have no-no contact. Right. So, this the parts on their body aren't the problem, it's the, the way that other people interact with them that would cause a problem. So, it's exactly what they were saying like, I want them to enjoy their bodies. I want them to learn about it. And, you know, figure out what's going on. And I think that that's great.

Kerry wants her sons to understand that there isn't a problem with their bodies and the problem may come from the way people interact with their bodies. Kerry like Shelly wants her children to enjoy their bodies and build a positive healthy relationship with their bodies. Ultimately, about half of the mothers in the study spoke to wanting their children to have positive healthy relationships with their bodies and making sure that people understand that private parts are normal.

Media Messages. One mother in the focus group discussed using the Lion King as a tool when homeschooling her children to teach them about keeping family secrets in general but especially with inappropriate touching and "no-no spots". Aaliyah used the Lion King as a tool to talk to her children about family members who may ask her children to keep secrets. She stated,

> We had a whole lesson one if anyone's telling you to keep secrets, no matter how related they are to how close they are to you that it's not appropriate. I wanted to note that, that was another thing that that I used to teach my children to be able to be comfortable to speak to me if any incidences happened and to not feel shamed or not feel like they were betraying you know if it was a family member or a close friend.

Aaliyah believed in using the Lion King as a tool to proactively teach her children to come to her even in the case of a family member or close friend violating them. Aaliyah wants to make sure she knows that her children can come to her in any case no matter who the person is. Aaliyah used the Lion King to deliver a message to her children in a way they would understand, and she desired for her children to be comfortable enough to always come to here especially in the case of a secret which may have violated or brough them harm in some way.

Role modeling. Half of the mothers (14) in the study spoke to modeling behaviors and being a role model for their children so they know things such as "nobody is supposed to touch you their either" or giving them the tool to navigate unfamiliar situations regarding things "that bug them". Elise discussed telling her children about her personal boundaries in hopes that her daughters also start to establish boundaries pertaining to their personal space and places they don't want to be touched as well. Elise said,

> She's curious. Right, so she'll like sometimes like try to like touch me. And I'm like, No, that's a red zone. And so, I talked about like this red zone with her. And I'm like, I'll tell her, like, no you know that's mommy space or mommy's red zone, you know, don't touch there. You know, so hopefully that as she gets older, she will know by that role modeling, you know, nobody's supposed to touch you there either.

Elise understood her daughter's curiosity but also wanted to make sure she understood that was her space and she couldn't touch her there. Elise hoped that her behavior would serve as a model for her daughter to also be able to communicate nobody can touch her there as well. Additionally, Jessica indicated that she is the one "modeling for them" and wants to prepare them for unfamiliar situations where they may need to communicate their boundaries. Jessica stated,

> You have to sort of prepare them a little bit because there is going to be that kid that comes up in their space constantly in in school on the playground or whatever that bugs them, and you know if you're not telling them what to do.

Jessica wanted to model and give her children the tools to be able to navigate these unfamiliar

situations because, "if you're not having that conversation with your kids, they're just they don't

know what to do because they are kid". Rebecca agreed with Jessica and stated, "If you never

taught them how. You know, you can't just switch it on, so you've got to build it up as they're

younger." Rebecca believed in helping kids build their "competence and agency" as they get

older in order for them to understand. Rebecca used the metaphor of, "you can't just at one point,

just like oh the bike and they're going to be able to ride it". Rebecca and half of the other mothers

believed in giving their children the tools, modeling behaviors, and serving as a role model for

ways to effectively reject touch when they simply just don't want to be touched. One mother and

her partner took modeling to another level by acting out scenarios in front of her daughter in

hope that the acted-out scenarios assist her in knowing what to do in different situations. Dyme

described these acted out scenarios as

> like me and her father, purposely like do like a little scene in front of her, just to see like
> this is show her so he might like, shove me or something I'd like to see you know how
> she's going to react like yeah, he might like, shove me or something. And then she'll be
> right there. And she'll be like mommy, don't like it mommy, don't like it. So, like that
> shows me that she's catching on to me doing that around the house.

Dyme used this strategy to give her daughter real world experience and to serve as a model for

learning to advocate for others but also for herself when she doesn't like something such as an

unwanted touch. Dyme's rationale for creating acting out these scenarios is, "kids pick up on a

lot of what they see and what they hear in a household." Ultimately, Dyme, Rebecca, Jessica,

Elise, and the other mothers in the study want their children to view them as role models for

appropriate ways to combat unwanted touch because they are their children's first teachers. This

group of mothers in the study believed if they didn't teach them and provide a model for them to

follow, their children may never gain the skills and knowledge to combat unwanted touch interactions.

Appropriate names for body parts. Most of the mothers (16) in the study spoke about giving their children appropriate names for their body parts and "not play names." This group of mothers in the study wanted their children to know the "scientific names" for their body parts and make their children comfortable in using the appropriate names without a feeling of shame. Brittany indicated that as an educator she doesn't, "use any code words or any fun cute names" and "always addressed everything by its scientific name". Brittany's reason for stating the appropriate name of body parts is, "as a parent, I can do to not make any part of their body shameful and make it something that they're comfortable talking about the better off." Brittany wants to make sure her children are aware of the appropriate name of body parts and they are comfortable talking about their body parts without feeling shame especially pertaining to the names assigned to their body parts. Additionally, Aaliyah also agreed to teaching her children the anatomical names for their body parts and stated,

> I taught them from when basically when you learn eyes and ears. You're learning penis vulva, vagina, anus testicles. So, you know, he never said, Mama, but he said testicles.

Aaliyah believes in teaching her children the anatomical names for their body parts from a very young age in order for them to continue to have conversations around their body parts as they get older. Ultimately, most of the mothers in the study wanted their children to know the appropriate anatomical names for their body parts and wanted their children to not associate these body parts as shameful but as "appropriate", "scientific", and "normal".

All the mothers in the study discussed giving their child a strategy or combination of a few of the aforementioned strategies to help teach their children about their bodies, while also helping give them skills and tools to navigate uncomfortable touch interactions. Most of the

mothers in the study want their children to have the skills to be able to advocate on their own behalf when they don't want to be touched or receive physical affection. The types of strategies described by the participants in this study could be useful to other parents and aid in assisting children on their journey of creating positive healthy relationships with their bodies, while also respecting others.

Role of Covid-19

This study took place during a life-altering global pandemic because of the Covid-19 virus, which directly impacted the way many in our society, including the mothers in the study, view physical touch and expressing affection regarding their young children. About half of the mothers (12) in the study discussed the impact of the pandemic on parent-child interactions, and grandparent-child relationships. Additionally, most of the mothers in the study discussed the way they implement strategies and the considerations they have for their children in relation to the ongoing pandemic and their children's safety in conjunction with their young children beginning to develop their relationship with touch.

Covid's impact on family life

Some of the mothers in the study discussed Covid-19's impact on their family life through their children now being more conscious of their touch interactions due to the possibility of potentially catching the virus. The mothers in the study highlighted how Covid-19 impacted their family life through changes in parent-child routines and grandparent-child physical affection in addition to the way Covid-19 is impacting the way they are socializing their children pertaining to touch. One mother in the study indicated how Covid-19 is impacting her relationship with touch with her son. Monique indicated that the entire routine that her and her son go through after she gets off work has changed due to her position in the medical field. Monique indicated how Covid-19

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has changed this routine and how it potentially impacted her more than her son because, "there's nothing for me more refreshing than seeing him when I get home and it's nothing more heartwarming." Monique stated,

> I'm so self-conscious on what now I'm bringing into him and to his area so it's like when I would when I will go get him from daycare, or he will be at home, his natural thing that's he'll see me coming in the house when the window and he hugs, and he kiss, and it would be to now I'm taking clothes off at the door. I'm sanitizing, I'm running into the shower, dropping the clothes in the washer, things like that. So now, by the time I get to him, he's now into Paw Patrol or something like that and we miss that, like we missed that.

