



Child Sexual Behaviour and Sexual Behaviour Problems

Information for Parents and Caregivers

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Introduction

Sexual development in children begins at birth and continues into adulthood. A child's learning of sexual knowledge and sexual behaviours takes place in a developmental context which includes physical, cognitive and psycho-social changes, experienced within and influenced by their particular family and community environment. Sexual knowledge and behaviours develop and change over time as children and youth transition through developmental stages specific to a particular age group. Common features that typically occur in all children's learning of sexual knowledge and in their sexual development are outlined in the charts below.

Typical Sexual Knowledge, Development and Behaviour

Children 3 to 5 years old

- Gender permanence is established
- Gender differences are understood
- Limited information about pregnancy and childbirth
- Know labels for sexual body parts, but use slang
- Use names of elimination functions for sexual parts
- Do not have a strong sense of modesty
- Enjoy their own nudity
- Are interested in toileting functions
- Use elimination words with peers
- Sexual and genital curiosity increase
- May explore body differences between boys and girls
- Have gender role behaviours. (This is observed by age 1 and is well delineated by age 3 or 4)
- Prefer same gender. (This develops earlier and more strongly in boys than in girls)
- Exhibit sex play with peers and siblings
- Experience pleasure from touching their genitals, and touch self, even in public
- Can experience physical sexual reactions

Adapted from Bonner & Silovsky (2002)

Typical Sexual Knowledge, Development and Behaviour

Children 6 to 12 years old

- Aware of genital basis of gender
- Aware of sexual aspects of pregnancy
- Increasing knowledge of sexual behaviour: masturbation and intercourse
- Knowledge of puberty changes
- Boys and girls associate with own gender
- Sexual activity more concealed
- Documented increases in masturbation in boys
10% at age 7; 14% at age 8; 85 % at age 13
- Parental attitudes, peers and societal values influence child's attitudes towards sex
- Sex games with peers, siblings
- Show modesty, embarrassment; hide sex games from adults
- May fantasize or dream about sex
- Interested in media sex
- Use of sexual language with peers

Adapted from Bonner & Silovsky (2002)

Typical Sexual Play

When exhibited, sexual play in all age groups is typified by

- Exploration
- Spontaneity
- Intermittent activity
- Mutuality in agreement
- Takes place with a child of similar age, size and developmental level
- Is not accompanied by anger, fear, or strong anxiety

Identifying Sexual Behaviour Problems in Children

When sexual behaviours occur that are problematic, they may be identified in the following ways:

- Greater frequency or duration than developmentally expected
- Frequency excludes normal childhood activities
- Do not decrease with use of parenting responses that are usually effective
- Harmful to child or others
- Coercive or aggressive
- Elicit fear and anxiety in children
- Take place with children much older or younger than self

Basic Philosophy

Sexualized behaviour in young children does not reflect a 'character defect' or 'addictive behaviour.'

Change in young children's behaviour requires a change in their environment

Children's self-concept develops from messages given by their caregivers

Adapted from Bonner & Silovsky (2002)

Guidelines for Discussion of Sexuality and Sexual Behaviour with Children

1. When you talk with your child about sexuality, make certain that you have correct information. If you do not know the answer to a question, be honest with your child. You could look for the answer together in a book from the library.
2. Pay attention to your child's questions and answer the questions at the level he/she can comprehend. If your child is asking about how animals make babies, just talk about that. If they want to understand the entire reproductive cycle, get them books or diagrams and help them understand that process.
3. Remember how your parents discussed or did not discuss sexuality with you, and decide whether you want to change how you talk to your child. If your child has not asked and is not asking questions about sexuality, make sure you are not somehow discouraging communication in this area.
4. If some children are not ready to discuss sexual behaviour, let them know that you will talk with them when they are ready. Let your child know that you will try again another time and then remember to bring it up again later.
5. Find a time to bring up the topic of sexuality. For example, if you see a program on television or a movie with your child where a sexual issue is raised, state your agreement or disagreement with the way in which it is portrayed. Have age-appropriate books on sexuality available for your children and read these books together.
6. It is recommended that parents use the generally accepted terms for body parts (breasts, penis, vagina, etc.), particularly with children ages 6-12.
7. When you discuss sexuality with your child, remember that your own sexual values will be conveyed to your child. If there is a difference between your attitudes about sexual behaviour and how you act sexually and what you want your child's sexual behaviour and attitudes to be, this could cause your child to be confused.
8. A way to encourage communication about sexuality with children is to ask them what the "dirty" jokes are that are going around their school. You may find that they are not much different than the jokes told when you were growing up.

