Sexual Behavior in Children: Normal or Not?

Adapted from:


Research is not needed to know whether today’s children are exposed to more sexual material or evidence more sexual behaviors than they did a generation or two ago. It might be impossible to collect the information to prove this – but it’s just something about which we all seem to agree. We can all point to certain sociological factors that contribute to these changes. Television programming is probably the most ubiquitous and available, but Internet access, of course, makes available to our children stimuli that were unimaginable when most of us were children. It is difficult for parents and child care professionals to know when sexual behaviors exhibited by children fall within a “normal” range of sexual behaviors, or when treatment or intervention is required.

Some argue that interventions with children about sexual behaviors are rarely indicated – that these behaviors are typically benign and part of the normal developmental process. This appears to be contradicted by observations of some children who have been sexually abused and others (a group that is probably increasing in numbers) who used some kind of coercion or pressure to force other children into sexual behaviors. Child care professionals are challenged by these changes.

Of course, most are aware of studies that indicate that sexualized behaviors in children may be an indication that a child is being, or has been, sexually molested or abused in some fashion. It is also important to evaluate young children who are coercing other children into unwanted sexual behaviors. Though inferential, research on adult offenders reveals that many offenders started their coercive sexual behaviors in the early school years and increased those behaviors, and the levels of violence associated with those behaviors, during adolescence. It seems clear that some children simply do not “grow out of” these coercive sexual behaviors. It is common, however, for parents and others to overreact to children’s sexual behaviors, particularly when there are other factors involved such as divorce, family distress, financial pressures, etc.

Those who work with children sometimes believe that they simply “know” when a child’s sexual behavior crosses the line. Individual standards, however, constitute a broad range. These intuitive guidelines are often drawn from the individual’s own experiences, their parents’ attitudes, religious beliefs, etc. Some believe that any sexual behaviors in children are unacceptable, while others have a very broad definition of “normal”. Clear guidelines are not easily available.

It seems clear that there is no single standard for establishing what is “normal” in all children – this is true for almost any realm of behavior. Individual differences, moral beliefs, regional and cultural practices, religion, etc., all contribute to this under-
standing. The child’s peer group and living conditions exert additional influences. It should also be remembered that sexual behaviors should not be the only criteria for determining whether a child has a significant problem.

In this article, the author identified four definable clusters or groups of children, based on a continuum of behaviors:

- **Group I** – Children engaged in natural and healthy childhood sexual exploration
- **Group II** – Sexually reactive children
- **Group III** – Children who mutually engage in a full range of adult sexual behaviors
- **Group IV** – Children who molest other children.

Each of these groups include a broad range of children – male and female. It is recommended that the initial assessment to determine where on the continuum the child falls should include the following elements.

1. An evaluation of the number and types of sexual behaviors
2. A history of the child’s sexual behaviors
3. Whether the child engages in sexual activities with other children
4. The motivations for the child’s sexual behaviors
5. The responses of other children to the child's sexual behaviors
6. The child’s emotional, psychological, and social relationship to the other children involved
7. Whether trickery, bribery, or coercion is involved
8. The affect of the child regarding sexuality
9. A thorough developmental history of the child
   a. Include abuse
   b. Include any out of home placements
10. Involvement with child protection and legal authorities if applicable
11. An assessment of the child’s:
    a. School behaviors
    b. Peer relations
    c. Behaviors at home
    d. Behaviors when participating in out of home activities
12. A history of each family member

The first group, of course, involves natural and healthy sexual play in children. In these children, the behaviors represent exploration (through vision and touch) of each other’s bodies, as well as experimenting with gender roles and behaviors. Usually children involved in such activities are of similar age and size, and generally of mixed genders. They are often friends rather than siblings, and participate on a voluntary basis. The typical affect associated with these behaviors is spontaneous and positive. These children are often excited and giggly when behaving in this way. Some may feel confusion and guilt, but they do not usually experience feelings of shame, fear, or anxiety.
These behaviors in these children are balanced with curiosity about other parts of their lives as well. They are interested in learning in a variety of areas. Usually, when discovered in sexual play and instructed to stop, the sexual behavior diminishes or stops, at least for a time. It is generally seen again, however, during another period of the child’s development.

The range of behaviors in this group is very broad, but not all children engage in all behaviors. Some children exhibit no sexual behaviors, while others demonstrate only a few, which may include self stimulation, self exploration, kissing, hugging, peeking, touching, etc. Children with sexual problems usually manifest more varied and extensive sexual behaviors than these “normal” children, often the differences are only slight variances in degree.