Monique spoke to how Covid-19 has completely altered the way her and her son express physical affection upon reengaging with each other when they reunite during the day. Monique was the only mother who spoke to differences in her personal parent-child routine. However, a few mothers discussed how Covid impacted their grandparent-child physical affection relationship. For example, Shelly explained that Covid had not really impacted household interactions but had impacted her children's grandparent-child relationship. Shelly highlighted this situation stating,

> So, it really hasn't impacted ours in the house, but it has with like grandparents. And it's been hard because they want to give hugs... We definitely had their conversations about in family, loved ones and how we can't hug and kiss right now.

Shelly highlighted how the pandemic has taken away the opportunity for her young child to experience moments of physical affection with grandparents and others through hugs and kisses. Shelly has had conversations to let her children know that physical affection is not appropriate right now due to the pandemic. While Rebecca discussed taking it a step further and placing a physical barrier between her and her five-year-old son. Rebecca highlighted this experience as,

> One day, and we actually had to put our son on top of our car we like literally put him on top of my SUV to try to like because we knew there was no way he wasn't going to try to like physically interact with them.

Due to Covid-19, Rebecca had to place physical barrier between her son and her parents and indicated she thinks there is a "there is this new kind of like level of boundary." Rebecca expressed the severity of the pandemic and that in keeping both her grandparents and son safe she thought it would be best to make sure her son was not able to physically interact with them. These few mothers discussed the impact of Covid -19 on both parent-child and grandparent-child due to the gravity of the potential spread of the virus through physical affection interactions.

Covid's impact on children's touch interactions

Most of the mothers (15) in the study discussed the way they considered the ongoing pandemic in socializing their children surrounding physical touch and affection. They discussed the way they implement strategies and the considerations they have for both their children's safety and the way their children may begin to develop their relationship with touch due to the ongoing pandemic. One mother in the study, Kerry, discussed the considerations she has for her two-year-old twin males due to the pandemic such as being conscious of placing her children in environments where they are able to express their physical affection naturally. Kerry stated,

> I'm really conscious about like displaying my own fear my own anxiety about what would otherwise be normal interactions. So, if I'm not comfortable with my kids touching or hugging or kissing like they naturally would at the age of two then I probably won't go.

Kerry believed in not changing her children's relationship with affection but putting them in places where they could just be themselves. Kerry's didn't want them to

> …become afraid of touch, because I think you know good touch bad touch with all this stuff and our, our concerns about inappropriate or appropriate affection can also have the effect of making our kids scared of touch or not being able to enjoy hugs and kisses when they are appropriate.

Kerry believed in trying to keep her twins' environment as normal as possible despite the pandemic in order to allow them to develop their relationships with others without the additional constraints of the pandemic.

A few mothers in the study spoke about how Covid-19 helped to reestablish boundaries in terms of helping people create a distance and not prompt or allow people to touch their children as much. Elise spoke to how her two-year-old daughter upon leaving places pre-Covid wouldn't always want to show affection in ways such as a hug or kiss therefore she gave her daughter strategies such as elbow pumps, a wave, or a handshake. Elise said, "Now it's like, Oh, you can't six feet. I feel like that's a good thing.". Elise spoke to how the six feet distance has now aided her daughter to say bye without any touch interaction and people giving her the space she sometimes desired. Aaliyah also discussed how Covid-19 has prompted parents to ask if children can play and touch one another during these play interactions and she is happy about this new culture of asking that is taking place. Aaliyah said,

> I'm happy, I'm happy that this happened because we still do go to the park. Um, but I've noticed that parents are more verbal and asking, Is it okay if our kids play and touch each other? Before you know our kids actually interact. Rather than, you know, before then, because it just run and go and play in the park. So, I'm liking this this climate where people have to ask, Is it okay if our kids play in touch and then verbalize it to our kids, right. They're like, okay, it's okay if you play with each other. It's okay if you touch each other rather than how it was before.

Aaliyah likes this new climate of asking for consent because now there is "more conversation about autonomy and touching and having consent." Aaliyah liked what Covid-19 meant for asking if it was ok for children to play together due to safety, and comfortability with touch interactions. Dyme agreed with Aaliyah and said, "I am happy that like, you know, it kind of like puts a little perspective on people asking certain things." Dyme also spoke to how she has become more conscious of germs and the frequency in which her daughter touches things and herself. Dyme stated, "it's just like I feel like it's a constant battle every day" because she,

> didn't notice how often they touch things or before you to notice how often they touched their mouths or their face or like, even with the mess you know you didn't notice those kinds of things before Covid and was here… it just feels like it's more of a constant battle

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> like whatever her be here so young and not understanding the impact of why Mommy says you can't do this or touch this, or, you know.

Dyme spoke to how Covid-19 has impacted the way she is teaching her daughter to be more conscious of touching in hopes of keeping her safe. Therefore, Dyme has been cautious about keeping extra hand sanitizer and mask, and her daughter washing her hands. Dyme is constantly implementing these precautions to try to keep her daughter safe through monitoring her touch interactions and attempting to minimize her interaction with germs especially the ones associated with Covid-19. Additionally, Sylvia also spoke to her son about germs and that within the context of Covid-19 especially people may not want to hug despite him being a hugger. Sylvia stated,

> So, I've been having to teach, especially within Covid that you know sometimes there's germs and sometimes people don't want to. So, you have to, you have to understand that it's okay for them. Not to want to hug or it's okay not to hug so I've had to teach him the opposite, because he's such a hugger, and a giver and that way as well.

Sylvia knows her son and wanted to make sure he knew that despite him wanting to hug people frequently that because of germs and people's lower comfortability with hugs he will not always be able to do so. Sylvia believed that her son needed to be ok with rejection of affection especially due to Covid-19.

Ultimately, some of the mothers in the study spoke to how Covid-19 has impacted their children's touch interactions with themselves and grandparent-grandchild relationships along with the way they are conscious about the pandemic in relation to germs and touch interactions. The pandemic has made these group of mothers in the study extremely conscious of touch interactions in relation to their children and what this means especially for their children according to their unique temperaments.

More Conscious Again

Most of the mothers (7) who participated in the semi-structured interviews discussed how participating in the focus group has helped them be more conscious of implementing strategies pertaining to teaching their children about bodily autonomy, touch, and accepting and rejecting affection from others. These mothers all indicated that the focus group sparked conversation between them and their children, made them "more conscious again" leading to them reinforcing parenting practices they had previously implemented. These mothers' perspectives and parenting practices related to bodily autonomy seem to continue to evolve as they have different experiences and participation in the focus group influenced their ideas and their level of intentionality.