Another technique you might use is to ask about slang words being used. This will give you an opportunity to clarify the accurate meaning of the words used and the jokes being told, if your child is confused by them.

9. When your child uses a “dirty” word, you may want to ask what the word means. You may need to tell the child the actual meaning of the word. It is up to you whether your child is allowed to use the dirty or slang words. However, if parents use these words, it is very possible that children will imitate them.
10. It is important for children to know that changes will occur in their bodies during puberty before these changes occur.
11. It is also important for children and adolescents to know about sexual intercourse, reproduction and contraception before they become sexually active.
12. Children are more likely to engage in responsible sexual behaviour if they have positive models, correct knowledge and clear values. Children learn most of their values and attitudes by watching adults and peers.

Note: If parents or caretakers are having problems in their intimate relationships, these issues should not be discussed with the child, nor should the child be used as a confidante. Children cannot help their parents with adult sexual problems. This does not mean, if a child is aware of relationship difficulties the parent is having with a mate, that the child’s questions should not be answered. However, the questions should be discussed only to the extent that they are helpful to answer the child’s questions.

Adapted from Johnson (1989)

Sexual Behaviour Rules

It is important for parents/caregivers to begin to talk with their children at an early age about sexuality and to teach them appropriate boundaries. There are no absolute and fixed standards and boundaries. They vary across different cultures and across different families, reflecting social, educational, psychological, cultural and religious values, as well as an individual family's values. The rules in the following charts reflect typical values and practices in our community today.

Private Parts Rules for Preschoolers

- No touching of others people's private parts.
- No other people touching your private parts.
- No showing private parts to other people.
- No touching your own private parts when others are there.
- Touching your own private parts when you are alone is O.K.

Adapted from Bonner and Silovsky (2002)

Sexual Behaviour Rules for School-Age Children

- It is not OK to touch other people's private parts
- It is not OK to show private parts
- It is not OK for other people to touch your private parts
- IT is OK to touch your private parts in private
- It is not OK to make others feel uncomfortable with your sexual language or behaviour.

Adapted from Bonner and Silovsky (2002)

Children's Sexual Behaviours Which Cause Concern

1. *Sexual behaviours involving children of different ages or developmental levels.*

Healthy childhood play and friendship generally involves children of the same age range and developmental level, unless a child is isolated from same-age children. When children of different age or different level of development engage in sexual behaviours together, it is of concern. The wider the age or developmental difference, the greater is the concern.

Children seek out friends with whom to engage in normal sexual exploration. Friends who will keep a secret are sought, as most children are very wary of adult response to sexual play.

2. *Sexual behaviours which are out of balance with other aspects of the child's life and interests.*

Children are interested in every aspect of their environment from the sun rising to how babies are made. While children may explore some aspects of their world more extensively at certain periods of their young lives, their interests are generally broad and intermittent. Children's sexual behaviours follow the same pattern. At one time they may be very interested in discovering about sexuality and another time about how the dishwasher works or what will make Mommy mad. Many fluctuations occur in a day, a week, and a month. When a child is preoccupied with sexuality, this raises concern. If a child would prefer to masturbate rather than play with friends, this raises concern.

3. *Children who seem to have too much knowledge about sexuality and behave in ways more consistent with adult sexual expression.*

As children develop, they acquire knowledge about sex and sexuality from television, movies, videos, magazines, their parents, relatives, school and other children. Knowledge gathered in these time-honoured ways is generally assimilated without disruption into the child's developing understanding of sex and sexuality, and this translates into additional natural and healthy sexual interest. When children have been over-exposed to explicit adult sexuality, or have been sexually abused, they may engage in or talk about sexual behaviours which are beyond age-appropriate sexual knowledge and interest.

