

Identifying Body Parts and Personal Safety Education

OUR POSITION:

Bravehearts advocates for:

- **Accurate Anatomical Terms to be Used Consistently:** Children should be taught correct names for all private body parts (e.g., vulva, vagina, penis, testicles, buttocks, breasts).
- **Encourage Open, Judgement-free Dialogue:** Foster an environment where questions about bodies are welcomed and answered honestly.
- **Teach Body Autonomy and Boundaries:** Combine anatomical knowledge with lessons on personal space, consent, and body autonomy.
- **Normalise Safety and Reporting:** Make discussions about feelings, safety, and boundaries routine so that children see these conversations as normal.

Background

Personal safety education is an essential component of child development, aiming to equip children with the knowledge and skills necessary to recognise unsafe situations, establish boundaries, and seek help when needed. A foundational aspect of this education is teaching children the correct anatomical names for their private body parts (Milam & Nugent, 2017). Although sometimes overlooked or considered uncomfortable, this practice plays a critical role in communication, empowerment, body autonomy, and long-term health outcomes. This Briefing Paper explores the significance of using accurate terminology in personal safety education and highlights the protective benefits it provides for children.

Clear and Accurate Communication

Using the correct names of private body parts enables children to clearly describe their bodies and articulate concerns without ambiguity. When children rely on euphemisms or vague labels such as “down there” or playful nicknames, important information can be misinterpreted or dismissed.

In situations involving inappropriate or harmful contact, accurate language becomes crucial for ensuring disclosures are taken seriously and understood by caregivers, educators, and professionals (Brennan & McElvaney, 2020; Burrows et.al., 2017; Worling et.al., 2017). Precision in communication supports timely intervention and enhances a child’s ability to advocate for their own wellbeing

Reducing Shame and Stigma

Introducing proper anatomical terms helps normalize conversations about the body and reduces the stigma often associated with private parts. Cultural discomfort and taboos surrounding these terms can lead children to feel shame or embarrassment, discouraging them from discussing their bodies

openly. When adults model straightforward language and encourage body awareness without judgement, children learn that all parts of their body are natural and worthy of respect (Ahn, 2022). This reduction in secrecy is an important protective factor because silence can otherwise create opportunities for abuse to go unnoticed (Morrison, Bruce & Wilson, 2018).

Promoting Body Autonomy and Boundary Awareness

Understanding the names and functions of private body parts forms the basis for teaching body autonomy, the concept that each person has control over their own body. Clear terminology supports conversations about personal boundaries, helping children identify which areas are private, who may touch those areas, and under what circumstances (e.g., medical care with a trusted adult present). Empowering children with this knowledge enhances their ability to recognise inappropriate behaviour, assert boundaries confidently, and disclose concerns if they arise (Craig, 2022; Milam & Nugent, 2017). This education serves as a preventative measure against potential victimisation.

Supporting Health and Developmental Education

Teaching anatomical language contributes positively to children's overall health literacy. When children can accurately describe discomfort, pain, or changes in their bodies, healthcare providers can assess and respond more effectively. Moreover, establishing correct terminology early provides a solid foundation for future learning about puberty, consent, sexual health, and personal wellbeing. Open communication about the body throughout childhood encourages ongoing trust and engagement in discussions related to physical and emotional health.

Bravehearts Position

Teaching children the correct names of their private body parts is far more than a linguistic choice, it is a critical element of personal safety education. Accurate terminology fosters clear communication, minimizes shame, strengthens body autonomy, and supports healthy development. By normalising discussions about anatomy and empowering children to speak confidently about their bodies, parents and educators help create safer environments where children are better equipped to recognise and report concerns. Integrating this practice into everyday interactions ultimately contributes to the protection, dignity, and wellbeing of every child. Bravehearts advocates for:

- **Accurate Anatomical Terms to be Used Consistently:** Children should be taught correct names for all private body parts (e.g., vulva, vagina, penis, testicles, buttocks, breasts). Correct language should be modelled in daily conversations (e.g., during bath time, medical visits, or when discussing injuries).
- **Encourage Open, Judgement-free Dialogue:** Foster an environment where questions about bodies are welcomed and answered honestly. Use mistakes or playful language as opportunities for gentle correction, not shame.
- **Teach Body Autonomy and Boundaries:** Combine anatomical knowledge with lessons on personal space, consent, and body autonomy. Help children understand that their body belongs to them and that they have the right to say “no” to unwanted touch.

- Normalise Safety and Reporting: Make discussions about feelings, safety, and boundaries routine so that children see these conversations as normal. Encourage children to report discomfort or inappropriate behaviour promptly.

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