A few mothers (3) who participated in the semi-structured interviews discussed the way in which the focus group sparked conversations between them and their children again. Cornelia stated how she considered both of her daughters' bodily autonomy according to their age and what she believed to be best practice after the focus group. Cornelia stated,

> Yeah, I think I did something with my girls like it had been a while since I talked to my four-year-old about touch um, and so yeah, like I'm like touching her private parts. And so that was because of the focus group. And also, I've thought of the focus group with my youngest who's just two. Because she, you know, a lot of times, doesn't want certain things to be done like tells us to stop doing whatever I mean stop taking her to her room for naptime so I'm so that obviously I can't stop, but some other things like if she's asking me to stop and I think I can stop doing something then I will.

Cornelia used the focus group to reinforce touch, and safety boundaries with her four-year-old daughter but also considered what touch and affection looked like for her two-year-old daughter as well. Cornelia believed that after the focus group it "was a good reminder" that she should talk to her four-year-old about her body again in addition being more conscious of her two-year-old's personal autonomy. Like Cornelia, Monique also used the focus group as an opportunity to spark

conversations with her child. Monique's conversations were similar to Cornelia through being related to touch and safety. Monique stated

> After we had our initial focus group, it definitely made me try to spark conversations with my son about his body parts and good touch bad touch and trying to find some type of book or something that is more on his level. To understand and then as we're still potty training, you know, he's more like so if I try to sit him one time, like, "no, let me do it," which I love that because I feel like the next step is he wants privacy., um, but after that focus group. It definitely made me think a little more on how creative and I can be with teaching him good touch bad touch, who's to touch who's not to touch things like that.

Monique decided the focus group was a great opportunity for her to talk to her son again about good touch and bad touch and sought resources that would enable her to teach him in a developmentally appropriate manner. Monique believed in the value of these conversations and sees the potential future outcomes that may come from this conversation such as him wanting privacy. Additionally, Kerry also used the focus group as an opportunity, "to start those conversations back up" and described herself as being, "more conscious again of trying to really pay attention when the boys don't want to be touched." Kerry described an interaction where her twin's boys were having a play situation with tickling and one twin was pulling away and she intervened. Kerry intervened and indicated she is, "

> ...trying to just verbalize that more not just how not just the conclusion I came to, but the how I came to that conclusion of like Oh, it looks to me like your brother doesn't want to play anymore. Can you see that he's sad.? Can you see that he's crying.?" So, trying to be better about it.

After the focus group, Kerry was more conscious about both paying attention to when her children didn't want to be touched and giving them the skills to notice themselves when someone doesn't want to be touched by picking up on those cues. Kerry being more conscious and implementing these changes can potentially aid in her sons picking up on these cues and respecting each other's boundaries, comfortability, and cues.

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In summary, most of the mothers (15) in the study already started to have conversations centered around socializing their pertaining to their bodies starting when their child was two years old or younger. Also, a life experience such as potty training or an incident or simply just proactively teaching children about consent early on were mothers in the study motivation around having these bodily autonomy socialization conversations. In addition to this, about half of the mothers (14) in the study spoke to wanting their children to have positive healthy relationships with their bodies and making sure that people understand that private parts are normal. Moreover, the focus group influenced most of the mothers (7) in this subgroup aiding in them being more conscious again in implementing conversations and strategies with their children pertaining to learning about their body, safety, and touch. This group of mothers discussed how the focus group and having a conversation with other mothers helped to reignite their interest in helping their children begin to form positive and healthy relationships with their bodies while also beginning the process of establishing boundaries. These findings to acknowledge or mention that mothers' perspectives and parenting practices related to bodily autonomy seem to continue to evolve as they have different experiences. So, participation in the focus group influenced their ideas and their level of intentionality. Ultimately, all the mothers are socializing their children pertaining to their bodily autonomy in ways that are both similar and different according to how they see most fit with their child's overall, personal values and experience, and unique background and intersectionality in mind.

Maternal Advocacy

Most of the mothers (18) in the study discussed the importance of advocating for their children and other children through protecting children, respecting children, and intervening on children's behalf. The types of advocacy mothers exhibited was related to their beliefs and perspectives on

bodily autonomy and how children should be treated. Mothers in the study advocated for protecting their children and helping them navigate power dynamics, referring to the distinct role they have as a mother according to their situations. Additionally, mothers in the study advocated for respecting children and their boundaries and comfortability. Lastly, mothers in the study advocated for intervening on their children and other children's behalf.

Protect Children

Most mothers in the study indicated that as a mother it is their job to protect their children and would describe themselves using phrases such as their children's, "biggest advocates", and a "mama bear". Mothers' perspectives and beliefs varied according to if they saw their role as distinctive from others such as a partner and how they advocated on their children's behalf to combat different situations such as power dynamics between children and their grandparents and other caregivers' temperaments. Most mothers in the study perspective and beliefs did not just stop at their own children but children in general, to varying degrees.

Brittany spoke to being a "mama bear" and expressed her strong sentiments about motherhood and keeping her child safe. Brittany said,

> I'm sure all of you know everyone in here will agree that your child is literally your heart walking around on two legs…we are always their biggest advocates for all children but I think that it's, you know, there's no lengths that you won't go to, to try to make sure that your child is safe and successful in life, and I think that very, very, very few people can even come close and their dads and you know other people like to claim, but I think there's that mom instinct and I don't think it can be compared to much.

Brittany didn't only just speak to the role of keeping her child safe but spoke to the incomparable maternal instinct she felt toward her children, the role of mothers being there for all children, and her child being a walking embodiment of her heart. Jessica also had strong feelings about her role as a mother being her child's and other children's biggest advocate in making sure they are safe and ok. Jessica highlighted her sentiments stating,

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I think that we are definitely our children's biggest advocate. And you know, we want to say we would do the same thing for all kids, but in all reality, we go a little step further for our own and we just would as mamas. And I'm one of those mamas that if somebody is doing something to any child. I see. I'm going to call it I'm gonna be like, look. No, leave them alone.

Jessica also discussed being "children's biggest advocate" and stated she would make sure to step up for her child a bit more than she would somebody else's child due the mother-child relationship. However, Jessica did indicate she is "one of those mamas" who would stand up for all children in an attempt to protect them. Dyme also spoke to the role of protecting her child because her child is a part of her from conception and as a mother part of her role is to stand up and protect her child. Dyme said,

"That's my job as a mother from day one. Like, even when my child like in my womb is my job to advocate for them because they're part and we were one, so I just feel like that's just something you can't take from me."

Like Jessica, Dyme discussed the connection she has to her child that she felt since the moment of conception. Dyme sees being a mother as a distinct part of her identity that you can't take from her due to the deep bond and connection to her child and her mother-child relationship. Additionally, Alexa spoke to the role of parenting power dynamics and her need to speak up on her child's behalf due to her children's father's temperament. Alexa highlighted her "special role as a mother to advocate for them" stating,

Like, I'm very much um, I don't know, I'm like, I feel like total like sometimes totally their protector like their dad is incredibly intelligent but not very social. Um, so, um, I don't know, I feel like I'm in that in that role like I'm definitely so...he's an introvert and I'm an extrovert. And so, I feel like yeah like I have a special role with that.

Alexa's child's father temperament is the factor she associated with needing to take the additional role of being the primary advocate due to her extroverted temperament. Additionally, Cornelia talked about advocating for her children with her mother during a play interaction. Cornelia highlighted the situation stating,

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> She would be like playing with the kids and tickling them and they'd say, stop, stop, stop, stop, and she you know wouldn't stop because they were laughing and I'd say, Mom, they said stop and she was defensive... I want them to know that they can say stop and that someone should stop. So, we are starting at home with grandparents. Yeah.

