



## Information for Parents and Caregivers Sexual Development and Behavior in Children

Providing children with accurate, age-appropriate information is one of the most important things adults can do to ensure children grow up safe, healthy, and secure in their bodies. Although adults often become concerned when a child shows sexual behavior, such as touching another child’s private parts, these behaviors are not uncommon in developing children. Most sexual play is an expression of natural curiosity and should not be cause for concern. In general, “typical” childhood sexual play and exploration:

- Occurs between children who play together regularly and know each other well
- Occurs between children of the same general age and physical size
- Is spontaneous, unplanned and is infrequent
- Is voluntary (the children agreed to the behavior)
- Is easily diverted when parents tell children to stop and explain privacy rules

The chart below contains some basic information about common sexual behaviors in children

<p>Preschool children (less than 4 years)</p>	<p>Exploring and touching private parts, in public and in private Showing and/or rubbing private parts Trying to touch mother’s or other women’s breasts Removing clothes and wanting to be naked Attempting to see other people when they are naked Asking questions about their own—and others’—bodies and bodily functions</p>
<p>Young children (4-6 years)</p>	<p>Purposefully touching private parts (masturbation), occasionally in the presence of others Attempting to see other people when they are naked Mimicking dating behavior (kissing or holding hands) Talking about private parts and using “naughty” words Exploring private parts with children their own age (such as “playing doctor” or “I’ll show you mine if you show me yours.”)</p>
<p>School-aged children (7-12 years)</p>	<p>Purposefully touching private parts (masturbation), usually in private Playing games with children their own age that involve sexual behavior (such as “truth or dare”) Looking at pictures of naked or partially naked people Wanting more privacy (not wanting to undress in front of other people) and being reluctant to talk to adults about sexual issues Beginnings of sexual attraction to/interest in peers</p>
<p>Adolescent children (12 – 18 years)</p>	<p>Interest in sexual behavior and activity increases Physically capable of engaging in all adult sexual behaviors although they lack adult judgment and impulse control</p>

### Areas of concern

Some childhood sexual behaviors indicate more than harmless curiosity, and are considered sexual behavior problems. Sexual behavior problems may pose a risk to the safety and well-being of the child and other children. Sexual behavior problems include any act that:

- Is clearly beyond the child’s developmental stage
- Involves threats, force, or aggression
- Involves children of widely different ages or abilities  
(such as a 12-year-old “playing doctor” with a 4-year-old)
- Provokes strong emotional reactions in the child such as anger or anxiety

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## Signs of Abuse

**Below are indicators of child abuse that can include but are not limited to these signs.**

Some signs that a child is experiencing violence or abuse are more obvious than others.

Trust your instincts. Suspected abuse is enough reason to contact the authorities. You do not need proof.

### 1. Unexplained injuries.

Visible signs of physical abuse may include unexplained burns or bruises in the shape of objects. You may also hear unconvincing explanations of a child's injuries.

### 2. Changes in behavior.

Abuse can lead to many changes in a child's behavior. Abused children often appear scared, anxious, depressed, withdrawn or more aggressive.

### 3. Returning to earlier behaviors.

Abused children may display behaviors shown at earlier ages, such as thumb-sucking, bed-wetting, fear of the dark or strangers. For some children, even loss of acquired language or memory problems may be an issue.

### 4. Fear of going home.

Abused children may express apprehension or anxiety about leaving school or about going places with the person who is abusing them.

### 5. Changes in eating.

The stress, fear and anxiety caused by abuse can lead to changes in a child's eating behaviors, which may result in weight gain or weight loss.

### 6. Changes in sleeping.

Abused children may have frequent nightmares or have difficulty falling asleep and as a result may appear tired or fatigued.

### 7. Changes in school performance and attendance.

Abused children may have difficulty concentrating in school or have excessive absences, sometimes due to adults trying to hide the children's injuries from authorities.

### 8. Lack of personal care or hygiene.

Abused and neglected children may appear uncared for. They may present as consistently dirty and have severe body odor, or they may lack sufficient clothing for the weather.

### 9. Risk-taking behaviors.

Young people who are being abused may engage in high-risk activities such as using drugs or alcohol or carrying a weapon.

### 10. Inappropriate sexual behaviors.

Children who have been sexually abused may exhibit overly sexualized behavior or use explicit sexual language.

**A caregiver's response to abuse is critical to the positive outcome for a child.**

- Take action - report suspicions to the New York State Child Abuse Hotline or local law enforcement
- Remain calm, do not panic - child will respond to your reaction
- Protect the child - do not allow access to the child by offender
- Believe the child
- Reassure the child he/she is loved
- Tell the child he/she is not to blame for what happened
- Praise the child for being brave and telling
- Allow the child to talk but do not pressure them for details
- Ask them to share everything they remember about the incident, listen and do not ask further questions
- Empathize, the situation is difficult
- Do not make promises – let the child know you will do everything in your power to protect them

If you know or suspect abuse of a child, contact the New York State Child Abuse Hotline at

**Mandated Reporter: 1-800-635-1522 Non-Mandated Reporter: 1-800-342-3720**

calls can be made 24 hours a day, 7 days a week. All calls are confidential.

The hotline relays calls to the appropriate Child Protective Services agency to begin an investigation when appropriate