The second group of children display more sexual behaviors than same age children, but their focus on sexuality goes beyond their peer group’s, and this author says they often feel shame, guilty, and anxiety about sexuality. Many of the children in this group have been sexually abused and/or exposed to sexually explicit materials. Often these children are over-stimulated and/or confused because of exposure through television or their parents’ own sexually explicit behaviors. These children have trouble integrating these experiences in a meaningful way, resulting in the child acting out this confusion with a heightened interest or knowledge beyond what is expected at that age. Often, after being told that these behaviors need to be altered, these children acknowledge the need to stop and welcome help from parents and others. These behaviors do not represent the long pattern of secret, manipulative, and highly charged behaviors of the other two groups. These behaviors could include:

- Excessive or public masturbation
- Overt sexual behaviors with adults
- Insertion of objects into their own or other’s genitals
- Talking about sexual acts.

The Group III children, according to Johnson, demonstrate far more pervasive and focused behavior patterns, are consequently much less responsive to treatment. In this group, the children engage in adult-like sexual behaviors, generally with other children in the same age range, and enter into agreements to keep these behaviors secretly. While persuasion is used, these children usually do not force or use physical or emotional coercion to get other children to participate.

A major difference in this group, however, is their affect, or lack of affect, around sexuality. These children display a “matter-of-fact” attitude toward sexual behaviors with other children and sexual behavior simply becomes the way that these children relate to peers. Some of these children have been sexually abused and continue sexual behaviors experienced through the abuse. Others engage in sexual behaviors as a way of adapting to a highly sexualized by dysfunctional family. The sexual activity is a way of making sense of their world, which is often chaotic, dangerous, and confusing.
The final group is the one that engages in criminal levels of molesting behaviors. Most do not want to believe that young children can perpetrate these acts – but they do. Sexual crimes perpetrated by children younger than 12 appear to be on the rise, but collecting data about these “crimes” has proven to be very difficult. Few treatment programs have been established, and few studies have been published.

As a group, these children display behavior problems both at home and at school. They typically have few outside interests, and almost no friends. They often lack problem-solving and coping skills and demonstrate little or no control over their impulses. Often these children are both physically and sexually aggressive.

These sexual behaviors go far beyond what is developmentally appropriate. Their thoughts and actions about sexuality are pervasive, and typical behaviors might include activities such as:

- Oral sex
- Vaginal intercourse
- Anal intercourse
- Forcible penetration of vagina or anus with fingers and/or objects

These sexual behaviors tend to increase over time, and represent a pattern that is consistent – these are not isolated events. Upon discovery, these behaviors rarely stop on their own. The child’s attitudes about sexuality involve feelings of anger, impulsivity, aggression, and compulsion. Coercion is almost always a factor. The children seek out other children who are easy to fool, bribe, or force into sexual activities. Often the victim is younger, and sometimes there is a large age difference (with some infants as victims). The child may be selected due to special vulnerabilities such as age, intellectual impairment, extreme loneliness, etc. Emotional and social threats are frequently used to keep the victims quiet. Preliminary studies have shown that most parents of children in this group also have sexual abuse in their family histories, as well as physical and substance abuse.

As one might predict, this group of children is at the highest risk for continuing and escalating these patterns of behaviors. Unfortunately, treatment programs are virtually nonexistent.

In summary, this article provides a list of “signals” to be monitored by child care professionals:

1. Child focuses on sexuality more than other aspects of environment.
2. Child has more sexual knowledge than similar age children with similar backgrounds.
3. Child has an ongoing compulsive interest in sexual matters.
4. Child is more interested in sexual behaviors than in playing with friends, going to school, etc.
5. Child engages in sexual behaviors with individuals of markedly different ages.
6. The wider the age range between the children – the greater the concern.
7. The child continues to ask unfamiliar or uninterested children to engage in sexual activities.
8. The child has been found to bribe or force another child into sexual behaviors.
9. The child has confused or distorted ideas about the rights of others in regard to sexual acts.
10. The child tries to manipulate children or adults into touching genitals.
11. The child causes physical harm to his/her own or other's genitals.
12. Other children complain about the child's sexual behaviors.
14. The child appears anxious, tense, angry, or fearful when sexual topics arise.
15. The child demonstrates disturbing toileting behaviors such as playing with feces, urinating outside of bathroom, sniffs or steals underwear, etc.
16. The child's drawings depict genitals as a predominant feature.
17. The child manually stimulates or has oral or genital contact with animals.
18. The child has painful and/or continuous erections or vaginal discharge.