Cornelia advocated on her children's behalf with their grandparents due her bodily autonomy socialization practices with her children. Cornelia rationale for her advocating for her kids and their socialization triumphed the initial "awkwardness" of addressing her mother and attempting to change the dynamic of the grandparent-child play interactions.

All the mothers in the study advocated to protect their children, and in most cases other children too, from harm, and violations of their personal space and boundaries. Mothers in the study spoke to advocating for their children within their family. Also, a few of the mothers (3) in the study spoke to the sentiments they have being a mother and the impact of their maternal instinct on their desire to protect their children.

Respect Children

All the mothers in the study advocated for respecting children's feelings, boundaries, and personal space. The mothers in the study valued children's autonomy and advocated in different ways on their children's behalf when people didn't respect their feelings, boundaries, and personal space. The participants believed in their children having a choice and the ability to voice and express those choices to both themselves and others.

Ann discussed respecting children's feelings and boundaries surrounding touch even when they reject affection from her. Ann spoke to teaching them mutual respect and give them the choice to say no when affection is requested from anyone. Ann said,

> Teaching them that you respect your feelings, just like you want them to respect yours as a parent. So, I might say, do you want a hug can I kiss you come here and if they're not feeling it, they might, no mommy. Then I say okay, that's fine. You know, it's their choice…They will learn their no actually holds some weight.

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Ann spoke to the role of respecting children's space because they have a choice when it comes to showing affection and the importance of their no holding weight and meaning no. Ann also spoke to establishing a relationship of mutual respect when it comes to feelings and allowing instances of "not feeling it" and giving them the autonomy to say, "no mommy". Kerry also spoke to respecting children's rights over their body and giving them the choice over who gets to interact with their bodies even in adult-child interactions. Kerry stated,

> I just want to say kids' bodies are really all that they have control over. And I think that it's a proxy for learning how to deal with everything else in their lives so that, you know, I think as much as we get offended, we as adults get offended when kids tell us no or it's inconvenient when they do that that's really literally all that they have that they can make any decision about which has helped me to chill out about it because it's like, this is all this is what they have.

Kerry emphasized the role of children's bodies being the only possession they have control over and as an adult respecting their choice even when you are offended it is important. Shelly agreed with Kerry and added the aspect of, "giving them that space to talk about it openly without shame and then providing them with the language" on ways to communicate their boundaries. Sherry believes in giving children the language to advocate for themselves and assist people in respecting their boundaries and the control they have over their bodies.

Aaliyah spoke to advocating for children through respecting their humanity and choice. Aaliyah discussed encouraging people to respect their humanity because they are people and even though, "they're just smaller, and their brains a little less developed; they deserve respect." Aaliyah spoke to respecting children's and children not having an obligation to appease anyone when they don't feel like engaging. Aaliyah stated,

> They're not rude. They're not disrespectful. They just like any other adult human they have feelings and if they don't know you, and they don't want to engage respect that.

Aaliyah defended children's ability to not engage with individuals they don't know and advocated for the respect of children's decision to not engage. Aaliyah spoke to children having the ability to determine their own comfortability with strangers and respecting their decision based on their feelings because we all have feelings.

The mothers in the study all advocated for respecting children and had similar and distinct ways of trying to provide comfort and/or support for children to be navigate their relationship with touch and affect. Then majority of mothers (16) in the study spoke to the role of being a mother and the sentiment that they associated with being a mother to their children and children in general.

Intervening on Children's Behalf

Most of the mothers (17) in the study spoke about intervening on their children's or other children's behalf in a variety of ways such as with siblings. A few mothers discussed the role of collective responsibility in intervening for children. The kinds of interventions mothers took part in depended upon the ways they felt compelled to intervene on their or other children's behalf. Erica and a few other mothers (5) in the study spoke to the role of navigating and intervening different sibling interactions. Erica discussed an interaction between her 5- and 11-year-old daughters and the need to constantly tell her older sister to "leave her alone" when her older daughter violates her youngest boundaries and space. Erica intervenes on her youngest behalf and realizes advocating on her younger daughters' behalf reaffirming she is there to help diffuse situations and reestablishing her daughter's boundaries. Rachel also spoke to the role of being the voice for her children and reaffirming that she is there to advocate and intervene when her child indicates she wants a person to stop. Rachel said,

> I think it's our responsibility as parents to be the voice that our children can be until they have the voice of their own and that we've taught them or like two-year-old who can't

speak up. It's like, Well, I can tell that they're uncomfortable. I'd like you to stop …And if they have the voice and that person still doesn't back down, then you say, well, she's asked you to stop it. You need to stop and just reaffirming that you will be there for them an advocate for them when they do say no.

In this case Rachel spoke to advocating on her child's behalf and making sure to be there in instances where her daughter's "no" is not honored and her boundaries are crossed. Rachel sees advocating and making sure her voice is heard as her responsibility and she intervenes on her daughter's behalf as her parent.

Rebecca spoke on the collective responsibility mothers have due to their role of being a mother and the connection to her thought process due to her role in school administration. Rebecca stated,

> We have a collective responsibility to other people's kids, um, and I work in a school... I think there's something that feels good about knowing that my kid can go to school. And there are other moms that are going to protect him, or he can go to you know, other places in a non-Covid world where he can go places where there would be people looking out and you know we've been to museums and other like larger places where we've had the conversation about if you get lost, you know, look for a mom.

Rebecca illustrated her perspective on mothers looking out for each other's children influenced by her perspective working in a school. Rebecca appreciates mothers being there to potentially intervene in difficult situations with her child and in a non-Covid world would suggest that her children find a mom if they get lost. Rebecca view on mothers having a collective responsibility to intervene is shared by Sylvia. Sylvia stated she has, "an instinct to fight for everybody." Sylvia shared a story about a time where she intervened on an unknown child's behalf in Chick-Fil-A. Sylvia was in line and noticed a father, "hitting his daughter, punching her on her side" described the interaction following the punch as such,

> When he noticed I was looking he kind of stopped and that when his other little kids' kind of went away. You know, I said you know I'm from the old school too and I do, and I do believe in sometimes you spare the rod, you spoil the child. I said, but punching has taken a little bit too far. And he was like, well, she is just so disrespectful. I said I get

that. He was like no I didn't punch her. I said I kind of watched you. You closed your fist and you hit her and I said. I just think you need to watch how you touch her.

Sylvia public intervention on behalf of a child she didn't know is connected to her belief, "in being a voice for those who don't necessarily have a voice. Sylvia bravely stood up on a child's behalf in a situation where the child's bodily autonomy was being violated with punches. Sylvia was one of the few mothers who indicated they would directly confront other parents on behalf of their child and that speaks volumes to the importance she sees in the role of intervening and giving voice to individuals who others may not think necessarily have a voice.

Ultimately, the mothers in the study all advocated for their children and/or other children's behalf due to sharing similarities in protecting children, respecting children, and intervening on children's behalf. Most of the mothers in the study identified their strong sentiments and feelings about being a mother as a part of their rationale for the type of advocacy they exhibited. The societal roles of the mothers, value and beliefs, and the time spent with their children are just a few factors which led to mothers stepping in to advocate on their children's behalf through both giving them skills and speaking up on their behalf. Being a mother is a distinct experience like no other and that makes the type of advocacy they experience unique due to the sentiments they have towards advocacy and the nature in which they carry out their advocacy.

