

Age Appropriate Sexual Behaviours in Children and Young People

Information for carers, professionals and the general public

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Disclaimer

While every effort has been made to ensure its accuracy at the date of publication, the information in this book is in the nature of general comment and guidance only. It should not be interpreted as clinical or legal advice, nor should it be taken as being completely free of any error or omission. The South Eastern Centre Against Sexual Assault & Family Violence and Monash Health expressly disclaim any liability to any person in respect of any loss, damage, or injury of any kind which may be caused by or result from reliance on, use of, or dissemination of any kind of information contained in this book.

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Definitions

The following definitions are used in this book:

Children and young people generally	Those aged 0 - 18 years
Age of criminal responsibility	10 years and over (in Victoria)
Age of consent to sexual activity	12 years and over (in Victoria)
Carers	<ul style="list-style-type: none"> • Foster carers • Kinship carers • Residential care workers • Group home parents • Parents
Professionals who work with children and young people	<ul style="list-style-type: none"> • Child-care workers • Pre-school teachers • Primary school teachers • Educators • Community health workers • Maternal and child health nurses • School counsellors • Family day carers • Out of hours school care coordinators • Social workers • Psychologists • Counsellors • Welfare workers • Youth workers • Corrections staff
Normative, or age appropriate, sexual behaviour	Sexual behaviour that is part of the normal growing up process. Normative behaviours change over time.
Problem sexual behaviour (PSB)	<p>As defined in Victoria’s Children, Youth and Families Act (2005) – other states may use different terminology.</p> <p>Behaviours by children under 10 years that may cause harm to themselves or others. These behaviours may be listed in this book as ‘concerning’ or ‘very concerning’.</p>
*Sexually abusive behaviour (SAB)	<p>As defined in Victoria’s Children, Youth and Families Act (2005) – other states may use different terminology.</p> <p>Behaviours listed in this book as ‘concerning’ or ‘very concerning’ by children/young people 10 years and over.</p>
Sexualised behaviours	A commonly used term for problematic and sexually abusive behaviours grouped together.

*Sexually abusive behaviour treatment programs are provided by several agencies in Victoria. Contact details are given in “**Seek further advice or make a referral**”.

Purpose of this book

Determining what is age appropriate sexual behaviour is a challenge for all those who work with children and young people.

This book provides information which may help you to:

- Understand what is normative (age appropriate) sexual behaviour and sexual behaviours that are concerning, and very concerning (abusive)
- Determine when you should be concerned about a child or young person's sexual behaviour
- Determine when further professional advice is required, and know who to contact.

This updated second edition includes the impact of online and digital activities on children and young people's behaviours which are challenging carers and professionals in new ways.

With sexting and sending naked images, questions are being asked such as:

- Are these activities appropriate?
- Are these behaviours legal?
- Are they part of normative behaviour and adolescent flirting, or abusive behaviour?

The problem is not that young people use technology. It is appropriate for them to develop technology skills and knowledge that they will need throughout their life.

Problems arise when young people use technology to engage in sexually problematic or abusive behaviours, which at times may be seen as bullying or blackmailing others, transmitting images or videos that are illegal under current legislation, or come into contact online with people who seek to exploit them.

We know that if concerning sexual behaviours are not responded to early, problems may emerge in children and young people's sexual development.

We also know that some children and young people are more at risk of developing concerning sexual behaviours.

Things to consider about sexual behaviour

Influences on children and young people's sexual behaviour

There are many influences on children and young people's sexual behaviour. Most problem sexual behaviours are not due to a background history of sexual abuse. Age appropriate sexual behaviours can become disrupted in children and young people for several reasons. These include but are not limited to:

- Accidental/non-accidental exposure to sexually explicit material such as internet pornography, or other forms of pornography
- Exposure to adult sexual activity
- Physical abuse and emotional neglect (cumulative harm)
- Being exposed to family violence
- Re-enacting one's own childhood abuse
- Loss of significant others.

Values about sexuality

When we evaluate children and young people's sexual behaviours, it is important that we consider and understand our own values about sexuality and sexual practices. There have been many changes over the past 30 years in mainstream Western attitudes about sex. Because of this some children and young people are increasingly exposed to sexual themes in their homes, amongst their peers, whilst online and via other media exposure.

It is clear that today's sexual environment is different from the environment in which many carers and professionals grew up. Our views on what is appropriate and what is normative may not be a useful or accurate guide to what passes for 'OK' or 'normal' today.

To help us make decisions about what is age appropriate sexual behaviour, and what is concerning, it may be useful to refer to information in this book rather than rely on assumptions based on personal experience or values. This book is intended to help you make an objective evaluation or assessment.

Sexual development and sexual behaviours

Child development incorporates physical, emotional, cognitive and sexual development. Children and young people develop sexually, just as they do emotionally, mentally, cognitively and physically. The range of normative, age appropriate sexual behaviour changes as a child or young person grows and develops.

Most sexual behaviour displayed by children and young people will "sit within" a normative development range. The challenge for carers and professionals is to identify sexual behaviours that fall outside this range and then assist the young person to seek help for those problematic behaviours.

Issues arising from the use of technology

The internet has become a source of increasing concern for parents and professionals, given the availability of sexually explicit materials and the presence of online predators.

Emerging research suggests that there are negative impacts on sexual development and behaviours in children and young people if they are under 12 years of age when they begin viewing pornography (For example: Skau, Bente, "Who Has Seen What When? Pornography's Contribution to the Social Construction of Sexuality During Childhood and Adolescence" (2007)). It seems that these children do not have the emotional or sexual maturity to 'decode' pornographic images.

There are also concerns around children being groomed online and young people using technology to record others and then sharing inappropriate images.

Young people should be educated and assisted to understand how online sexual content and activity fits in with relationships, romance and sex, and that some restrictions and supervision are necessary for their own protection.

