# Sexual Behavior and Children: When Is It a Problem and What to Do About It

Children develop sexually, just as they develop physically, emotionally and socially. Even young children have sexual feelings and may engage in sexual behavior (such as touching their sex parts or saying dirty words).

Sexual behavior can be a problem when it is developementally inappropriate or involves other children. It is always a problem if it involves pressuring or forcing other children. It can also be a problem if the family does not consider the behavior normal or acceptable.

This handout is designed to help you to:

- I Know what sexual behavior in children is normal and what is not normal.
- Dunderstand some of the reactions caregivers can have.
- 2 Learn effective ways of correcting sexual misbehavior.

## **Progression of Normal Sexual Development**

Normal sexual development happens gradually and the process can vary among children. Just because a child's development is slower or faster than others does not mean something is wrong. Children have different characteristics, temperament and experiences; families have different values and practices. The following are meant to be guidelines only.

**Preschool.** Young children are generally curious about their bodies and explore them. Touching their own sexual body parts is common and normal. Children are also curious about adult bodies and may try to touch adult sexual body parts, such as their mother's breasts. Children this age may be interested in bathroom activities and enjoy talking about or watching them. At about age four or five sexual behavior becomes more social. Children may play games such as "Doctor" in which they look at and touch one another's sexual body parts. By age five, most children have asked some questions about sex, such as where babies come from, physical differences between males and females, body organs and functions, and the coming of another baby.

*Grade School.* Children continue their interest in their bodies, but by this age they are more aware of the social rules for sexual talk and behavior. They also develop a sense of modesty and can be very sensitive to being seen undressed or bathing. As a result, sexual behavior is more likely to be hidden from adults. On the other hand, children may have heard sexual terms and slang for body parts, and enjoy saying dirty words to get a reaction. Telling dirty jokes or saying sexual words can be a source of amusement.

It is not unusual for children to play sex games with other children or masturbate (touching their sexual body parts). Children also become increasingly curious about adult sexual behavior. By age 10, many children are showing the first signs of puberty, and their interest in what this means increases.

**Middle School/Junior High.** At this time, children become increasingly aware of their own sexual feelings that naturally go along with puberty. Children may start masturbating for the sexual feelings. Children may engage in experimental sexual activity with other children. Sometimes this involves children of the same sex. They begin to develop an interest in romantic relationships. It is common to

have crushes on peers or adults. Sexually related activity may involve hand holding, kissing and fondling. Questions about sexuality may shift to the father's role in pregnancy, the process of birth, and sexual relationships in general.

# **Problem Sexual Behavior**

A child's sexual behavior can be a problem if it is out of the ordinary for his or her stage of development, interferes with normal interests and activities, involves other children in a way that is upsetting, takes advantage of children who are younger, or involves pressure or force. Behaviors that are public, disruptive and continue in spite of efforts to stop them, or bother or hurt other children are most likely to require professional help.

The following behaviors *do not* occur with most children and are generally considered to be sexual behavior problems:

- Excessive preoccupation with sexual words, sexual body parts and sexual activity, especially when seen in school-age or older children.
- Repeated display of sexual body parts in public, especially when seen in school-age or older children.
- Persistent, secretive sex play with other children after being told not to.
- Putting objects in sexual body parts.
- Imitating or trying to have sexual intercourse with toys, pets or other children, especially in preschool or school age children.
- Doing sexual things with much younger children or children who are emotionally or socially at a much younger stage of development.
- Pressuring or forcing others into sexual activity of any kind.

## Why Does this Happen?

There are different causes of sexual behavior problems in children. Since sexual behavior is learned, in most cases it is the result of what children have seen or experienced. Children may see sexual behavior of parents, older siblings or baby sitters, or on television and in magazines. Some children who are sexually abused act out sexually or become sexualized. In families where there is a lot of conflict or stress, children may begin to act in sexual ways. Other factors may contribute to sexual behavior problems, including trouble controlling impulses, difficulty getting along with others, or not being watched closely enough by parents or caregivers.

However unusual sexual behavior begins, it can take on a life of its own. It may continue because it feels good, is calming or distracting. Some children may develop a habit of touching their sexual body parts while watching TV or when they are nervous, without even realizing they are doing it. In other cases, sexual behavior continues because it gets attention (usually in the form of a shocked reaction from adults) or because it is forbidden and exciting to other children.

Some children have trouble controlling themselves or like to get control over others. Aggressive sexual behavior is most often seen in children who have other behavior problems and a lot of anger and hostility.

