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# **NCSBY Fact Sheet**

## Sexual Development and Sexual Behavior Problems in Children Ages 2-12

This Fact Sheet provides basic information about sexual development and problematic sexual behavior in children ages 2-12. This information is important for parents and professionals who work with or provide services to children such as teachers, physicians, child welfare personnel, daycare providers, and mental health professionals. Understanding children's typical sexual development, knowledge, and behavior is necessary to accurately identify sexual behavior problems in children. Guidelines to distinguish typical sexual behaviors from problematic sexual behaviors are described below.

Research on sexual behavior of children ages 2 to 12 has documented that:

• sexual responses are present from birth;<sup>1</sup>

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- a wide range of sexual behaviors for this age range are normal and non-problematic; <sup>1, 2</sup>
- increasing numbers of school age children are being identified with inappropriate or aggressive sexual behavior;<sup>3</sup> it is not clear if this increase reflects an increase in the actual number of cases or an increase in identification and reporting;
- several treatment interventions have been found to be effective in reducing problematic sexual behavior in children, such as cognitive behavioral group treatment;<sup>4, 5</sup> and
- sexual development and behavior are influenced by social, familial, and cultural factors, as well as genetics and biology.<sup>7</sup>

Typical **sexual knowledge** of children age 2 to 6 years old:

- understand that boys and girls have different private parts;
- know labels for sexual body parts, but use slang words such as weenie for penis; and
- have limited information about pregnancy and childbirth.

Typical sexual knowledge of children ages 7 to 12 years old:

- learn the correct names for the genitals but use slang terms;
- have increased knowledge about masturbation, intercourse, and pregnancy; and
- understand the physical aspects of puberty by age 10.







## Common vs. Infrequent Sexual Behaviors in Children

In the last decade, research has described typical sexual behaviors in boys and girls ages 2-12.<sup>2</sup> The table below lists sexual behaviors that are commonly observed or reported by parents of pre-school and school age children.

COMMON SEXUAL BEHAVIORS	
AGES 2-6	AGES 7-12
Do not have a strong sense of modesty, enjoys own nudity	Sexual play with children they know, such as playing "doctor"
Use elimination words with peers	Interested in sexual content in media (TV, movies, radio)
May explore body differences between girls and boys	Touch own genitals at home, in private
Curious about sexual and genital parts	Look at nude pictures
Touch their private parts, even in public	Interested in the opposite sex
Exhibit sex play with peers and siblings; playing "doctor"	Shy about undressing
Experience pleasure from touching their genitals	Shy around strange men

Research has also described infrequent and uncommon sexual behaviors in boys and girls ages 2-12.<sup>2</sup> The table below lists sexual behaviors that are reported by parents of pre-school and school age children to be infrequent or highly unusual.

<b>INFREQUENT</b> SEXUAL BEHAVIORS AGES 2 - 12	
Puts mouth on sex parts	Asks to engage in sex acts
Puts objects in rectum or vagina	Imitates intercourse
Masturbates with objects	Undresses other people
Touches others' sex parts after being told not to	Asks to watch sexually explicit television
Touches adults' sex parts	Makes sexual sounds

## Sexual Play vs. Problematic Sexual Behavior

Professionals in the field have developed a continuum of sexual behaviors that range from common sexual play to problematic sexual behavior.<sup>10</sup> These are described below.

### Sexual play

- is exploratory and spontaneous;
- occurs intermittently and by mutual agreement;
- occurs with children of similar age, size, or developmental level, such as siblings, cousins, or peers;
- is not associated with high levels of fear, anger, or anxiety;
- decreases when told by caregivers to stop; and
- can be controlled by increased supervision.

#### Problematic sexual behavior

• is a frequent, repeated behavior, such as compulsive masturbation;

Example: A six-year-old repeatedly masturbates at school or in other public places.