Professionals who identify children exhibiting problematic and sexually abusive behaviours that may be driven by exposure to pornography, should:

- Ensure they have a good understanding of child development principles, including ages and stages
- Understand cyber-safety strategies and e-safety principles relevant for those ages and stages, and be competent and comfortable in talking with children and young people about these issues
- Be able to refer a child to other professionals who are skilled in this area, if they are not comfortable talking about these issues themselves.

It is important to respond quickly to sexually problematic or abusive behaviours. Current research (Caldwell, M.F. January 2016: *Quantifying the Decline in Juvenile Sexual Recidivism Rates* - Psychology Public Policy and Law) informs us that very few children and young people will go on to become adult sexual offenders. Children and young people respond well to treatment. However, for a very small number of children and young people these emerging patterns may continue into adulthood.

Classifying the sexual behaviours discussed in this book

This book talks about 3 ranges, or classifications, of sexual behaviour: **age appropriate (normative)**, **concerning** and **very concerning**. We have colour coded these to assist understanding:

"Green shading"	Age appropriate sexual behaviours
"Orange shading"	Behaviours that fit somewhere in the range between normative and concerning
"Red shading"	Behaviours that fit somewhere in the range between concerning and very concerning (abusive)

More information for each range is as follows:

Age appropriate sexual behaviours

Sex play and sexual behaviour is normal in children and young people. They:

- Do not require intervention by carers or professionals.
- May be accompanied by laughter, spontaneity, curiosity and experimentation.

Children are easily diverted from these behaviours.

Age appropriate use of technology has little or low risk for sexually abusive behaviours. This use is described here to give a context for higher risk uses described below.

Concerning sexual behaviours

The frequency and persistence of these behaviours should be monitored.

Seek professional advice if a child or young person exhibits several of these behaviours, and/or the behaviours continue despite clear requests to stop.

Risks with technology use include less time with peers, grooming, viewing inappropriate content.

Very concerning sexual behaviours

Seek professional advice, especially if a child or young person is also secretive, anxious or tense - or if coercion, compulsion or threats are involved.

Some of these behaviours become criminal offences when a young person reaches the age of criminal responsibility (10 years of age in Victoria, Australia). Report criminal offences to the police immediately.

Technology use risks include: grooming, sexual assault, pornography, exploitation.

Breakdown of age and developmental groups

We have broken down these ranges of sexual behaviours into four (4) age and developmental stage groupings:

- 0 – 4 years
- 5 – 9 years
- 9 – 12 years
- 13 – 18 years.

This breakdown is based on recognised theories of developmental ages and stages as defined by many of the child-development theorists (for example: Piaget, Erikson).

These groupings should be viewed with caution, allowing for variations. They are only a guide because:

- Individual children and young people within a group will develop at different rates, and
- They may be exposed to different levels of family, peer and social influences about sexuality.

The groups can also be broken down further into 'sub-stages', to define important developmental milestones within each stage. For example the age group 0 – 4 years covers three developmental stages:

- Infant
- Toddler
- Pre-schooler.

Disability and cognitive impairment

Children or young people who are intellectually disabled or developmentally delayed experience normal physical sexual development. These children and young people are over represented in the population of young people displaying problem or sexually abusive behaviours. Their behaviour should not be ignored because of the disability or developmental delay, and chronological rather than emotional age should be used when making decisions about appropriate behaviour.

Intellectual disability makes these children and young people more vulnerable to exploitation. Their problematic and sexually abusive behaviour can also have an adverse impact on themselves and other children and young people around them.

Cognitive impairment issues, and the growing cohort of children and young people who present with Autism Spectrum Disorder (ASD), Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD) driven behaviours, present particular issues for those who work in this field. The impact of these issues can mean that children and young people struggle to understand the social rules around sexual practices and relationships. Fixations may also emerge, particularly around online sexually explicit materials, and may develop quickly if not detected and managed early.

Do not underestimate the appeal of sexually explicit materials to a young person on the autism spectrum, especially when this is paired with masturbation and other sexual stimulation.

How to use this book

1. Determine if the sexual behaviour is normative, concerning or very concerning

Refer to the charts in the section: **“Determining if the sexual behaviour is normative or concerning”** to determine if a sexual behaviour is normative, concerning or very concerning for a child or young person in one of our defined age/development groups.

Important:

The sexual behaviours described in this book are not an exhaustive list and must not be used as an assessment tool if sexual abuse is suspected. In such cases, contact the relevant government reporting body – for example, Department of Health and Human Services Child Protection Service in Victoria. (See list of agencies in **“Seek further advice or make a referral”** section).

2. Determine the context for the behaviour

Think about what was happening in the child or young person’s life when the behaviour took place. To make an appropriate evaluation it is important to consider this context. See the section: **“Context of the sexual behaviour”** for more information.

3. Decide how to respond

How you respond to the child or young person is very important. The section: **“How to respond”** has ideas on what you might do and say when faced with these behaviours.

Have a question?

The **“Frequently asked questions”** section has answers to commonly asked questions. The **“Case examples”** section gives examples of the types of situations faced by people working with children and young people who are displaying sexualised behaviours.

Want further advice, or need to make a referral?

If, after becoming aware of a child or young person’s sexual behaviour and assessing the context, you are concerned that their behaviour is inappropriate, seek further professional advice or refer the child or young person to a relevant agency.

The **“Referring a child or young person for further professional help”** section explains when to refer a child aged 0 – 9 years or a child/young person aged 10 – 18 years, and what happens when a referral is made.

The **“Seek further advice or make a referral”** section has contact details for several agencies in Victoria that:

- Can provide further advice
- Will take referrals for assessment of the child or young person
- Can provide treatment programs for problem sexual behaviour (PSB) and sexually abusive behaviour (SAB).

This section also includes internet sites that can assist you to work with children and young people so that they can be “web-savvy” and web safe.