The Complexity of Violation

Most of the mothers (19) in the study, discussed bodily autonomy violations pertaining to sibling bodily autonomy violations, peer to peer bodily autonomy violations, and close ties to violators. The violations discussed by these participants all consisted of unwanted touch interactions for

example with siblings not respecting each other's boundaries and comfortability with being touched and incidences of retrospective maternal sexual assault. Additionally, a few mothers in the study discussed males not being exempt from bodily autonomy violations and the need to understand they are victims and survivors as well. The stories and perspectives of most of the mothers in the study highlighted the complexity of violation due to how it occurs and the violating individuals' mindset, or relationship to the person or someone in the persons' network. Once a person says no or indicates they no longer wish to be touched the interaction becomes a violation to their body and no longer respects that person's autonomy and right to choose.

Sibling Bodily Autonomy Violation

A few of the mothers (3) in the study discussed instances of older siblings picking on younger siblings and not respecting their boundaries and comfortability when they no longer wanted affection. These few mothers intervened on their children's behalf and assisted in getting their other older children to leave their younger child alone. Aaliyah indicated that she has intervened on her child's behalf when his siblings do give him respect, "cause he's a baby". Aaliyah stated,

> I have three teenagers and a soon to be three-year-old and they'll just come and like hug him and pick him up and he'll be screaming No. And I'm like, listen. You know you, I respect you and I tell you when you tell me I cannot give you a hug, because you know teenagers…. So, if I give you that respect I can't you give him give him that respect and they're like, cause he's a baby. And I'm like, what does that mean should I not respect you, because you're younger than me. You know, it should be given vice versa.

Aaliyah stood up for her young son who in these instances bodily autonomy is being violated by his siblings. In this situation, Aaliyah made her older children aware that they are not allowed to interact with him in that way just because they see him as a baby and that they should ultimately respect his decision to not want to express physical affection back. Aaliyah believed in her children's right to stop any unwanted affection and respect is mutual and age is not a reason to violate someone's autonomy. Additionally, Jessica also spoke about sibling bodily autonomy

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violations between her two sons and how she believes in her sons respecting each other's

boundaries. Jessica stated how when her son says no, she has to reiterate this point to her older

son so he will leave her younger son alone. Jessica stated,

> And so, when his older brother wants to do stuff right and I have to make him stop know
> when he tells you no means no. Just because you're his bigger brother. You're not allowed
> to overstep his boundaries. You have to stop because he's not playing, even though you
> are and he's the one that gets to say he doesn't want to play anymore because this is his
> body. You got to respect that you can't keep pushing and tickling like five minutes after
> he's told you stop for 10 minutes, I mean 10 times and he really means stop.

Jessica spoke to intervening just like Aaliyah based on respect and not violating his body with

unwanted touch. Jessica discussed this taking place during play interactions and how she

advocated for her teenage son to leave her three-year-old son alone. Jessica believed in her three-

year-old's son ability to say no and that when he says no it should be respected.

Ultimately, the few mothers in the study who discussed siblings' violations of bodily autonomy

indicated that siblings can be the violator. This small subgroup of mothers also indicated they

will advocate on their younger children's behalf for their older siblings to respect their bodily

autonomy despite them being family and their older children's rationale for continuing to play or

hug their younger sibling just because they are the baby. Sibling interactions can be a direct

violation to children's bodily autonomy.

Peer to Peer Bodily Autonomy Violation

Two mothers in the study indicated that as children they both experienced sexual assault

violations from same-age peers. Unprompted these mothers shared brief snippets of surviving

childhood sexual assault and indicated these violations happened with children their age in their

youth and they never told anyone because, the potential of getting in trouble or she "didn't know it was bad until [she] got older." Aaliyah shared that she was sexually assaulted and violated as a child when she was at her babysitter's house and she was violated by, "her nephew, he was five, I was five." Aaliyah also shared that the boy was not a stranger but "they went to the same school and all of that." Aaliyah discussed after the violation her mother had a conversation with her about her body in relation to her anatomy and it made her wonder if,

> Did they tell on me? Am I in trouble? Why is she telling me this, but I never, you know, I never told her, and I never asked her, and then when it, when it happened again later in life umm. And I still never told her, but I'm not sure if she knew. I don't think she knew, but there were definitely changes. That I exhibited that, that you know, had she been privy to she would have been like know something happened, but I definitely, I didn't feel protected, and I didn't feel like I could tell anybody. So. Un, un.

Aaliyah spoke to her experience of being violated twice in life and how she was worried about getting in trouble. Unfortunately, Aaliyah didn't feel protected and like many survivors of sexual assault she never told anyone. This situation is difficult for anyone to navigate and can be especially hard for a five-year-old child who never was taught prior to this incident about her body and appropriate touches. Aaliyah also shared that she was also violated again later in life and highlighted her complex relationship with violation which is heart wrecking and helped make her the conscious parent she is today. Additionally, Dyme, also spoke to being violated as well as a child by a peer. Dyme stated,

> This incident in kindergarten that happened, and nobody ever knew because I didn't know it was bad until I got older, I didn't know I wasn't supposed to be doing. I thought I would get in trouble too. So, you know, I never said nothing about it and I never knew it was bad. Because I thought it was just like she emphasized older people, you know, say like men men men men, she never emphasized people my age and what they can do to you and you know good touch bad touch as far as my peers. So, I never knew what was considered good and bad, when it comes to that perspective.

Dyme spoke to how this incident occurred when she was younger, and how she also thought she would get in trouble too. Dyme at a young age was taught to beware of "men, men, men, men"

but was never taught about peers her age and because of this didn't realize she was violated until she was older. She never was taught good and bad touch being aware of all people and in turn didn't have the knowledge in that present moment to navigate what happened to her in that moment. Dyme also spoke to the reason why people may not report violations in the black community until later in life. Dyme rationale for why people don't speak about their violations until later in life is,

> Because a lot of people don't feel like it's a safe space for them to say anything where they don't feel like anybody is going to believe, especially like in the Black community.

Dyme shared her sentiments about not feeling safe and acknowledging her perspective of the culture of secrecy in the black community in relation to violations. Dyme believed that people may not feel safe acknowledging the violation due to the possibility of people believing them within the black community.

Both Aaliyah and Dyme are Black and freely choose to disclose their personal experience with violations. Even though the mothers were not explicitly asked if they were sexually assaulted in the study, they felt comfortable enough to freely share this information with the primary researcher during the study. The nature of their knowledge and lack of comfortability sharing their violations with other adults was no fault of their own and this story unfortunately is the story of many young Black girls to this day. Black women and children are known to not report violations due to the historical trauma, oppression and racism experienced by and within the black community. Additionally, Black women are more likely to experience sexual assault and abuse violations more than any other group. These statistics are alarming and sad, indicate that as a society we have a long way to go in socializing our children to respect boundaries and teaching them appropriate safe touch practices with everyone despite their age and sex or gender.

Close Ties to Violators

One mother in the study explicitly discussed family members sometimes being the "biggest

perpetrator" of bodily autonomy violations and this has led to her not being so easily trusting.

Elise spoke to not always trusting family and that family may sometimes be the perpetrator of

sexual assault violations. Elise spoke to knowing the statistics and stated,

> you know, sometimes family is I'm like the ugh biggest perpetrator, right, like when we
> think of sexual assault with young children, oftentimes the family member, it's someone
> that is a friend or close to family. So, I have a very low trust level when it comes to
> people around my kids. And so, I don't separate like family or, um, or you know daycare
> workers or because you just never know like I, I mean I guess there's certain family like
> my, my mother-in-law, obviously, or like, you know, their uncle or my sister. Like there's
> certain family, extended family like beyond my like nuclear family. I don't I don't trust
> anyone.

