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Part 1: Differentiating age-appropriate curiosity from harmful sexual behavior and abuse in elementary aged children

By [Angelo P. Giardino, MD, PhD, MPH](#)

Introduction

This is part 1 of a 2-part series distinguishing between age-appropriate curiosity and harmful sexual behavior and abuse between



children. Children are naturally curious about their bodies as well as the bodies of others around them. This curiosity typically expresses itself in age-appropriate behaviors as the child grows and develops. Parents and professionals who work with children may encounter what is perceived to be inappropriate or unexpected sexual behavior where the question arises of "what is developmentally appropriate sexual behavior" versus "what could be abusive?" School and parish administration professionals are challenged to react appropriately and safely to behaviors that may be outside the range of normal and potentially indicators of abuse.

A first step in differentiating typical, age-appropriate curiosity from more concerning behaviors that may be inappropriate or potentially abusive is understanding the basics that underpin developmentally or age-appropriate sexual behavior. From this foundation, best practices emerge around how best to prevent and manage concerning sexualized behaviors in children. Historically, problematic sexual behaviors between children have been perceived to be sexual abuse between them. However, as we learn more, research have been referencing the behaviors as "problematic sexual behaviors" and we are beginning to move away from referencing the behavior as

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**Angelo P. Giardino, MD,
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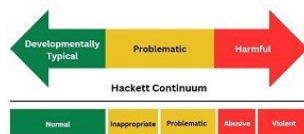
Angelo P. Giardino, MD, PhD, MPH, is the Wilma T. Gibson Presidential Professor and Chair of the Department of Pediatrics at the University of Utah's School of Medicine and Chief Medical Officer at Intermountain Primary Children's Hospital in Salt Lake City, Utah. He received his

child-to-child sexual abuse or peer-to-peer sexual abuse. While children certainly can violate other children, what has become clear over time is that both children need help.

Recently, in a comprehensive review, sociologist Dr. Simon Hackett suggested a continuum ranging from developmentally typical behaviors on one end, moving through problematic to harmful behaviors on the other extreme.^{1,2} "Peer on peer" abuse, which is the most serious of the harmful sexual behaviors, occurs when a child uses coercion or power over another child and engages them in problematic or harmful sexual behavior.

Figure 1: Hackett Continuum of Sexual Behavior

This article will focus upon the developmental aspects of sexual behaviors of children 12 years and younger, at times called pre-adolescents, since the behaviors within this age group are most often misunderstood from a developmental perspective. The following is a synopsis of a comprehensive body of research regarding the typical or age-appropriate sexual behaviors that may be seen in children under 12 years of age. This foundational research began decades ago and ongoing work through the years has confirmed its continued value and accuracy.



What are developmentally appropriate sexual behaviors in children?

According to the American Academy of Pediatrics, children inevitably, and at a very young age, "...begin to explore their bodies. They may touch, poke, pull or rub their body parts including their genitals."³ These behaviors are typical and routine. From a developmental perspective, what is normal or typical varies based on the age and stage of development in the child. The National Child Traumatic Stress Network (NCTSN)⁴ denotes the sexual development of children in terms of physical changes, knowledge and beliefs, are affected by the child's age, what the child observes, and what the child is taught. The table below describes what are understood to be typical or common sexual behaviors in children by age.

COMMON, DEVELOPMENTALLY-APPROPRIATE SEXUAL BEHAVIORS IN CHILDREN UNDER 12 YEARS⁵

Preschool children (fewer than 4 years)

- Exploring and touching private parts, in public and in private

medical degree and doctorate in education from the University of Pennsylvania, completed his residency and fellowship training at the Children's Hospital of Philadelphia (CHOP), and earned a Master's in Public Health from the University of Massachusetts. He holds subspecialty certifications in Pediatrics and Child Abuse Pediatrics from the American Board of Pediatrics. He is also a Certified Physician Executive (CPE) within the American Association for Physician Leadership. He completed the Patient Safety Certificate Program from the Quality Colloquium, is certified in medical quality (CMQ) as designated by the American Board of Medical Quality, and is a Distinguished Fellow of the American College of Medical Quality. Prior to arriving in Salt Lake City, Dr. Giardino most recently served as Professor and Division Chief for Academic General Pediatrics at Baylor College of Medicine where he also was the Senior Vice-President and