It is important to deal directly with the child's behavior as well as why is started. If the child has been sexually abused, exposed to sexually explicit behavior, or there are family problems, these problems need to be addressed as well.

## **Common Reactions**

In many cases, caregivers are the first ones to notice that their child is behaving in a sexually unusual or inappropriate way. They may not be sure that it really is a problem or know what to do about it. Sometimes caregivers assume that the cause must be sexual abuse. Since this is a common cause of unusual sexual behavior, sexual abuse is important to consider but is not the only explanation.

Sometimes caregivers learn about their child's unusual sexual behavior from the parents of other children, day care or school workers, Child Protective Services or even the police. When caregivers haven't actually seen the child behaving in this way it can be hard to believe it really happened. Caregivers usually feel embarrassed or upset. It is also normal for them to want to defend their child against accusations.

#### Some common reactions include:

*It did not happen. My child would not do that.* Sexual misbehavior does not usually happen in front of caregivers or other adults; it is usually discovered by accident or because another child tells. If a child denies the behavior, it is still important to keep an open mind about the possibility and take it seriously. If the child really does have a problem, he or she needs to face up to it and get help.

*It's not that big of a deal. People are overreacting.* This can be true because many people are very sensitive about sexual behavior in children. The most important thing to do is to find out exactly what happened and make a plan to make sure it doesn't happen again. If other parents or professionals are upset or very concerned, it is a good idea to consult with a professional to figure out the best course of action. Not doing anything about the situation can have serious consequences for the child (e.g., kicked out of school, not allowed to play with other kids, authorities become involved).

*If people find out there will be a record with CPS or the police.* Professionals who work with children are required by law to report suspected child abuse to the Child Protective Service (CPS) or the police. When children engage in unusual or aggressive sexual behavior it is possible that they are being abused or that something is wrong at home. A qualified professional can determine whether CPS needs to get involved to make sure children are safe. If children are not safe, their problems are likely to continue.

*My child is going to become a sex offender.* Some sexual misbehavior is relatively minor and will stop once parents set up clear expectations. Children with persistent sexual behavior problems who get effective treatement have no greater likelihood of sexual misbehavior later on than children who have other kinds of problems in childhood. There is always some risk, but it is low if the behavior is handled well at the time.

## Helping Children Change Their Behavior

Sexual behavior problems are learned, usually from what children have seen or experienced. This means that the behavior can be changed with help from caring adults. If sexual behavior problems are dealt with quickly, there is no reason to believe that children will have problems when they get older.

There are a few key steps to change. Caregivers can manage some behaviors without going to counseling, but it is often helpful to have a consultation with a qualified professional. When the behavior is very serious, is harmful to others, or persists even after caregivers try to address it, it is best to get counseling from a qualified professional. Studies show that specific, structured sexual behavior problem therapy is very effective and only takes a few months.

# Key steps:

**Step 1.** Make sure the child is supervised around other children until the problem has been addressed. **Step 2.** Find out as much as possible about the behavior: exactly what is the behavior, how often does it happen and in what situations, how has it been handled.

*Step 3.* Make sure the child knows exactly what behavior is allowed and what is not. Praise positive behavior. Have clear and consistent consequences for misbehavior. Give children the skills to handle emotions or temptations.

**Step 4.** Create a family environment that does not expose children to sexual behaviors, conversations or materials (videos, TV, video games). Have clear rules about privacy.

## How do I know if a professional is qualified to help with sexual behavior problems?

Be a good consumer and ask questions about:

- 1. Training and experience with sexual behavior problems.
- 2. The type of treatment. It should be evidence based: Short term (usually less than 6 months); teaches children rules for sexual behavior and skills to handle difficult emotions or temptations; involves caregivers in every session as full partners in setting up household rules and expectations and learning skills to manage the sexual behavior constructively.

## **Promoting Healthy Sexuality**

Taking care of the sexual behavior problems is an important step in helping children develop normally. Children need correct information about sexual development, and to be educated about sex and reproduction. It is important for families to talk about when they think it is right for people to have sexual relationships. These are some basic principles many people believe about sexual relationships:

- 1. Sexual relationships should always be between people who both want it.
- 2. Sexual relationships are best when they happen as part of a meaningful and caring relationship.
- 3. People in sexual relationships need to be old enough and responsible enough to accept whatever could happen as a result, such as pregnancy.

Many caregivers find it difficult to talk with their children about sexuality and sexual relationships, even though they know they should. But it is very important for parents to take the major responsibility for educating their children. Caregivers can get help on how to do this from their doctor, friends or church. Movies, books and programs are also available.