Elise believed in the statistics and spoke to the nature of the preparator in most cases being a

family member. Because of this Elise doesn't trust most people around her children especially

outside of her nuclear family. Elise knows the statistics and paints the picture of the reality of

sexual assault and what that personally meant for her. Elise was not the only mother in the study

who discussed victim's close ties to their preparators; there were (8) additional mothers who had

this perspective. Here are a few statistics that display the gravity of sexual violence; every 9

minutes child protective services finds evidence or a claim of child sexual abuse; 34% of victims

are under 12; and 93% of child sexual abuse preparators are known by the victim (59%

acquaintances and 34% family members) (RAINN, n.d.). Overall, it is important to consider the

nature of sexual assault and the potential of family members and people close to the family

adding to the complexity of violation.

Violations and Sex

A few mothers (4) in the study spoke to the nature of men being victims of sexual abuse as well.

These mothers wanted to make sure that they spoke to males being violated too despite females

being violated at a greater rate. Monique expressed her sentiments about males being violated and the general lack of alarm when a male indicates he is violated. Monique shared,

> You hear so many people, so many people being it being violated. What I never really understood was, why is it okay to be alarmed when a female is violated, but not alarmed when a male is?

Monique spoke to the nature to how when males are violated in society people typically are not alarmed or may not look at the potential for males to be victims of violations pertaining to unwanted touch. Additionally, Erica spoke to the vulnerability of all children and how males are victims just like girls. Erica highlighted her perspective stating,

> So, I think all children are vulnerable, which he whether they're boys or girls. We just, I think females are giving more of a safe place to talk about it were in our societies accepted that girls are sexual objects and that people are going to want to go after them. But as, as we have become more social and more socially open you see more and more on talk shows men talking about how they were molested as young, young boys by relatives by people in their neighborhood by family, friends, that would trust it. So, I think humans are vulnerable to evilness.

Erica spoke to the nature of boys being violated as well and it is becoming more socially acceptable for them to openly discuss instances of violation. Erica indicated this is not just a one-sided issue, but it is complex, and anyone is subject to experience an incident of violation despite the person's sex. Erica highlighted the point of all humans being subject to evilness and how our view as a society may be skewed because girls are often seen as sexual objects and because of this people may go after them.

Both Erica and Monique expressed similar sentiments as the few other mothers that viewed the gravity of sexual assault as not being only a female issue but a person issue. In this society, women are sexualized and assaulted at greater rates, but we still need to keep in mind that males experience violations too despite the culture of males not reporting violations.

The nature of violation is not simple but very complex in nature due to people's characteristics, mindsets, and the way in which we handle, or seem to fail to address, violations overall as a society. Overall, this section highlighted how as a society we need to do better in acknowledging, respecting, and obeying when someone vocalized and withdraw consent to any unwanted touch when it pertains to affection. Mothers in the study (19) highlighted both simple violations such as sibling violations during play interactions to complex violations such as peer and peer sexual assault incidences. The violations discussed by these participants all consisted of unwanted touch interactions for example with siblings not respecting each other's boundaries and comfortability with being touched and incidences of retrospective maternal sexual assault. Additionally, a few mothers in the study discussed males not being exempt from bodily autonomy violations and the need to understand they are victims and survivors as well. The stories and perspectives of most of the mothers in the study highlighted the complexity of violation due to how it occurs and the violating individuals' mindset, or the relationship to the person or someone in the persons' network. Once a person says no or indicates they no longer wish to be touched the interaction becomes a violation to their body and no longer respects that person's autonomy and right to choose.

CHAPTER VI: DISCUSSION

This study adds to the developmental science field by exploring mothers' perspectives and beliefs about children's bodily autonomy and how they support their young toddler and preschool aged children's ability to say yes or no to unwanted touch and affection. How young children come to understand their ability to make a choice of rejecting or accepting affection and are socialized to exercise their choice to reject or accept affection are understudied topics, despite their potential relevance for helping individuals develop boundaries setting skills, effective communication skills, positive relationships with their bodies, and the ability to consciously navigate consent and touch interactions with themselves and others. Drawing on symbolic interactionism and feminist theory, the current study sought to examine several aspects of how mothers lived experiences through their interactions with others and the development of their own personal self-concept along with intersecting identities such as race, sex, religion, socioeconomic status in conjunction with being a mother have shaped participants' own perspectives and beliefs on bodily autonomy of young children, touch interactions and affection with an emphasis on their young children.

The current study examined mothers' varying views and perspectives on appropriate levels of acceptance or rejection of affection in relation to their children's bodily autonomy socialization through the analysis of various diverse situational context such as interactions with strangers and family members. Additionally, the current study explored how mothers themselves were socialized themselves as children from the findings it can be argued that mothers in this study were socialized according to their unique cultural norms and/or through messages from their parents and other people that helped them form their own personal relationship with touch. The purpose of this was to provide greater insight on how their upbringing may have influenced their

current beliefs and perspectives pertaining to their relationship with touch. Moreover, this study provided insight on the connection between mothers' socialization and children's socialization through examining maternal motivations for children's socialization, along with the impact of their parents parenting. This aspect of the study allowed for insight on the origin of participants' rationale for socializing their young children around these topics. Additionally, the current study explored the way participants' socialization strategies varied according to their child's characteristics, personal pro-bodily autonomy parenting practices, and the conditions created by the current pandemic, as well as how their role as mothers led them to advocate and intervene on children's behalf to help keep them protected, and respected. Lastly, the current study highlighted the complexity of violation from mothers' perspectives due to the experiences they may have had with both their bodily autonomy being violated and their children's. Ultimately, this study was especially critical given the lack of research on the bodily autonomy of toddler and preschool aged children from anyone's perspective.

The findings from this study provide the beginning of an empirical basis for conceptualizing ways to support and develop young toddler and preschool aged children's bodily autonomy. The study utilized symbolic interactionism to understand the ways that mothers form their own perspective surrounding their pro-bodily autonomy parenting practices and how aspects of their social context such as upbringing and generational norms influence their current relationship with touch and affection as well as how they are socializing their children about these concepts (LaRossa et al., 2019). Overall, the findings suggest that mother's personal bodily autonomy socialization experiences influenced the manner in which they socialized their own children, such that most of the mothers were very intentionally creating experiences for their children that were different than their own. Many pointed to the fact that they did not receive explicit

messages in childhood as the reason why they were choosing to consciously socialize their children about their bodies, touch, and affection. In addition, all the mothers in the study agreed that children have the right to reject affection regardless of whether people in their social networks might view this rejection as rude or disrespectful behavior. Most of the participants felt that the implicit messages they had received about their bodies and touch and the touch interactions they experienced as children were examples of what not to do because they contributed to feeling a lack of bodily autonomy. Lastly, mothers in the study had mixed reviews about how social media impacted their beliefs and perspectives on bodily autonomy of young children and there were no salient themes that came from exploring the media's influence on children's bodily autonomy socialization. Ultimately, symbolic interactionism helped explore participants' beliefs and understanding of unique social structures, social norms, assign meaning to different types of touches, interactions that helped develop their pro-bodily autonomy parenting style, and the impact of the messages they received.