4. ***Sexual behaviours which are significantly different than those of other same-aged children.***

The frequency and type of children's sexual behaviours depend, to a certain extent, on the environment (home, neighbourhood, culture, religion) in which they have been raised, their parent(s)' attitudes and actions related to sex and sexuality, and their peers' behaviours. If a child's sexual behaviour stands out among their neighbourhood peers, this raises concern.

5. ***Sexual behaviours which continue in spite of consistent requests to stop.***

Most adults are consistent in their admonitions against children openly engaging in sexual behaviours. While adults may be inconsistent regarding other behaviours, and children may persist in engaging in them, children generally learn very quickly that there is a strong taboo on sexual behaviour.

Children's sexual behaviours which continue in the view of adults, despite requests to stop or even punishment, may be a conscious "cry for help". A child may persist in the behaviour until adults pay heed, discover and curtail the antecedents of the sexual behaviour.

6. ***Sexual behaviours which occur in public or other places where the child has been told they are not acceptable.***

When a child has been told not to engage in sexual behaviours or told to do so in private, the child generally responds so as not to be reprimanded. When a child does not conform to these requests, it may indicate that the child's sexual behaviour is driven by anxiety or other discomfoting or overwhelming emotions. This type of sexual behaviour is generally not within the full conscious control of the child.

The child who is anxious when in the presence of certain precipitating stimuli may respond directly by masturbating or engaging in other sexual behaviours. Hiding the sexual behaviours or finding friends to engage in the behaviours in private may not be possible for these children. Anxiety, guilt or fear-driven sexual behaviour often does not respond to normal limit setting.

7. ***Children's sexual behaviours which are eliciting complaints from other children and/or adversely affecting other children.***

Generally, children complain when something is annoying or discomfoting to them. When a child complains about another child's sexual behaviour, it is an indication that the behaviour is upsetting to the child and should be taken seriously. In natural and healthy sexual play, both children agree explicitly or

indirectly not to tell, and engage in it willingly. It is quite unlikely that either would tell on the other; therefore, if one child is telling, this is cause for concern and an indication that the behaviour may be having an adverse effect on the child.

8. *Children's sexual behaviours which are directed at adults who feel uncomfortable receiving them.*

Children hug adults and give them kisses. These are generally spontaneous reflections of caring to a well known adult or because they have been told to kiss the adult or caretaker. When a child continues to touch an adult in a manner more akin to adult-to-adult sexual contact, or offers her/himself as a sexual object, or solicits sexual touch from adults, this raises concern.

9. *Children (four years and older) who do not understand their rights or the rights of others in relation to sexual contact.*

Children who do not understand who has the right to touch their bodies, or whose bodies they can touch, may have had their own personal boundaries violated. Some children may live with persons who do not respect their emotional, physical or sexual privacy. These children may not have learned proper boundaries and hence may violate the boundaries of others. Sexual abuse often involves teaching children to touch others in a sexual way. Children may be taught how to stimulate adults or other children

10. *Sexual behaviours which progress in frequency, intensity or intrusiveness over time.*

While sexual behaviour in children is natural and expected, the frequency is not generally high, is sporadic, and occurs outside the vision and knowledge of others. When a pattern of sexualized behaviour develops unabated, and the behaviours encroach into another's emotional and physical space, this raises concern.

11. *When fear, anxiety, deep shame or intense guilt is associated with the sexual behaviours.*

Children's affect regarding sexuality is generally light-hearted, spontaneous, giggly and silly. In some cases, if a child has been caught engaging in sexual behaviours, the adult's response may have generated embarrassed or guilty feelings in the child. Yet these feelings are qualitatively different than the deep shame, intense guilt, fear or anxiety of a child who has been fooled, coerced or threatened into sexual behaviours or overexposed to adult sexuality.

12. *Sexual behaviours which cause physical or emotional pain or discomfort to self or others.*

Greater concern is warranted for children who engage in any behaviours, including sexual behaviours, which induce pain or discomfort in themselves or others.

13. *When anger precedes, follows or accompanies the sexual behaviour.*

In healthy development, sexual expression and exploration is accompanied by positive emotions. Children who have been sexually abused may feel anger and suspicion about all sexual expression. When children associate negative and hostile emotions with sexual behaviour, this may be their response to having been coerced, forced, bribed, fooled, manipulated or threatened into sexual contact, or they are aware of this happening to someone else.

