

Frequently Asked Questions – about children who display problem sexual behaviours

What is normal sexual behaviour in children?

Children develop sexually just as they do emotionally, physically and mentally.

Many children engage in sexual behaviours and show sexual interests throughout their childhood, even though they have not yet reached puberty. However, normal age and stage appropriate sexual behaviours are usually not openly sexual, are more exploratory and playful in nature, do not show a preoccupation with sexual interactions, and are not hostile, aggressive, or hurtful to self or others.

Normally sexual behaviour develops over time, with children showing curiosity and experimentation with self and others.

- Involves equal sharing by participants “You show me yours... and I’ll show you mine”
- Children of similar age, size, developmental stage
- Sexual play is voluntary, fun and spontaneous
- Balanced by curiosity about other aspects of life
- If discovered, child may be embarrassed, but not angry, ashamed or fearful
- Behaviours generally diminishes if asked to stop, at least in view of adults

Adults who observe sexual behaviours in children should consider whether it is within the age and stage appropriate range. Even if the behaviour is within the age and stage appropriate range the child should still receive some information or correction as to appropriate behaviour, age, time and place, e.g. your body is a private thing, this is not an appropriate place for that kind of behaviour.

Please read the [DHHS Age Appropriate Sexual Behaviour in Children And Young People Guidelines](#) for more information.

Examples of age and stage appropriate sexual behaviour in children aged 5-7 years include:

- “I’ll show you mine and you show me yours” conversations with peers
- Self touching - including exploratory masturbation with hand.
- Playing doctors and nurses/ mummies and daddies with peers
- Toilet talk
- Kissing/ holding hands with peers

Examples of age and stage appropriate sexual behaviour in children aged 8-12 years include:

- Occasional masturbation
- Reproduction conversations with peers
- Comparing genitals with peers
- Kissing and flirting
- Sexual talk and jokes with peers.

When is sexual behaviour in children a problem?

Although the term “sexual” is used, the child’s/ young person’s intentions and motivations for these behaviours may be unrelated to sexual gratification.

Inappropriate and harmful sexual activity by or between children/young people of any age is harmful if it involves:

- coercion, bribery, aggression, behaviour with an intent to harm and/or cause violence
- behaviour that is abnormal for age and/or developmental
- capability, compulsive, excessive and/or degrading
- a substantial difference in age and/or developmental ability between participants.
- includes behaviour that is self-directed as well as behaviour that is directed towards others

Behaviours are a problem when:

- It puts the child at risk, interferes with other developmental tasks, interferes in relationships, violates rules, is harmful to the child or if the child believes the behaviour is a problem,
- Others feel uncomfortable, the behaviour occurs in the wrong time or place, the behaviour conflicts with family or community values, or the behaviour is harmful or concerning to others,
- It elicits complaints from other children or adults,
- When the behaviour does not respond to correction,
- When the behaviour is part of a pattern of behaviour that suggests the child does not understand boundaries,
- Sexual behaviour is harmful if it involves other children without consent, or if two children are not equal, or if one child is pressured or coerced.

What language is best used to describe/discuss these behaviours?

The following language is helpful because it describes behaviour, rather than labelling the child/young person, it is important to separate the person from the behaviour, as this can hamper the child's ability to see themselves separate from the behaviours and thus be able to change the behaviour:

- Concerning sexual behaviours
- Problem sexual behaviours
- Harmful; sexual behaviours

We strongly advocate that adults do not label children as sexual offenders, sexual abusers or molesters, or use terms such as paedophile, pervert or predator.

It is appropriate however to use language that describes the behaviour though does not shame or blame the child. Shame and blame harms children's self-esteem and sense of sense.

For children who have witnessed problem sexual behaviours of other children/young people so suggest using the term 'child who was harmed or witnessed' rather than the term victim.

If a child displays sexualised behaviours, does that mean that they have been sexually abused?

Not necessarily, although there is some correlation between young children who display problem sexual behaviours and having been sexually abused, it is important to note that the sexual behaviours of a child are not sufficient to assume sexual abuse.

Between 35 and 50 per cent of children that display problem sexual behaviours have experienced sexual abuse, and around the same proportion have experienced physical or emotional abuse or neglect or have witnessed parental violence¹.

Young children who display sexualised behaviour are more likely to have been abused themselves in some way, as young children are more likely to replicate behaviours.

Factors that contribute to children and young people developing problem sexual behaviours, include:

- Experiences of early trauma
- Experiences of sexual abuse
- Witnessing family violence and abuse.
- Lack of or disorganised parent-child attachment
- Difficulty in processing up/ down arousal regulation
- Exposure to adult sexual activity
- Exposure to sexually explicit material (internet, pornography, videos)
- Physical abuse and emotional neglect

Questions to consider when assessing age and stage appropriate sexual behaviours in children and young people?

- Does the person appear unable to stop him/herself, even when redirected?
- Is this behaviour increasing in frequency, intensity, and intrusiveness?
- Is there a 'function' to the behaviours? E.g. are they experiencing anxiety and is the child/young person trying to self-soothe and regulate internal states?
- Does the person engage in aggression or verbal expressions of anger after the behaviour?
- Does the child/ young person behave in ways more consistent with adult sexual activity?
- Is the behaviour negatively affecting others?

Won't they just grow out of it?

Intervening early is the most important factor to stopping behaviours and keeping children and young people safe.

- If children get the right guidance and support from the adults around them, they will likely stop their behaviours.
- Some children are not able to stop without further support, and these children may benefit from attending the CASACV Refocus Program.

Should adults just ignore these behaviours in children if they are considered age and stage appropriate?

- Although the behaviours may be within age and stage appropriate range, they may not be appropriate for the setting (i.e. showing genitals in the school playground)
- If it is not appropriate for the setting, it is recommended that adults view this as a teachable moment. It is an opportunity to teach children about boundaries and the difference between private and public behaviour

If you would like advice on how to respond, please contact us, or consider attending one of our training and education workshops – see our [training and education webpage](#) for more details.

What can CASACV do to help?

CASACV has a program called REFOCUS that helps children and young people (aged 4-18 years) who display problem sexual behaviours, or sexually abusive behaviours, stop their problem behaviours and re-establish age and stage appropriate sexual development. REFOCUS is an intensive intervention program run by trained clinical staff.

How does the REFOCUS program work?

The program is an evidence based therapeutic program and utilises a range of therapeutic approaches (including play based and art therapy-based elements) to engage the child in the journey to healing. The REFOCUS program reflects the principals of the [CEASE Standards of Practice](#) for problem sexual behaviours and sexually abusive treatment programs

Following a referral, we establish whether the sexual behaviour meets the criteria for the Refocus program - please read the [CASACV REFOCUS Eligibility Guidelines](#), a thorough assessment is then undertaken of the child and their situation. We tailor our programs depending on the child's age (whether they are under or over 10) and their cognitive development we create a tailor-made program designed to treat behaviours.

Trained counsellors work with everyone in the child or young person's life – including family, carers, schools and other supports. Our counsellors provide guidance and support as well as advocacy to child protection and other involved agencies.

How can a child or young person join the REFOCUS program?

Referrals can be made by parents, school staff, Victoria Police or DHHS Child Protection.

Participation can be voluntary with family support or can be a requirement of child protection as part of a therapeutic treatment order program (if it is court directed).

Please read the [CASACV REFOCUS Eligibility Guidelines](#), then go to our [REFOCUS online referral form](#) to complete or call CASACV for more information.

ⁱ Victorian Government Department of Human Services (2012) Children with problem sexual behaviours and their families: Best interests case practice model. Specialist practice resource. Melbourne, Australia,