Determining if the sexual behaviour is normative or concerning

Use the information in this section to determine if the sexual behaviour is age-appropriate, concerning or very concerning, for a child or young person in the 4 age and developmental groups:

0 – 4 years: infant, toddler, pre-school (Ref: Gil, 1993 and Cavanagh Johnson 1999)

Age appropriate sexual behaviours

- Touching or rubbing own genitals and showing others own genitals
- Touching or looking at private parts of other children or familiar adults, e.g. when in the bath
- Being nude, and playing doctors, nurses or mummies and daddies
- Using slang words/dirty language for bathroom and sexual functions e.g. “shit” or talking about “sexing”
- Playing age appropriate games or videos on electronic devices, under supervision (low risk for sexually abusive behaviours)

Concerning sexual behaviours

- Keeps masturbating after being told to stop
- Forcing another child to engage in sexual play
- Sexualised play with dolls, e.g. “humping” a teddy bear
- Touching the private parts of an animal or an unfamiliar adult
- Following other children into a toilet or bathroom to look at or touch their private parts
- Spending a lot of time using technology and being upset when devices are removed (risk of inappropriate content and contacts)*

Very concerning sexual behaviours

- Persistently touching or rubbing self to the exclusion of normal childhood activities; hurting own genitals by rubbing or touching
- Simulating sex with other children with or without clothes on
- Oral sex
- Sexual play involving forceful anal or vaginal penetration with objects
- Accessing sexual material online**

*It is problematic if a parent or carer sets limits on technology use and a young person finds ways round this (e.g. using it at a friend’s house). It is better to explain the risks involved and seek trust, rather than remove a device.

**Access is accidental or a child is exposed to it deliberately by an adult. It is inappropriate for a child of this age to be exposed to sexual material on or off-line.

5 – 9 years: early school years (Ref: Gil, 1993 and Cavanagh Johnson 1999)

Age appropriate sexual behaviours

- Awareness of privacy about bodies
- Self-touching and masturbation
- With peers:
 - “Show me yours/I’ll show you mine”
 - Stories/questions/names/swearing re private parts/body functions
 - Kissing/holding hands; observed behaviour e.g. pinching a bottom
 - Online social contact: skill based or dress up games
- Using photos, videos to record their life, and
- Accidental access to pornography (risk for sexually abusive behaviours)

Concerning sexual behaviours

- Continually rubbing/touching own genitals in public
- Persistent nudity and/or exposing private parts in public
- Continually wanting to touch other children’s private parts
- Persistently using dirty words
- Wanting to play sex games with much older or younger children
- Sending/receiving “dick” pics (exploitation risk)
- Accessing pornography and playing violent or sexual video games (risks: grooming, lowers inhibitions)
- Having own social media accounts and spending a lot of time online (risks: grooming, less time with peers, inappropriate posts)

Very concerning sexual behaviours

- Touching or rubbing self persistently in private or public, to the exclusion of normal childhood activities
- Rubbing their genitals on other people
- Forcing other children to play sexual games
- Sexual knowledge too great for age
- Talking about sex and sexual acts habitually
- Posting sexual images or videos online
- Accessing/showing pornography to others
- Cyber bullying others using intimate images to extort other children
- Grooming other children
- Meeting online ‘friends’ face to face (risk of sexual assault)

9 – 12 years: pre-adolescence (Ref: Ryan 2000, and Ryan, Lane and Leversee)

Age appropriate sexual behaviours

- Growing need for privacy
- Masturbating in private
- With peers:
 - “Show me yours/I’ll show you mine”
 - Kissing and flirting
 - Talking about genitals or reproduction
 - Using dirty words or telling dirty jokes
 - Exhibitionism e.g. occasional flashing or mooning
- Having own social media accounts that are monitored by parents/carers
- Using photos, videos to record their life (low risk)
- Playing age appropriate games online (low risk)
- Access to pornography (low risk)

Concerning sexual behaviours

- Attempting to expose other people’s genitals
- Pre-occupation with masturbation
- Mutual masturbation with a peer or group
- Simulating foreplay or intercourse with peers, with clothes on
- Sexual knowledge too great for their age, when the context is considered
- Talking about fear of pregnancy or sexually transmitted infection
- Peeping, exposing*, using obscenities
- Seeking out pornography
- Taking nude, sexual images of themselves
- Secretive about using the internet/social media (risk of being groomed or exploited)

Very concerning sexual behaviours

- Compulsive masturbation, including interrupting tasks to masturbate
- Repeated/chronic peeping*, exposing, using obscenities
- Chronic interest in adult/child pornography*
- Making others watch pornography
- Degrading/humiliating self or others using sexual themes
- Touching other children’s genitals without permission*
- Forcing others to expose their genitals
- Making written or verbal sexually explicit threats*
- Simulating intercourse with peers, unclothed
- Penetration of dolls, other children or animals*
- Taking/sharing nude sexual images of others
- Sharing nude sexual images of themselves
- Having suggestive avatars (online characters) or usernames (risk of grooming)
- Meeting online ‘friends’ face to face

*For children and young people aged 10-18 these behaviours may be criminal offences such as Indecent Assault, Indecent Act or Assault (Common Law), Child Exploitation Material.

13 – 18 years: adolescence (Ref: Ryan, Lane and Leversee and LaTrobe University 2014 Health Study)

Age appropriate sexual behaviours

- Need for privacy
- Masturbating in private
- With peers:
 - Sexually explicit conversations, obscenities or jokes relevant to own culture
 - Sexual teasing and flirting
 - Kissing, hugging, holding hands
 - Foreplay with mutual consent
- Sexual intercourse plus full range of sexual activity with similar age partner
- Viewing sexual content for arousal (low risk)
- Sending/receiving sexual images of others with consent (low risk)*

Concerning sexual behaviours

- Being pre-occupied with/anxious about sex
- Being promiscuous (not making informed decisions about sexual relationships/have had frequent sexual relationships that they have felt uncomfortable about)
- Being interested in or using themes or obscenities involving sexual aggression
- Spying on others who are nude or engaged in sexual activity
- Engaging in unsafe sexual behaviour
- Seeking out pornography
- Having oral sex or intercourse with someone more than 2 years older/younger
- Sending/receiving sexual images of multiple people with their consent*

Very concerning sexual behaviours

- Compulsive masturbation (especially in public*)
- Degrading/humiliating self or others using sexual themes
- Chronic preoccupation with sexually aggressive pornography/child pornography*
- Attempting to expose other people's genitals
- Touching others genitals without permission*
- Making written/verbal sexually explicit threats*
- Making obscene phone calls, exhibitionism, voyeurism, or sexually harassing others*
- Sexual contact with much younger people*
- Sexual contact with animals*
- Penetrating another person forcefully*
- Taking sexual images of others to exploit them* (child pornography, exploitation risk)
- Having multiple nude images of others (risks as above plus exploitation)

*For children and young people aged 10-18 these behaviours may be criminal offences such as Indecent Assault, Indecent Act or Assault (Common Law), Child Exploitation Material.