In addition to symbolic interactionism, the study utilized feminist theory to understand the way mothers are maternal gatekeepers, the role intersectionality has in their navigation of power dynamics, and the nature of their advocacy through the examination of gender relations in unique historical and societal context (Ferguson, 2017). Overall, the findings suggest that most if not all of the mothers in the study were willing to advocate on their children's behalf to combat unwanted touch interactions despite the relationship dynamic between the child and person expressing affection. Additionally, half of the participants agreed on advocating on other children's behalf if the child was in danger, being bullied or experiencing matters of unwanted touch. Furthermore, more than half of the participating mothers shared that they had experienced personal violations, ranging to instances of unwanted affection such as hugs and kisses and/or

childhood sexual assault. Lastly, all the participants in the study highlighted the impact of one or more factors related to their mothers' intersectionality and touch such as cultural socialization, age of socialization, occupation, and/or religion during the study highlighting their personal beliefs and perspectives about the role their intersectionality has had in shaping their pro-bodily autonomy beliefs.

Limitations and Future Directions

It is important to consider factors that may have limited this study's ability to meet its aims and to identify how this work can be extended. First, as far as limitations, the ongoing global Covid-19 pandemic impacted the research design of this study, including recruitment and data collection, as well as what participating families were experiencing in their daily lives. Regarding online recruitment, online data collection may have yielded different responses/sharing than an in person more intimate setting – but, on the other hand, it was relatively convenient for mothers of young children and it allowed for the primary researcher to include mothers beyond her United States region in an easily accessible way. Additionally, Covid-19 has impacted social interactions and may have caused parents to re-think their children's physical interactions with themselves and others. Second, the fact that most of the participating mothers were recruited via mom Facebook groups may have led to relatively homogeneous sample in terms of them being highly educated, in their thirties, married, and middle class according to income. This may have limited the range of perspectives that were represented. Additionally, most of the mothers were recruited via mom Facebook groups due to the virtual nature of recruitment during Covid-19; this method proved to be effective but could have led to the over recruitment of mothers who were pro-bodily autonomy and exhibited the aforementioned socioeconomic statuses. Although some of the mothers in the study spoke of

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similarities, none of the participants in the study were the same with the way they engaged with the bodily autonomy socialization of their young children. A third potentially limiting factor, is not asking mothers questions directly about their culture, race, and ethnicity in relation to bodily autonomy. In some conversations, culture, ethnicity, and race were naturally disclosed but it other groups it simply was not discussed by most or all participants. Finally, findings from the study are not generalizable due to these accounts, beliefs, and perspectives belonging to the mothers in the study and the limited sample size.

Ultimately, all the mothers in the study were pro-bodily autonomy in the sense that they used the aforementioned tactics and strategies in acknowledging the importance of their children having a choice to reject or accept affection. Within the findings the mothers indicated that they were pro-bodily autonomy but people including their family, friends, and associates were not and they acknowledged the fact that their thoughts and opinions will not always be the norm within their social networks. Though this study contributes valuable information to the field, there is additional work and future directions that would take this research further. The mothers in the study made specific recommendations for future directions such as incorporating more young mothers in the focus group study along with older moms so they can obtain feedback from one another. Additionally, one mother recommended exploring the varying sexual educational curriculums in various states in order to make connections between policies and the potential of developing a developmentally appropriate curriculum designed around the bodily autonomy of young children. Furthermore, most of the mothers in the study indicated they would "want to know what their husbands would say" or that the study would benefit from a male's perspective due to both the nature of violations and the unique perspective that dads would bring to the study. I agree with these mothers' recommendations and think it would be helpful to incorporate

them in future studies. My own recommendations for future directions include analyzing the social-historical context of touch with diverse groups of people to really seek to understand the origins of both positive and negative relationships with touch. I also believe that it would be valuable to incorporate the perspectives of other caregivers, such as childcare staff, into this work because these are the individuals who are with the children on a consistent basis and aiding in the process of socializing the young children.

Implications and Conclusions

There are many potential benefits of pro-bodily autonomy parenting practices for both mothers and children. The mothers in this study highlighted some of these in discussing their perspectives and beliefs on children's autonomy to say yes or no to touch; specific examples include safety, the ability to advocate on their own behalf, developing a positive and healthy relationship with their bodies, understanding the bidirectional nature of consent with other people, and growing up to be prosocial individuals who respect other people's boundaries. The findings of the study suggest that consent and touch can be taught to children in a developmentally appropriate way without needing to introduce the topic of sex. One mother in the study, Kerry spoke about how she views the importance of bodily autonomy similar to the way she views the importance of understanding your why for anything with a threat involved. Kerry used the analogy with bodily autonomy stating, "If there is not threat of harm, would you still think it [bodily autonomy] is important?". Kerry's statement means the bodily autonomy of young children doesn't just matter for the prevention of sexual assault and abuse but matters because it "helps with [children] reaching developmental milestones". In other words, helping children develop a sense of bodily autonomy early can yield several benefits, helping them form positive and healthy relationships with their body, which is one of the only things that they have that belongs to them; giving them

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the language and skills to create boundaries and respect other people's boundaries; and overall supporting them to be better, more conscious human beings who respect that 'yes' means 'yes' and 'no' means 'no' especially when it comes to issues of consent.

The strategies and tactics the mothers used to support their children's bodily autonomy with respect to touch and affection varied across mothers, but also for their particular children, suggesting that there is no one size fit all model pertaining to socializing children about their bodily autonomy, affection, touch, and consent. The mothers in the study knew their children intimately and were able to pay attention to children's characteristics and cues in order to figure out the best ways to socialize them to be aware of both their own and others' bodily autonomy. This group of mothers provided wonderful tactics and strategies for supporting the bodily autonomy of young children and this study supports the need for more research in the development of a curriculum that is adaptable to multiple people but helps them to help children understand they are respected, seen, and hear through implementing a positive bodily autonomy socialization relationship especially regarding affection. Furthermore, the findings from this study have the potential to provide other people, especially other parents, with strategies and tactics that could be used when socializing their children. This study is a starting point in helping parents, families, educators, children, and people in general understand the importance of pro-bodily autonomy socialization and its benefits for all parties despite living in a world where these benefits are not always seen.

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Mother Focus Group Interview Guide

Thank you all for taking the time out of your day to talk to me. My name is Ireti Adegbesan and I am a second-year master's student at the University of North Carolina Greensboro. We're having this conversation today because I want to hear directly from mothers surrounding your thoughts and opinions about your child's autonomy, appropriate levels of affection, and social "norms". Most importantly, I want to understand from **your point of view** your perspectives and beliefs about your children's bodily autonomy. This means there are no right or wrong ways to answer any of the questions I ask. This session is being recorded but will be de-identified with use of the pseudonyms (fake names) you wrote down in the in-take survey you completed. The goal of this session is to bring you all together to share your thoughts and opinions by engaging in conversation and asking questions of each other as they arise. This is a safe space and please participate at your level of comfortability.

Introductions

First, we are going to begin with a brief introduction stating our names and where we are from. I will reintroduce myself and go first.

Clarify Term and Start of Questions

- As you may remember, I am interested in studying children's "bodily autonomy". Before we began our conversation, I want to explain what this term means for the purposes of this study. Bodily autonomy is defined as:
  - The right to govern over your body and someone's access to your body especially in the realm of physical touch
  - Does anyone have any questions about this definition?

- I now recommend you have your Zoom set to gallery view so that you can see the group altogether, and you keep yourself on mute unless you have something to say, then please unmute yourself. This way we know when someone wishes to speak and can give them our attention with minimal background noise or distractions.