- occurs between children who do not know each other well;
  - Example: An eight-year-old girl shows her private parts to a new child during an after school program.
- occurs with high frequency and interferes with normal childhood activities; Example: A seven-year-old girl has been removed from the soccer team because she continues to touch other children's private parts.
- is between children of different ages, size, and development level; Example: An eleven-year-old boy is "playing doctor" with a three-year-old girl.
- is aggressive, forced, or coerced; Example: A ten-year-old threatens his six-year-old cousin and makes him touch his penis.
- does not decrease after the child is told to stop the behavior;
  Example: A nine-year-old child continues to engage other children in mutual touching after being told the behavior is not allowed and having consequences, such as being grounded.
- causes harm to the child or others.
  - Example: A child causes physical injury, such as bruising, redness, or abrasions on themselves or another child, or causes another child to be highly upset or fearful.<sup>9</sup>

## Children With Sexual Behavior Problems

Children with sexual behavior problems (SBPs) are children 12 years and under who demonstrate developmentally inappropriate or aggressive sexual behavior. This definition includes self-focused sexual behavior, such as frequent public masturbation, and intrusive or aggressive sexual behavior towards others that may include coercion or force. Although the term "sexual" is used, the children's intentions and motivations for these behaviors may be unrelated to sexual gratification.

Some children who have been sexually abused have inappropriate sexual behaviors and others have aggressive or highly problematic sexual behavior.<sup>8</sup> However, it should be noted that the majority of children who have been sexually abused do not have subsequent inappropriate or aggressive sexual behaviors.

Although only a small number of children develop problematic sexual behavior, professionals and parents may have concerns about (1) whether the behavior is problematic, (2) whether a child should be referred for mental health services, and (3) when an incident should be reported to the proper authorities.

Suggestions for professionals and parents are listed below:

- Do not overreact as most sexual behaviors in children are within the typical or expected range.
- Inappropriate or problematic sexual behavior in children is not a clear indicator that a child has been sexually abused.
- Most children will stop the behavior if they are told the rules, mildly restricted, well supervised, and praised for appropriate behavior.
- If the sexual behavior is problematic as defined above, referral for mental health services is recommended.
- It is important to remember that children with problematic sexual behavior are significantly different from adolescent and adult sex offenders.
- A report to Child Protective Services (CPS) and/or law enforcement may be required by law for certain behaviors such as aggressive or forced sexual behavior.

Additional information about adolescent sex offenders and children with sexual behavior problems is available from the **National Center on Sexual Behavior of** Youth, www.ncsby.org.

#### **Reference:**

<sup>1</sup>Gordon, B. N., & Schroeder, C. S. (1995). *Sexuality: A developmental approach to problems*. New York: Plenum Press. <sup>2</sup>Friedrich, W. N., Grambsch, P., Broughton, D., Kuiper, J., & Beilke, R. L. (1991). Normative sexual behavior in children.

*Pediatrics, 88, 456-464.* <sup>3</sup>Araji, S. K. (1997). *Sexually aggressive children: Coming to understand them.* Thousand Oaks, CA: Sage.

<sup>4</sup>Bonner, B. L., Walker, C. E., & Berliner, L. (1999). *Children with sexual behavior problems: Assessment and treatment* (Final Report, Grant No. 90-CA-1469). Washington, DC: Administration of Children, Youth, and Families, Department of Health and Human Services.

<sup>5</sup>Pithers, W. D., Gray, A., Busconi, A., & Houchens, P. (1998). Children with sexual behavior problems: Identification of five distinct child type and related treatment considerations. *Child Maltreatment*, *3*, 384-406.

<sup>6</sup>DeLamater, J., & Friedrich, W. N. (2002). Human sexual development. *The Journal of Sex Research, 39*, 10-14.

<sup>7</sup>Silovsky, J. F., & Bonner, B. L. (2003). Children with sexual behavior problems. In T.H. Ollendick, & C.S. Schroeder (Eds.), *Encyclopedia of Clinical Child and Pediatric Psychology* (pp.589-591). New York: Kluwer Press.

<sup>8</sup>Kendall-Tackett, K. A., Williams, L. M., & Finkelhor, D. (1993). Impact of sexual abuse on children: A review and synthesis of recent empirical studies. *Psychological Bulletin*, 113, 164-180.

<sup>9</sup>Hall, D. H., Matthews, F., Pearce, J., Sarlo-McGarvey, N., & Gavin, D. (1996). *The development of sexual behavior problems in children and youth*. Ontario, Canada: Central Toronto Youth Services.

<sup>10</sup> Johnson, T. C. (1998). Understanding children's sexual behaviors: What is natural and healthy. Order information www.TcavJohn.com.

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