Context of the sexual behaviour

Think about these two examples:

Is this behaviour age and developmentally appropriate?	<p>10 year old John wants to see what a vagina looks like. He has one sister who is 8 years old. While they are taking a bath together, he asks her to show him her vagina and she willingly shows him.</p> <p>He looks and then touches between the labia with his finger to see what it feels like. This takes about 3 seconds, and they both giggle – and that is the end of the behaviour.</p> <p>(Adapted from T.C. Johnson and R. Doohan, 2005)</p>
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And what about this situation?	<p>10 year old male digitally penetrates vagina of 8 year old sister.</p> <p>(Adapted from T.C. Johnson and R. Doohan, 2005)</p>
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It is very important to consider the context or circumstances within which the sexual behaviours have taken place, and the emotiveness of the language used to describe the situation (see above examples of the same situation) – as well as the behaviour itself. This will help you decide if you need to make a referral for a child or young person. See ***“Referring a child or young person for further professional help”*** and ***“Seek further advice or make a referral”*** sections for more information.

Things to consider:

- The type of behaviour, the degree of intrusion and/or adult-like behaviour
- The age difference between the children*
- How long the behaviour has been happening
- How often the behaviour has been happening
- The number of victims of the behaviour
- Did the child or young person involved (victim) have the capacity, or be old enough to consent? (for example, cognitive capacity, physical or intellectual disability, and other developmental issues)
- How coercive was the behaviour? (For example, was there use of threats or force, tricks or bribes?)

*Age differences – Child Protection legislation in Victoria says:

- Under 12 years: no-one can have sex with a child under 12 years, or initiate sexual activity with them. Department of Health and Human Services Child Protection Service can intervene where a child under 12 years engages in sexual activity
- 12 – 16 years: no more than 2 years difference in age between consenting parties
- Over 16 years: no age limits. However there are limitations for those in positions of care, supervision and authority

Seek further advice for specific instances: see ***“Seek further advice or make a referral”*** section.

How to respond

How you react when you notice sexual behaviour in children and young people is very important. It 'sets the tone' for your ongoing relationship and potential for successful treatment.

Your response to children and young people's sexual behaviours is very important. Individual values and attitudes about sexual behaviours may lead to minimising or over-reacting to the behaviours. The initial response by people around the child or young person can significantly impact the child or young person's feelings of embarrassment or shame, and their ability or willingness to then address the behaviour.

If you are a parent or carer and become aware that your child's sexual behaviour is concerning or very concerning, you may:

Think:

- How do I stop this behaviour?
- Why did my child do that?
- Where did this behaviour come from?
- Did I do something wrong?
- No, not my child!
- It's nobody else's business
- What do others think of me and my child?
- Is my child going to be a sex offender?

Feel:

- Shock
- Disbelief
- Denial
- Fear
- Sadness
- Anger
- Shame
- Distress.

These thoughts and feelings are very common reactions experienced by parents and carers.

What to do

When you observe or find out about sexual behaviours in children and young people:

- Keep calm. Children and young people often do not understand that the behaviour is wrong, or why they behave this way. Your response is important in ensuring the child is able to manage any confusion, anxiety, shame or anger about their behaviour

If you discover the child engaged in the behaviour, clearly and calmly ask them to stop, and:

- Distract them with a different activity
- Talk with them about the behaviour and discuss privacy and personal boundaries
- Ensure you do not make them feel embarrassed or ashamed

Discreetly, keep a record of the behaviour, including:

- The behaviour(s) exhibited
- The context
- Date
- Time
- Frequency.

Remember, never use the record of the behaviour as a way of punishing the child or young person.

What not to do

When we notice sexual behaviours in children and young people it is not easy to pause and observe what is happening. Here are some common mistakes:

Do not:

- Appear shocked
- React in a way that makes the child or young person feel embarrassed or ashamed
- Ignore the behaviour
- Assume that sexual abuse has happened
- Use language that labels a child or young person a “pervert” or “sex offender”.

Referring a child or young person for further professional help

If you have considered the behaviour and the context in which it happened, and decided that the behaviour is concerning or very concerning:

- **Carers or professionals working with children and young people** – talk to your caseworker, manager or supervisor to determine whether a referral should be made. See **“Seek further advice or make a referral”** section for more information.
- **Parents** – contact one of the agencies listed in the **“Seek further advice or make a referral”** section for information and help options.

When to refer a child aged 0 to 9 years

In Australia the age of criminal responsibility is 10 years of age. The age at which a child can consent to sexual activity is 12 and over.

The Department of Health and Human Services Child Protection Service takes an interest in behaviours related to children under 12 years. For children 0 – 9 years, you should make a referral if you observe any of the following:

- A difference in status between the children engaging in the sexual activity. This happens when one child has authority or power over the other child and uses it to coerce them. For example, an older child is given babysitting responsibility for a younger child.
- A child under 12 years is a victim (a child under 12 cannot consent to any sexual activity)
- Sexual behaviour continues despite clear and consistent requests to stop by adults. (Cavanagh Johnson T. (1999) *Understanding Your Child’s Sexual Behaviour: What’s Natural and Healthy*. Oakland CA: New Harbinger Press, 50-57)
- Other children complain about the sexual behaviour because it inflicts physical injury or pain
- The sexual behaviour happens more often over time, becomes repetitive, obsessive or compulsive, and represents a pattern rather than an isolated event (Araji, S.K. (1997) *Sexually Aggressive Children: Coming to Understand Them*. Thousand Oaks, USA: Sage Publications 36-37).