- Rubbing private parts with hand or against objects
- Showing private parts to others
- 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 or undressing (e.g., in the bathroom)
- Asking questions about their own—and others'—bodies and bodily functions
- Talking to children their own age about bodily functions such as "poop" and "pee"

Young children (approximately 4-6 years)

- Purposefully touching private parts, occasionally in the presence of others
- Attempting to see other people when they are naked or undressing
- Mimicking dating behavior (e.g., kissing, or holding hands)
- Talking about private parts and using "naughty" words, even when they don't understand the meaning
- Exploring private parts with children their own age (e.g., "playing doctor," "I'll show you mine if you show me yours")

School-aged children (approximately 7-12 years)

- Purposefully touching private parts, usually in private
- Playing games with children their own age that involve sexual behavior (e.g., "truth or dare," "playing family," or "boyfriend/girlfriend")
- Attempting to see other people naked or undressing
- Looking at pictures of naked or partially naked people
- Viewing/listening to sexual content in media (television, movies, games, the Internet, music)
- Wanting more privacy (e.g., 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 peer

To summarize, age-appropriate or developmentally typical behaviors have some similar characteristics, in that they are:

- Characteristically playful and curious
- Displayed towards those of similar age, stage of development, physical size, and among those known to each other
- Voluntary and consensual
- Generally not painful or upsetting to the children involved
- Spontaneous and frequently unplanned
- Easily diverted when caregivers tell children to stop or explain privacy rules

When these developmentally typical behaviors are observed, most experts suggest that parents and professionals view these specific behaviors as indicators that the child is curious

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Dr. Giardino is a member of the American Academy of Pediatrics Committee on Child Health Finance. He is a recipient of the Fulbright & Jaworski Faculty Excellence Award at Baylor College of Medicine and the 2013 Healthcare Advocacy Award from Doctors for Change in Houston, TX. His academic accomplishments include published articles, chapters and textbooks on child abuse and neglect, contributions to

and ready to learn age-appropriate information about their own bodies, and the similarities and differences that they may be seeing in adults and children around them. These situations, which may feel awkward for adults, are an opportunity to have a conversation with the child. While developmentally typical sexual behaviors are not concerning for abuse, they still need to be responded to in a supportive manner.⁶ When these behaviors are observed, adults should share valuable developmentally and age-appropriate information about the child's development, as well as personal safety information.⁷

What makes children more vulnerable?

One aspect that can make children more vulnerable is the significant amount of sexual content in our popular media, which may be viewed by children on shows and commercials, in gaming applications, websites, through technology such as smart phones, texting apps and through social media. The sheer magnitude of sexual content can be daunting and may expose children at young ages to what is more commonly perceived as "adult" sexual content, which makes these conversations pivotal to providing children with age-appropriate information consistent with healthy sexual development and safe environment principles. These conversations are opportunities for parents and professionals working with children to provide information that is accurate and consistent with one's cultural and religious values.

When do behaviors go beyond age-appropriate curiosity and become more concerning?

Inappropriate sexual behaviors are less commonly observed than the exploratory behavior described above, and place the child and other children's safety and wellbeing at risk.^{8,9} Characteristics of the inappropriate sexual behaviors that warrant concern and further evaluation include the following:¹⁰

Problematic sexual behaviors:

- Asking a peer or adult to engage in a specific sexual act
- Inserting objects into genitals or anus
- Explicit imitation of sexual intercourse
- Touching animal's genitals
- Sexual behaviors that are disruptive to others
- Behaviors that are persistent and resistant to distraction

Harmful sexual behaviors:

- Any sexual behaviors involving other children more than 4 years apart, chronologically or developmentally
- A variety of sexual behaviors displayed on a daily basis
- Sexual behaviors that result in emotional distress or physical pain
- Use of coercion or physical force
- Associated with other physically aggressive behavior

several national curricula on the evaluation of child maltreatment, and presentations on a variety of pediatric topics at both national and regional conferences. He is a Board member for several national and regional boards, including Prevent Child Abuse America, Mobilizing Action for Resilient Communities, the U.S. Center for SafeSport, and the National Advisory Council of the Conference of Major Superiors of Men (CMSM) for the U.S. Catholic Church, where he provides advice on how to best protect children from sexual abuse. He is also co-editor of the Children at Risk Journal of Applied Research on Children: Informing Policy for Children at Risk and the Journal of Family Strengths. Previously, Dr. Giardino served for 12 years on the National Review Board for the U.S. Conference of Catholic Bishops, where he chaired the Research Subcommittee, was elected Vice-Chair, and introduced the concept of high reliability as a quality improvement approach to work

- Persistent sexual behaviors and the child becomes angry if distracted

toward the response, and ultimately the prevention, of child sexual abuse in the church environment.