14. *When verbal and/or physical aggression precedes, follows or accompanies the sexual behaviour.*

Verbal or physical aggression which accompanies children's sexual behaviours is a learned response to sexuality. In general, children who repeat this behaviour have witnessed repeated instances in which verbally and/or physically aggressive behaviour has occurred, often in the context of sex. Children may have witnessed their parents or other adults hitting one another when fighting about sexual matters. Some children may have witnessed a parent being sexually abused. Some parents use highly sexual words when verbally assaulting their partners. When sex and aggression are paired with the child's sexual expression, this is cause for great concern.

15. *When coercion, force, bribery, manipulation or threats are associated with sexual behaviours.*

Healthy sexual exploration may include teasing or daring; unhealthy sexual expression involves the use of emotional or physical force or coercion to engage another child in sexual behaviour. Children who engage in coercive sexual behaviour may find a child who is emotionally or physically vulnerable to coerce into sexual behaviour.

Adapted from Finkelhor (1983), Friedrich (1991), Friedrich, Grambsch, Broughton, Kuiper, & Beilke (1991), Johnson (1993a), Johnson (1993b)

Behaviours Related To Sex and Sexuality In Pre-School Children

Normal Range	Of Concern	Seek Professional Help
Touches/rubs own genitals when diapers are being changed, when going to sleep, when tense, excited or afraid	Continues to touch/rub genitals in public after being told many times not to do this	Touches/rubs genitals in public or in private to the exclusion of normal childhood activities
Explores differences between males and females, boys and girls	Continuous questions about genital differences after all questions have been answered	Plays male or female roles in an angry, sad, or aggressive manner. Hates own/other sex
Touches genitals, breasts of familiar adults and children	Touches the genitals, breasts of adults not in the family. Asks to be touched himself/herself	Sneakily touches adults. Demands touching of self
Takes advantage of opportunity to look at a nude person	Stares at nude persons even after having seen many persons nude	Sneakily touches adults. Makes others allow touching, demands touching of self
Asks about genitals, breasts, intercourse, and babies	Keeps asking people even after parent has answered questions at age-appropriate level	Asks strangers after parent has answered. Sexual knowledge too great for age
Erections	Continuous erections	Painful erections
Likes to be nude. May show others their genitals	Wants to be nude in public after parent says no	Refuses to put on clothes. Secretly shows self in public after many scoldings
Interested in watching people doing bathroom functions	Interest in watching bathroom functions does not wane in days/weeks	Refuses to leave people alone in bathroom. Forces way into bathroom
Boys and girls interested in having/birthing babies	Boys interest does not wane after several days/weeks of play about babies	Displays fear or anger about babies, birthing or intercourse
Uses “dirty” words for bathroom and sexual functions	Continues to use “dirty” words at home after parent says no	Uses “dirty” words in public and at home after many scoldings
Interested in own feces	Smears feces on walls or floors more than one time	Repeatedly plays or smears feces after scolding
Plays doctor, inspecting other bodies	Frequently plays doctor after being told no	Forces child to play doctor, to take clothes off
Puts something in the genitals or rectum of self or others due to curiosity or exploration	Puts something in genitals or rectum of self or other child after being told no	Any coercion or force in putting something in genitals or rectum of other child
Plays house, acts out roles of mommy and daddy	Humping other children with clothes on	Simulated or real intercourse without clothes, oral sex