When to refer a child/young person aged 10 to 18 years

In Australia the age of criminal responsibility is 10 years of age. The age at which a child can consent to sexual activity is 12 and over.

For young people over 12 years you need to assess the following when evaluating sexual behaviour you have observed (Ref: Ryan, G. (2000) *Childhood Sexuality: A Decade of Study. Part 1 Research and Curriculum Development*. *Child Abuse and Neglect* 24 (1), 33-48.

Make a referral if you observe any of the following: (See **“Seek further advice or make a referral”** section for more information)

Lack of consent

This includes a young person taking part in a sexual activity without clear knowledge of what is being proposed, not being old enough to consent, or has no ability to freely choose to consent:

- **Example:** a 13 year old cannot legally consent to have sex with an 18 year old. This would be a sex offence because the age difference is more than 2 years.

Lack of equality

This includes an obvious difference in age, size, intellect, responsibility and status.

Coercion

This includes manipulation, bribes, trickery, peer pressure, threat of force or harm, intimidation, physical restraint, use of force and violence.

What happens when a referral is made?

The agency counsellor or clinician will assess the situation to ensure that your child is safe. Your child will be assessed to determine the options and best way to proceed. As their parent/carer, you are likely to be included in the assessment process.

The goal of the assessment is to identify as many aspects of the situation related to the behaviour as possible, focussing on questions that include:

- Who
- What
- When
- Where
- Why

The assessment enables the counsellor or clinician to make a report on the child's safety and their needs, and to provide counselling about the sexual behaviour that is appropriate for their age and developmental stage. Counselling may involve individual counselling or group work, as well as family sessions.

The counsellor will meet with your child and explore what caused the behaviour. The counsellor will provide general protective behaviours education appropriate for the child's age and developmental stage, and strategies for you to support your child.

The agency can also offer support, information and counselling to parents and carers for dealing with thoughts and feelings surrounding their child's behaviour. Parents or carers can use the counselling support to address their own experiences of past abuse.

Frequently asked questions

Question 1

Have all children or young people who engage in sexualised behaviour been sexually abused?

Answer

Research suggests that approximately 40% of young people who engage in problem sexual and sexually abusive behaviours have experienced sexual assault themselves.

Being a victim of sexual abuse does not automatically mean a child will engage in sexually abusive behaviours.

The majority of sexual abuse victims are female and the majority of young people with sexually abusive behaviours are male.

There are many influences on children and young people's sexual behaviour, and age appropriate sexual behaviours can become disrupted for several reasons, apart from sexual abuse.

Research into sexually abusive behaviours has identified over 130 background factors associated with, but not causes for, the development of sexually abusive behaviours. Several of these seem to be more significant than others, including:

- Accidental exposure to sexually explicit material such as Internet pornography and explicit videos
- Exposure to adult sexual activity
- Physical abuse and emotional neglect (cumulative harm)
- Being exposed to family violence
- Being a victim of sexual abuse.

Also, behaviour that seems to be overtly sexual is sometimes not. For example: children who rub or tug their genitals vigorously may look as if they are masturbating, but this behaviour may be more about self-soothing or reducing feelings of anxiety than a sexual act.

Question 2

Why does the context of sexualised behaviour* matter?

*Sexualised behaviour is a commonly used term for concerning and very concerning sexual behaviours grouped together.

Answer

To help answer this question, look again at the **two scenarios**, given on page 14 of this book, which are different descriptions of the same behaviour:

<p>10 year old John wants to see what a vagina looks like. He has one sister who is 8 years old. While they are taking a bath together, he asks her to show him her vagina and she willingly shows him.</p> <p>He looks and then touches between the labia with his finger to see what it feels like. This takes about 3 seconds, and they both giggle – and that is the end of the behaviour.</p>	<p>(Adapted from T.C. Johnson and R. Doohan, 2005)</p>
<p>10 year old male digitally penetrates vagina of 8 year old sister.</p>	<p>(Adapted from T.C. Johnson and R. Doohan, 2005)</p>

It is the context (circumstances and facts around the event) that will guide understanding, and also determine effective help options and treatment. The sexual behaviours tabled in this book will assist you to determine normative age-appropriate exploration versus concerning or very concerning behaviour.

Question 3

The sexualised behaviour only happened once, so would it be better to ignore it?

Answer

Even if a behaviour happens once, we need to understand its context to ensure it does not become repeated behaviour for the child or young person. Intervening as early as possible provides better understanding of the issues, should treatment be required. Early intervention also increases the potential for successful treatment.

How often the behaviour occurred is important, as is the severity of the incident. A one-off incident can be as damaging as ongoing abuse, particularly where it involves threatening behaviour or a child physically harming another child to enable the sexualised behaviour to take place.

Always try to understand the context of the behaviour and seek further advice if needed. The behaviour may only have been observed once, but may have happened at other times.

Question 4

John is 14 years old and was referred for engaging in sexually abusive behaviour **(SAB)*** against his six (6) year old cousin Jane. John has an intellectual disability and functions at a cognitive age of approximately 7 years.

Do we think of John as being chronologically aged 14 years, or cognitively aged 7 years?
If we think of him cognitively as age 7, then this would be problematic behaviour and not sexually abusive behaviour.

*** Sexually abusive behaviour (SAB) – as defined in Victoria’s Child Protection legislation**

Behaviours listed in this book as ‘concerning’ or ‘very concerning’ when carried out by children and young people over 10 years of age. Some behaviours may be criminal offences for this age group.