Sexual behaviors that warrant immediate evaluation and intervention to protect the children involved include those that are beyond the child's developmental state (e.g., a 3-year-old attempting to kiss an adult's genitals), involve power imbalances, can be threatening or aggressive, may use force, are distressing, not easily distractable and could be violent. They could involve children who differ widely in age or abilities (e.g., a 12-year-old "playing doctor" involving genitalia with a 4-year-old.¹¹ However, while a distinct possibility, not all developmentally inappropriate sexual behaviors indicate that the child has been a victim of abuse, and could be an indicator of other situations that need attention and proper response. In addition to being a victim of child sexual abuse, inappropriate behaviors could be a sign of family stress, the child seeing information via technology, and medical conditions such as conduct disorder and attention deficit/hyperactivity disorder as well.¹²

How should professionals respond to inappropriate sexual behaviors?

Developmentally inappropriate or age-inappropriate sexual behaviors require a more robust response than the "teaching moment" approach suggested above for typical, age-appropriate sexual behavior. In responding to problematic and harmful sexual behaviors, protection of the children involved and prevention of future inappropriate behaviors are the first priority, then ensuring that everything is properly documented and that all parties receive help.¹³ Taking a measured, evaluation-based tailored response approach guided by research and coupled by one's organization's policies and procedures, along with state law is ideal.¹⁴ If the policies are outdated, they should be reviewed and updated with new, emerging work that reflects current research.

Typically, an administration's response to inappropriate sexual behavior in a child under 12 years old includes several steps. For example,

- First taking steps to ensure that all of the children are safe,
- Ensuring that the incident is thoroughly documented from the beginning of the process (including precipitating circumstances before behavior was observed, specific observed details, whether it was seemingly planned or spontaneous, age/size/power imbalances, whether behavior involved coercion/force/secretcy, etc.),
- Communicating with child protective services or law enforcement (note: though different agencies and states may have different reporting requirements, this may not absolve you or your organization for reaching out to communicate),
- Communicating with the parents,

- Consulting with professionals (such as a therapist, social worker, law enforcement, child advocacy center, etc.) to determine if the child with problematic sexual behaviors can safely return to the organization's environment,
- Ensuring that the child who has problematic sexual behaviors as well as any children who were involved or who witnessed the behavior are safe and receive appropriate counseling and any other necessary services and supports.

The organization may have a professional designee who then can help conduct a more detailed evaluation of the incident or it may use an external expert who can assist. If you are an employee or volunteer, it will be important to communicate your concerns or observations to child protective services, law enforcement and the school administration.

Keep in mind, there may be a situation where you will personally observe a problematic sexual event or a child may disclose to you about problematic sexual behavior happening to them, either from another child or even an adult. Listen to them in a calm, non-judgmental manner, believe them, and once they are safe, communicate either your observations, suspicions of abuse or what a child has told you to child protective services or law enforcement, and then the school or parish administration.

Conclusion

Curiosity and exploration are hallmarks of the developing child. When children exhibit inappropriate or unsafe behavior, it should be addressed. The guiding principles are to communicate frequently with the youth and provide the child with information that is tailored to their age and developmental level, that combines basic developmental information with safety lessons. It is also possible that the behavior needs to be reported, and that the children need professional help. Children in all environments are safer when safe adults are monitoring children and willing to speak up when inappropriate behavior occurs.

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Children.

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1) Which of the following statements is/are TRUE regarding children aged 12 and younger?

- A) ☐ Anytime we see any type of behavior that seems inappropriate from a child, we must immediately make a report to law enforcement and child protective services.
- B) ☐ Not all developmentally inappropriate sexual behaviors indicate that the child has been a victim of abuse, and could be an indicator of other situations that need attention and proper response, such as a conversation, notification to parents and potential therapy/treatment.
- C) ☐ Inappropriate behaviors could be a sign of family stress, the child seeing information via technology, and medical conditions such as conduct disorder and attention deficit/hyperactivity disorder.
- D) ☐ All of the above.
- E) ☐ Both B and C.

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