General Questions

Opening: Bodily autonomy and consent are terms not typically talked about together when speaking of children ages 2-6. This conversation will be mostly centered around your young child or children

ages (2-6). I am curious about how you have talked to your kids about their availability to say yes or no to people touching their bodies.

- In what ways have you talked to your child or children about their rights or abilities to say yes or no to people touching their bodies?

  - Follow ups: What are your thoughts to them saying yes or no to a) hugs, b) kisses, c) private parts?

    - When and in what situations have you had conversations related to saying yes or no to bodily touch?
      - Probe: How old was your child when the first time you remembered had these conversations?

    - What makes it ok or not ok for a child to say no to a request for any of the previously discussed bodily touches?

      - Scenario questions:
        - What about a family member?
        - What about other little kids?
        - What about someone not a family member in your home such as your friend?
        - What about a boyfriend, father or husband?
        - What about you?
        - What about if it's a stranger who you had a brief conversation with?
        - What about a coworker?

    - What if someone wants to touch your child in ways that are not as intimate?
      - For example:
        - Pinch a cheek
        - "Taking" your nose
          - Have you seen these things or similar things happen to your kids?
          - What do you think about these interactions?
            - With strangers?
            - Pastors?

- Family Members?
- Your friends?
- You?
  - Have you talked to your kids about this kind of touch and their ability to say yes or no?

  - Have you had specific discussions with your child about communicating verbally or physically when they don't want to be touched? (Probes: Stop, Yuckie)

- In what ways if any have you ever had to advocate on your child's behalf about physical touch?

<u>Instagram Post Activity</u>

Introduction: The following post was shared on social media pertaining to what we are talking about. I would also like to talk about the different perspectives people had about this post.

The Post Reads:

"Normalise asking children for consent to touch them. Whether it is a hug, a kiss, an arm rub. Ask for consent. Teach them from a young age that they have autonomy over their personal space, and they have a right to be upset if it is violated."

- What are your initial thoughts about this post? How would you engage with this post such as a like, reaction emoji, or comment?
- When is it appropriate as a mother not to ask for consent from your child?
- In what ways should children react emotionally if their personal space is violated?
  - Exp. Upset

Additionally, there are some comments.

- I am curious to know how would you engage with these comments on social media such as would you like the comment, would you reply and what would your reply be?
  1. "The fact this is even a conversation is crazy… Children usually show us if they don't want to be hugged or touched."

     o What is your reaction to this post? How would you engage with this comment?

     o How do your kids show you if they don't want to be hugged or touched?

2. "This is too much! They Don't Even Know What Space Is, Just Don't Put Them Around Someone You Yourself Don't Feel Comfortable Being Around… Parents Need To Make That Decision For Them Until They're Of Age To Understand"
   - What is your reaction to this post? How would you engage with this comment?
     - Does controlling who your kids are around keep them away from unwanted touch?

3. "Absolutely. Stop telling them to hug the weird play uncle and aunt."
   - What is your reaction to this post? How would you engage with this comment?
   - Do you tell your child to hug anyone when they don't want to? If yes who?

4. "Yes I agree. I am always respectful to a child's space. Just because their children does not mean they have to have people all in their space."
   - What is your reaction to this post? How would you engage with this comment?
   - What role do you play if any in advocating for other kids beside your children's' space and their right to say yes or no?
     - Such as your a) friends children b) your nieces and nephews c)
   - As a mother do you feel like your role to advocate for your child is different than someone who is not?
     - Probe: Such as their father, sibling or other caregivers
   - As a mother do you feel like you should advocate for all children?

5. "Absolutely. They need to know their voice matters early so they can speak with confidence as adults. Plus, they can sense things adults can't."
   - What is your reaction to this post? How would you engage with this comment?
   - Do you see a connection between learning about the ability to say yes or no or maybe early in life and their ability to speak up later in life?

6. Trigger Alert: <u>This comment briefly mentions childhood sexual abuse and I invite you to engage with it according to your level of comfortability:</u> "100!! As a survivor of childhood sexual abuse I wish this would have been taught to me early on. Once my little sister has the ability to talk I taught her No-No spots"

- Did this comment invoke any feeling and emotions?
  - If you are comfortable sharing, what feelings and emotions came to mind?
- What is your reaction to this post? How would you engage with this comment?
- Where and how did your child learn about their no no spots? (In school, on Youtube, from you etc.)

<div align="center">Concluding Questions:</div>

o How do you feel after having this conversation?

o Has this activity or the perspectives of the other mothers made you think more or think differently about talking with your child about consent, and if so how?

o Given my interest in your thoughts and opinions about bodily touch and practices surrounding young children, is there anything else you might want to add that will help me in understanding this topic?

<div align="center">Closing Remarks:</div>

- Do you have any questions, comments or concerns pertaining to anything we discussed before we end the focus group today?

Thank you so much for talking with me and agreeing to participate in this focus group. I may be reaching out soon to ask you if you are interested in participating in a follow-up individual interview to share more about your individual perspective and beliefs. Also, throughout the process of writing my thesis I may reach out to you to make sure I am capturing your perspective accurately in my writing. The e-gift cards will be distributed shortly. Once again, thank you so much for participating in this focus group today and I greatly appreciate the time and effort you put into answering these questions.

APPENDIX B: SEMI-STRUCTURED INTERVIEW QUESTIONS

Semi-structured Interview Guide
Thank you for agreeing to speak to me again. This time I am interested in diving deeper insight into your individual perspective and beliefs about your child's bodily autonomy. Your beliefs and perspectives during the focus group stood out to me and I am excited to learn more. Once again, I want to remind you there are no right and wrong answers and I value your thoughts and opinions.
1. What part or parts of the focus group really stood out to you and why?
2. Is there anything you said in the focus group that you would like to elaborate on?

3. Have you ever had a conversation with other adults about the bodily autonomy of young children outside of the focus group?
    ● If yes, how did that conversation go?
    ● If not, why do you think that is? And are you willing to discuss this with your family and friends?

4. Have you received any information or resources from caregivers or childcare providers about teaching your child about their body in relation to a) safety and b) overall choice (the right to say yes or no)?
5. What role do you think the media such as the news, Instagram, Twitter and Facebook contribute to your thinking related to this topic and your child(ren)?
6. After the focus group has any part of your parenting routine changed, such as having any conversations with your child or others about bodily autonomy?
7. To the extent you feel comfortable sharing, as a young child, what can you recall about any times where you accepted affection from an adult and/or child that didn't feel ok? How it was that perceived?
8. To the extent you feel comfortable sharing, as a young child, what can you recall any times where you rejected affection from an adult and/or child? How it was that perceived?

9. Tell me about any advice you were given if any when you were a young child related to consent meaning your ability to say yes or no to bodily touch.
   - Your parents, people who raised you, childcare programs

10. What would you say to another parent pertaining to talking about consent with your child now after being a part of the focus group and this conversation?
    - Follow-Up; is there something you would say now after being a part of the study, that you may have not said before?

11. Given my interest in your thoughts and opinions about bodily touch and practices surrounding young children, is there anything else you might want to add that will help me in understanding this topic?

Thank you so much for agreeing to participate in both aspects of this study. Throughout the process of writing my thesis I may reach out to you to make sure I am capturing your perspective accurately in my writing. Also, the second e-gift card will be distributed shortly.