Answer

John has quite a severe cognitive impairment, so this provides some context for his behaviour – but there is no provision in law or legislation to pay attention to cognitive age. The law treats John by his chronological age of 14 years. This means he has engaged in sexually abusive behaviour **(SAB)*** and could be liable to sexual offence charges.

John’s intellectual disability will need to be considered in assessment and treatment recommendations, as his motivation for the sexually abusive behaviour may be different to the motivation of a high-functioning 14 year old.

Intellectually disabled, autistic and learning disordered young people are heavily over-represented in the statistics of those who engage in problem sexual and sexually abusive behaviours. This over-representation suggests these issues certainly impact a young person’s ability to understand and manage sexual urges, impulses and behaviours.

Question 5

Does problem/sexually abusive behaviour mean that the child or young person will be a paedophile?

Answer

No. Very few children who engage in PSB (problem sexual behaviour) and SAB (sexually abusive behaviour) continue on into adult sex offending behaviours. However a significant number of adult sex offenders report beginning their behaviours in childhood. This emphasises the importance of early detection and treatment interventions.

Caldwell’s meta-analysis research indicates an extremely low sexual recidivism rate for young people (2.75% between 2000 and 2015). This is clear evidence that the majority of young people exhibiting PSB and SAB will not go on to become adult sex offenders. However we must treat all children and young people with these behaviours because ANY victimisation is unacceptable.

Question 6

Will the child have to be removed from home?

Answer

The primary concern in sexually abusive situations is to ensure treatment intervention matches the child's needs. Occasionally it may be necessary to remove a child from home to keep their siblings safe from abuse. In a small number of cases it may be necessary to remove a child to prevent parental retaliation.

The goal is always to assist the child and ensure everyone's safety, rather than concentrating on the issue of placement for the child. Treatment providers will always work hard to make ethical, sensitive and sound placement decisions.

Question 7

Couldn't I just tell the child to stop it and punish them? Wouldn't this fix the problem?

Answer

It is important to identify which sexual behaviours are age appropriate for the child, and which are not – and to explain to the child why some of their behaviour is not acceptable. Sometimes this can be done by refocusing the child's attention and talking about the inappropriate behaviour with them.

However, discussion alone generally does not manage the behaviours adequately. The challenge is then to identify an appropriate treatment regime, to intervene as early as possible and to accurately assess the issues that need to be treated.

Punishment does not generally alter behaviours. It may drive the behaviours further 'underground'. It is important that the child understands why they behave in this way and what causes the behaviour.

Discuss the concepts of respect and personal space with the child. At the very least, any therapeutic interaction must leave the child in a better state than when you first interacted with them.

Residential settings may find it helpful to develop 'Guidelines for Respect' with the young people in their care.

Case examples

The following case examples highlight some of the dilemmas posed when children and young people engage in concerning or very concerning sexual behaviours – and some of the strategies for addressing the issues in appropriate ways.

Some of these examples relate to the use of technology by children and young people. Other examples are not related to the use of technology.

Non-technology related case examples

Case 1: Kindergarten setting

A five (5) year old boy in kindergarten has pulled his pants down and showed his penis to the other children. He has only done it once, but the teacher is concerned that he may have been sexually abused.

Appropriate strategies

The teacher should:

- Take the child aside and speak to him about appropriate behaviour. Tell him calmly, in a caring and non-threatening way: “We don’t do that here”.
- If the behaviour constitutes an incident according to the kindergarten’s protocol, tell the boy’s carers and advise them that, if they see him doing this at home, to discuss appropriate behaviour with him, as the kindergarten has done
- Monitor for any recurrence
- Support the child to engage in healthy and fun activities with other children and staff that divert him from the sexualised behaviour.

Should the behaviour still continue, a referral to a specialist sexual assault clinic should be considered so that further in-depth assessment can be made.

Case 2: Residential care setting

A residential care worker has reported that she saw a fourteen (14) year old boy in her care “pestering” a 14 year old young woman – including grabbing her on the breasts over her clothing and asking for sex.

Appropriate strategies

The young man has committed an offence. The worker has an obligation to the 14 year old victim, other potential victims – and to the young man himself.

To assist the victim(s), the worker should:

- Ensure the immediate safety of the young woman involved in this incident
- Explain to her that she has the right to make a formal complaint to the police, because the young man’s behaviour has been identified as an assault
- Suggest she talks to their local CASA (see **“Seek Further Advice or Make a Referral”**)
- Ensure that anyone else in contact with the young man is protected.

The worker should follow the residential unit’s guidelines and:

- If safe to do so, talk with the young man and explain that his behaviour has been observed, is unacceptable and breaks the rules of the residential unit

- To ensure the young man has every opportunity to receive appropriate assistance to address his behaviour and the issues underlying it:
 - Contact a specialist service for support (see **“Seek further advice or make a referral”**). Anyone can make a referral to SABTS (SAB treatment services).
 - If police involvement is required, contact the local Sexual Offences and Child Abuse Investigation Team (SOCIT)
 - If action is required after hours, contact the Sexual Assault Crisis Line (SACL) on 1800 806 292, who will coordinate contact with SOCIT.

Case 3: Childcare setting (1)

A childcare worker calls about a 4 year old boy who they know has been sexually assaulted in the past. They say that the child appears isolated from others and persistently masturbates in front of the other children and any adults present. They are concerned about the effects of his behaviour on other children.

Appropriate strategies

The worker should:

- Redirect the child to more appropriate behaviours/play and tell them in a calm, non-threatening way that “We do not do that here”
- Discuss this behaviour with the child’s carers. Ask them to redirect the behaviour, in a calm, non-threatening way
- Offer support, including encouraging referral to relevant services (see **“Seek further advice or make a referral”** section for more information)
- Confirm appropriate behaviours with the other children without referring to the child in question
- Monitor the other children’s behaviour for any ‘copying’ or ‘acting out’.

Case 4: Childcare setting (2)

A childcare worker is concerned about an incident at their centre. Two four (4) year old children were playing in the home corner. They were both under a blanket and the worker could hear giggling. The worker asked “What are you doing?” After a few seconds she said that their two heads appeared and the children said “Tickling”. This happens on a regular basis, and such incidents always involve one particular child.