Behaviours Related to Sex and Sexuality in Young School-Age Children

Normal Range	Of Concern	Seek Professional Help
Asks about the genitals, breasts, intercourse, babies	Shows fear or anxiety about sexual topics	Endless questions about sex. Sexual knowledge too great for age
Interested in watching/peeking at people doing bathroom functions	Keeps getting caught watching/peeking at others doing bathroom functions	Refuses to leave people alone in bathroom
Uses “dirty” words for bathroom functions, genitals, and sex	Continues to use “dirty” words with adults after parents say no and punish	Continues to use “dirty” words even after exclusion from school and activities
Plays doctor, inspecting others’ bodies	Frequently plays doctor and gets caught after being told no	Forces another child to play doctor, to take off clothes
Boys and girls are interested in having/birthing a baby	Boy keeps make-believing he is having a baby after month(s)	Displays fear or anger about babies or intercourse
Show others his/her genitals	Wants to be nude in public after parents say no and punish child	Refuses to put on clothes. Exposes self in public after many scoldings
Interest in urination and defecation	Plays with feces. Purposefully urinates on the floor	Repeatedly plays with/smears feces. Urinates on furniture on purpose
Touches/rubs own genitals when going to sleep, when tense, excited or afraid	Continues to touch/rub genitals in public after being told “no” Masturbates on furniture or with objects	Touches/rubs self in public or in private to the exclusion of normal childhood activities. Masturbates on people
Plays house, may simulate all roles of mommy and daddy	Humping other children with clothes. Imitates sexual behaviour with dolls/stuffed toys	Humping naked. Intercourse with another child. Forcing sex on other children
Thinks other-sex children are “gross” or have “cooties”. Chases them	Uses “dirty language” even when other children really complain	Uses bad language against other child’s family. Hurts other sex children
Talks about sex with friends, Talks about having a girl/boyfriend	Sex talk gets child in trouble. Gets upset with public displays of affection	Talks about sex and sexual acts a lot. Repeatedly in trouble in regard to sexual behaviour
Wants privacy when in bathroom or changing clothes	Becomes very upset when seen changing clothes	Aggressive or tearful in demand for privacy
Likes to hear and tell “dirty” jokes	Keeps getting caught telling “dirty” jokes. Makes sexual sounds, i.e. moans	Continues to tell “dirty” jokes even after exclusion from school and activities
Looks at nude pictures	Continuous fascination with nude pictures	Wants to masturbate to nude pictures or display them
Plays games with same-aged children related to sex and sexuality	Wants to play games with much younger children related to sex and sexuality	Individually or as part of group, forces others to play games related to sex and sexuality.

Normal Range	Of Concern	Seek Professional Help
Draws genitals on human figures	Draws genitals on one figure and not another. Genitals in disproportionate size to body	Genitals stand out in drawings as most prominent feature. Drawings of intercourse, group sex
Explores differences between males and females, boys and girls	Confused about male/female differences after all questions have been answered	Plays male or female roles in a sad, angry or aggressive manner. Hates own/other sex
Takes advantage of opportunity to look at nude child or adult	Stares/sneaks to stare at nude persons even after having seen many persons nude	Asks people to take off their clothes. Tries to forcibly undress people
Pretends to be opposite sex	Wants to be opposite sex	Hates being own sex. Hates own genitals
Wants to compare genitals with peer-aged friend	Wants to compare genitals with much older or younger children or adults	Demands to see the genitals, breasts, buttocks of children or adults
Wants to touch genitals, breasts, buttocks of other same aged child or have child touch them	Continuously wants to touch genitals, breasts, buttocks of other children. Tries to engage in oral, vaginal or anal sex	Manipulates or forces other child to allow touching of genitals, breasts, buttocks. Forced or mutual oral, anal or vaginal sex
Kissing familiar adults and children. Allowing kissing by familiar children or adults	French kissing. Talks in sexualized manner with others. Fearful of hugs and kisses by adults. Gets upset with public displays of affection	Overly familiar with strangers. Talks in a sexualized manner with unknown adults
Looks at the genitals, buttocks, breasts of adults	Touches/stares at the genitals, buttocks, breasts of adults. Asks adult to touch them on genitals	Sneakily or forcibly touches genitals, breasts, buttocks, of adults. Tries to manipulate adult into touching them
Erections	Continuous erections	Painful erections
Puts something in own genitals/rectum	Puts something in own genitals/rectum when it feels uncomfortable. Puts something in the genitals/rectum of other children	Any coercion or force in putting something in genitals/rectum of other child. Anal, vaginal intercourse. Causing harm to own genitals/rectum
Interest in breeding behaviours of animals	Touching genitals of animals	Sexual behaviours with animals

Charts adapted from Johnson (Undated)