Appropriate strategies

The worker could:

- Remove the blanket and talk to the children about other games to play
- Remove the blanket and explain to the children that they can play tickling games but not under the blanket
- Consider if this behaviour might just be tickling – it is important to consider this as an option
- Monitor the children’s play as much as possible and redirect any similar play that appears secretive
- Speak to the carers of the child who is always involved in these incidents, to find out if this is part of a pattern of play that is common at home
- Ask if other staff have noticed any changes in the child’s behaviour or other issues of concern.

If there have been changes in the child's behaviour or other concerning issues, the worker could:

- Discuss these with the carers and find out if anything is happening in the child's life that has changed recently

If the carers' responses do not clarify the situation, the worker could consider notifying the Department of Health and Human Services Child Protection Service. In most circumstances the worker would discuss this option with the carers before taking action. However if abuse of some type by the carers is suspected, or other issue of concern, it would be appropriate to make the notification without discussion.

Technology related case examples

Case 5: School age sexting

Teagan met Rohan at school. She's in year 8 and he's in year 10. He is one of the cool guys and Teagan feels special when he jokes with her. They 'friend' each other online:

- He says he really likes her and likes everything she posts
- She likes him too

They text message each other all the time - nothing serious at first, but then it starts to get sexual. One day he asks her to send a nude picture of herself (sext) to him:

- She says no
- He says he feels like a loser because all his friends have nudes of their girlfriends

Teagan is flattered because it's the first time he's called her his girlfriend:

- He says if she really likes him she will send the picture
- He promises not to show it to anyone

She sends several images via Snapchat. He shares them without her knowledge and the next day the images are all over school. Teagan finds out that Rohan did the same thing to 6 other girls. She is hurt and angry. She:

- Feels stupid for trusting him
- Feels ashamed of what she did
- Is embarrassed and scared at how far her images will be spread and who will see them
- Thinks other kids will say she started it and shun her – if Rohan gets into trouble
- Thinks if she tells an adult she'll get into trouble and her phone will be taken away

Teagan says nothing and fakes illness, too embarrassed to go to school. The school contacts her carers about her non-attendance. When questioned, she tells them what happened.

Appropriate strategies

- Teagan's carers should report the incident to the school
- Rohan's carers need to be told about the incident
- Teagan should be offered support as she may be experiencing a range of emotional responses to the situation
- Rohan may require referral to a SABTS program – he has obtained and distributed images of 7 girls. An assessment will provide guidance on what intervention he requires
- In some circumstances, due to the age difference being greater than 2 years between them, Rohan could be charged with a criminal offence

- Consider referrals to Department of Health and Human Services Child Protection Service and SOCIT for investigation of Rohan’s behaviour/family environment
- The school should provide education about technology/social media pitfalls and relevant laws - as well as boundaries and respectful relationships training, for all students. Education and content of the discussion depends on the age and stage of the students.

Case 6: Accessing sexual material online (0 – 4 years)

A mother often lets her four (4) year old daughter play with her phone when they are at home and the mother is busy, or when they are out in places such as restaurants and cafes. The mother has downloaded two or three games and set up access to a few web sites that are age-appropriate. She always opens one of these before she hands the phone to her daughter.

One day, while at a family lunch, the mother accesses one of the web sites for the child and gives her the phone. Conversation is interrupted later when the girl giggles and makes strange noises. The mother takes the phone and is shocked to see a pornographic video playing.

Appropriate strategies

Usually if a child aged around 4 years comes across pornography it is accidental, and they do not know what they are looking at. They may find the images funny, and think that they are looking at people who are playing strange games.

- Parents and carers should set parental controls on any device that children 12 and under may have access to
- If needed, the mother could contact her local Centre Against Sexual Assault for advice about what to do. Generally a child of this age, who has accidentally come across pornography and been exposed for a very short period of time, will not require an ongoing therapeutic approach.

Case 7: Accessing and contributing to sexual material online

An illegal web site features thousands of sexually explicit images of young women who attend high schools and universities across Australia. Site members are teenage boys and older men. Images are referred to as ‘wins’ and are obtained with or without a woman’s permission. Often a picture is sent to a site member consensually, but then the site member uploads it to the site without permission.

Site members are encouraged to:

- Share or trade sexually explicit photographs of young women
- Request images of a specific woman by placing her on a target list
- Post personal information and comments about young women on this list, including name, address, school and phone number
- ‘Hunt down’ photographs of young women on the list, without obtaining permission, and upload them to the site.

Appropriate strategies

Young people impacted by this web site may include young women who have been approached to provide images, young women whose images have been published on the site, and the boys and men who are members or have visited the site.

Schools should:

- Report to Department of Health and Human Services Child Protection Service and Victoria Police Sexual Offences and Child Abuse Investigation Team (SOCIT)
- Ensure victims of this behaviour are aware of counselling options through their local Centre Against Sexual Assault (CASA)
- Provide whole of school education about respectful relationships, both on and offline.

Universities should:

- Report to Victoria Police Sexual Offences and Child Abuse Investigation Team (SOCIT)
- Ensure victims of this behaviour are aware of counselling options through their local Centre Against Sexual Assault (CASA)

Schools and universities should:

- Provide counselling for boys and men who have used the site (Note: this will not be offered for adult men through CASAs as they will be identified as perpetrators).
- Provide support as needed for any young person affected by this web site
- Ensure young people know how to report things that make them feel uncomfortable, both on and offline.