Guidelines for Responding to Children Who are Engaging in Sexual Behaviour

- Remain calm, voice even. Count to ten if needed. Remaining calm helps your child to understand it's the behaviour you don't approve of, not them.
- Provide a reminder of the specific privacy rule that they are breaking, (e.g. "Remember, no touching of others' private parts.") Children do forget. In addition, we may be trying to change a behaviour that has become a habit, so it will take time.
- Clarify for the child: "If you choose to continue doing _____, then _____ will happen."
- If a consequence is necessary, provide it immediately in a firm but calm manner (e.g. "Because you touched Tommy's private parts, you chose to go to time out.")
- After the consequence, help them to think of things they could have done instead of the sexual behaviour (e.g., talk to an adult, play with a toy, draw a picture).
- Let them know that you believe in their ability for self-control and that they can try something different the next time. "Next time you feel like touching Susie's private parts, you can play _____ instead, or you can come and ask me for help. You could tell me, 'I need help to not touch'." Talk with the child and practice with them.
- If you determine that consequences are not necessary, redirect them to another activity. If the behaviour is okay to be done in private (e.g., masturbation), remind your child that the behaviour is okay to be done in the bedroom, but not in public.
- Praise your child during times when s/he is engaged in positive behaviours.

Bonner, B.L.; Walker, C.E. & Berliner, L (1994).

Recommendations for Parents with Children with Sexual Behaviour Problems

1. Close supervision is important when the child is playing with other children. Check on them frequently to make sure you know where they are and what they are doing. Do not allow them to play in a room with the door closed.
2. It is preferable that the child does not bathe with other children or sleep in the same bed. Also, if possible, the child should sleep in a room alone.
3. The child should not be given any opportunities for assuming a role of authority over younger or more vulnerable children.
4. Sexually explicit materials should not be available in the home. With easy accessibility to sexually explicit materials on the internet, parents need to be mindful of and monitor their child's internet use.
5. Adults should enforce privacy in their bedroom and in the bathrooms. There should be established rules about entering the adults' bedroom (e.g., knock before entering). If engaging in sexual activity, adults should take steps to ensure that children cannot come in and observe.
6. The adults should use appropriate modesty in the child's presence. There should be no nudity, partial nudity, or explicit displays of sexual behaviour by either parent or other adults in front of the child. It is, however, appropriate for adults to show normal affection to each other and the children.
7. The child should not be permitted to sleep or bathe with the parent.
8. Adults should communicate clear rules and expectations about privacy and appropriate sexual behaviour to the child. It is important that all members of the family know and observe the rules.

Adapted from Bonner, Walker & Berliner (1994)

Methods to Help Prevent or Decrease Sexual Behaviours

1. Rehearse the Private Parts (PP) Rules at home to help your child/ren understand that these rules apply to home as well as to group.
2. Have a regular “family time” at home and periodically check to see if your child/ren are able to recall the Private Parts Rules.
3. Praise your child for their positive behaviour. Catch them being good and label it. Think of what behaviours you would look for to praise, following the PP rules.
4. Have a prearranged cue for your child to remind them if they have a slip. This is most useful for behaviours that have become a habit, like masturbation. To arrange a “cue,” with your child, talk with them when they are having a good day and arrange a signal that can be used to remind them to “Stop and choose something different.”
5. Encourage and reward your child for coming to you for help, if they feel the need to act out.
6. To help prevent the sexual behaviours, provide substitute activities for your child at times when they are most likely to act out. These activities should be:
 - Things the child likes to do
 - Activities that use their energy
 - Activities that require concentration which will distract the child: video games are sometimes good, the game “concentration” for young children using pictures, big numbers or letters.
 - Something that provides appropriate physical nurturance, e.g. holding hands, stroking child’s hair, patting their back. This can help fill a need for physical contact in appropriate ways.
 - Let your child know what the consequences will be for breaking the Private Parts Rules. Not every behaviour needs a time-out. The most severe behaviours’ consequence may be to time out the child or time out the toy from the child.
 - Alternatives to consequences include: redirection, reminders, and distraction.
 - Elicit support from others in the child’s life (daycare workers, baby-sitters, friends, and relatives) to reinforce the Private Parts Rules.

Adapted from Bonner, Walker & Berliner (1999)

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