Seek further advice or make a referral

The following agencies offer advice, consultation and sexually abusive behaviour treatment services (SABTS) for children and young people up to 18 years old:

Australian Childhood Foundation (ACF)
579 Whitehorse Road, Mitcham, PO Box 525 Ringwood 3134
Tel: 1300 381 581 www.childhood.org.au

Ballarat Centre Against Sexual Assault (CASA)
Cnr Vale and Edwards Streets, Sebastopol 3356, PO Box 577 Ballarat 3353
Tel: 03 5320 3933 www.ballaratcasa.org

Barwon Centre Against Sexual Assault (CASA) – including Horsham
1/59 – 63 Spring Street, Geelong West 3220 and
25 Roberts Avenue, Horsham 3400
Tel: 03 5222 4318

Children’s Protection Society
70 Altona Street, Heidelberg West 3081
Tel: 03 9450 0900 www.cps.org.au/

Gatehouse Centre, Royal Children’s Hospital
Flemington Road, Parkville Vic 3052
Tel: 03 9345 6391 and 03 9345 5522 after-hours crisis care www.gatehouse@rch.org.au

Gippsland Centre Against Sexual Assault (CASA)
Multidisciplinary Centre (MDC), 31-41 Buckley Street, Morwell 3840
Tel: 03 5134 3922
Goulburn Valley Centre Against Sexual Assault (CASA)
130 Nixon Street, Shepparton 3630
Tel: 03 5831 2343

Lodden Campaspe Centre Against Sexual Assault (LC CASA)
Multidisciplinary Centre (MDC), 71 Bridge Street, Bendigo 3550
PO Box 764 Bendigo 3552
Tel: 03 5441 0430 www.lccasa.org.au

Mallee Sexual Assault Unit
Suite 1 – 4, 144 – 146 Lime Avenue, Mildura 3500 (PO Box 1373 Mildura 3502)
Tel: 03 5025 5400

SECASA AWARE
Multidisciplinary Centre (MDC), 1 Dandenong Street, South Dandenong 3175
Tel: 03 8769 2299 or 03 9594 2289 after hours. www.secasa.com.au

South Western Centre Against Sexual Assault (SW CASA)
279 Koroit Street, Warrnambool 3280
Tel: 03 5564 4144

Centre Against Violence (CAV)
29 Templeton Street, Wangaratta
Tel: 03 5722 2203

MAPPS (Male Adolescent Program for Positive Sexuality)
Intensive group treatment program for adolescent males who have been found guilty of a sexual offence and referred to the program under a court order.
Tel: 03 9389 4272

If a child or young person is in immediate danger:

- Call Triple Zero (000) to talk to police
- In Victoria, call your local police Sexual Offences and Child Sexual Abuse Investigation Team (SOCIT). Go to www.police.vic.gov.au and follow the links to the SOCIT list
- Contact your local Department of Health and Human Services Child Protection Service. Go to <https://services.dhhs.vic.gov.au/>

For general information Victoria-wide:

Sexual Assault Crisis Line (SACL)
<https://www.sacl.com.au/>
Tel: 1800 806 292 (Free call in Victoria)

Victoria's Centres Against Sexual Assault (CASAs)
To find your local CASA go to: www.casa.org

Other helpful organisations:

Victoria Legal Aid
<https://www.legalaid.vic.gov.au/>

Raising Children Network:
The Australian parenting website
<http://raisingchildren.net.au/>

Allannah & Madeline Foundation
<https://www.amf.org.au/>
Programs and resources to assist with caring for children who have experienced or witnessed serious violence; reduce the incidence of bullying, cyberbullying and other cyber risks.

Childwise
Education and resources for the prevention of child abuse, including cybersafety.
<https://www.childwise.org.au/>
Helpline: 1800 991 099

Internet sites that assist children and young people to be “web-savvy” and web safe:

Office of the eSafety Commissioner:

- Online safety information and resources
- Report cyberbullying

www.esafety.gov.au

“Think you know what young people see, say and do online?”

- Resources for parents
- Advice for when you’ve shared something you later regret
- Report (in Australia):
 - Online child sexual exploitation
 - Online grooming
 - Inappropriate or illegal content
 - Cybercrime
 - Cyberbullying
 - Online extremist material

www.thinkyouknow.org.au

Useful reading:

Araji, S.K. (1997) *Sexually Aggressive Children: Coming to Understand Them*. Thousand Oaks, USA: Sage Publications

Brennan and Graham (2012) *“Is this normal?”* Family Planning Queensland

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CEASE. (2016). *Standards of Practice for Problem Sexual Behaviours and Sexually Abusive Behaviour Treatment Programs*

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Flood, M (2009). *The harms of pornography exposure among children and young people*. Child Abuse Review

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Linke, Pam "Pants aren't rude: Responding to children's sexual development in the early years". Early Childhood Foundation 1994. Available from Lady Gowrie Child Centre in State Capitals

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Realmuto, GM & Ruble LA (1999), 'Sexual behaviour in autism: problem of definition and management', *Journal of Autism and Development Disorders*, in Victorian Department of Health and Human Services (2016), *Avoiding and responding to sexualised behaviours of concerns in young people with an intellectual disability and autism spectrum disorder – A guide for disability service providers*

Ryan, G. (2000) *Childhood Sexuality: A Decade of Study. Part 1 Research and Curriculum Development. Child Abuse and Neglect* 24 (1)

Skau, Bente "Who Has Seen What When? Pornography's Contribution to the Social Construction of Sexuality During Childhood and Adolescence" (2007)). *Theses and Dissertations* (Comprehensive). Wilfred Laurier University

The Traffic Lights framework for sexual behaviours in children (QLD):

<http://www.wbsass.com.au/themes/default/basemedia/content/files/Traffic-LightsBrochure.pdf>

Wurtele, Sandy K; Kenny, Maureen C. *Counselling and Human Development*; Denver 43.9 (May 2011), *Normative Sexuality Development in Childhood: Implications for Developmental Guidance and Prevention of Childhood Sexual Assault*

If a child or young person is in immediate danger, call Triple Zero (000).

South Eastern Centre Against Sexual Assault & Family Violence

Administration: 03 9928 8741

Crisis: 03 9594 2289 or 1800 806 292

Web: www.secasa.com.au

Email: secasa@monashhealth.org

Mail:

PO Box 72

Bentleigh East

Victoria 3165

Australia

