When responding to age appropriate sexual behaviour staff will:
- Calmly direct the children away from the activity
- Reinforce the messages of the child protection curriculum – as appropriate for their age group
- Tell the parents/caregivers of the children involved about what occurred so that parents/caregivers can reinforce the messages
- Inform wider groups of parents/caregivers if a number of children observed the behaviour or staff are aware children are discussing the behaviour. This is to help reinforce consistent messages
- Monitor the children’s behaviour and take further actions if behaviours continue.

When responding to concerning or serious sexual behaviour staff will:
- Immediately intervene in the behaviour if occurring at the centre/preschool/primary school and report to staff
- If appropriate, away from other children’s hearing ask open questions such as “where have you seen someone doing this?” or “what is happening in this picture you’ve drawn?”
- Contact the parents/caregivers” of the children involved as soon as possible on that day to explain the incident and to set up a meeting
- Report the incident to other authorities as required by their employer or legislation (see ‘Reporting obligations’)
- Help refer parents/caregivers to appropriate sources of assistance or counselling
- Develop a behaviour/support plan for each of the children involved in collaboration with their parents/caregivers and any other involved agency
- Inform a wider group of parents/caregivers if a number of children observed the behaviour or staff are aware children are discussing the behaviour. This is to help reinforce consistent messages
- Monitor the children’s behaviour and take further actions if behaviours continue.

What should parents/caregivers do if their children engage in or are affected by problem sexual behaviour?
- Meet with staff as soon as possible after the behaviour has occurred
- Help develop the plan to support their child and take up suggested referrals to specialists if made
- Stay in close contact with staff, follow all the agreed actions in the plan and immediately tell staff about behaviours or observations that are of concern
- Direct all their concerns through the staff leader and avoid discussing the matter, particularly within children’s hearing
- Appreciate that children’s identities should be protected as far as possible and as required by certain laws.

What behaviours might staff ask parents/caregivers to look out for?
In response to problem sexual behaviours parents/caregivers may be asked to look out for behaviours in their children that are different to what they normally see. For example:
- Reacting differently to people or situations
- Saying things that adults find concerning or unusual
- Speaking about sexual things in a way that is unusual for their age
- Changes to their pattern of toileting, for example bedwetting
- Changes to sleeping patterns such as nightmares or disturbed sleep patterns
- Changes to their pattern of toileting, for example bedwetting
- Changes to eating patterns such as changes in appetite or changing eating behaviour
- Not wanting to attend the centre/preschool/primary school
- Drawing sexual parts or showing people hurting others
- Becoming upset or scared when people talk about bodies or sexual behaviour.

Reporting obligations
Staff are sometimes required to make reports to other authorities when incidents of this kind occur. These may include:
- Child Abuse Report Line (Families SA)
- SA Police
- Education and Early Childhood Services Registration and Standards Board of SA
- IRMS Report (DECD services only)
- Families SA social worker if the child is under the Guardianship of the Minister.

In some circumstances the child protection agency or police might:
- Monitor the children’s behaviour and take further actions if behaviours continue.
- Ask open questions such as “where have you seen someone doing this?” or “what is happening in this picture you’ve drawn?”
- Contact the parents/caregivers” of the children involved as soon as possible on that day to explain the incident and to set up a meeting
- Report the incident to other authorities as required by their employer or legislation (see ‘Reporting obligations’)
- Help refer parents/caregivers to appropriate sources of assistance or counselling
- Develop a behaviour/support plan for each of the children involved in collaboration with their parents/caregivers and any other involved agency
- Inform a wider group of parents/caregivers if a number of children observed the behaviour or staff are aware children are discussing the behaviour. This is to help reinforce consistent messages
- Monitor the children’s behaviour and take further actions if behaviours continue.
What does this brochure explain?
This brochure explains the way preschool and early years staff may also help other professionals explore the reasons why young children’s sexual behaviours are therefore different happening to them or around them. The responses staff make they may not have the language to clearly explain what's about the impact of their behaviour on others. In addition Young children do not have the same kind of understanding are therefore guided by the laws that apply and the level of someone's wishes. The actions staff take with older children are generally have a clear idea about whether their behaviour is inappropriate, against the law or against 18. The full guidelines are titled Sexuality in young children includes touch, talking, to understand that this chart is a guide only – every situation young people birth to age 9 is provided opposite. It is very important to continue. Sexual ‘behaviour’ in young children includes touch, talking, questions, play acting and drawing.

Why might young children develop problem sexual behaviours?

There are a number of reasons children might develop problem sexual behaviours. For example young children may have: a developmental problem which prevents them from understanding and following adults’ instructions been shown sexually explicit material or pornography by other children or adults watched adults having sex been sexually, physically or emotionally abused by someone been neglected or not properly supervised by adults. It is important to remember that young children are not responsible for these circumstances. It is also important to know that while staff can help identify serious problems it is other professionals with legislated powers who will intervene to protect children.

What is normal sexual behaviour and what is problem sexual behaviour?
Much sexual behaviour in young children is completely normal and parents/caregivers and staff can expect to observe it in children’s everyday activities. These “age appropriate” sexual behaviours are an important part of children’s healthy development. However when children’s sexual behaviours are not considered age appropriate or they continue after adults’ intervention, they are considered “problem” sexual behaviours. The guidelines Responding to problem sexual behaviour in children and young people contains a behaviour chart to help staff assess children’s sexual behaviours. Part of that chart, dealing with children birth to age 9 is provided opposite. It is very important to understand that this chart is a guide only – every situation is different and what might appear age appropriate the first time it occurs becomes a concerning or serious problem when it continues.

Sexual behaviour guide—Birth to 9

This is a guide—only. It is not exhaustive. All behaviour must be considered in its context and these will include a wide variety of cultural, religious and social values. ‘Context’ also includes factors such as the physical and intellectual capacity or the mental health of the child/young person and these contextual factors must be taken into consideration. Intervention must occur with all sexual behaviour that is considered concerning or serious.

**SERIOUS**

- behaviour which is excessive, secretive, compulsive, coercive, degrading or threatening
- significant age, developmental and/or power difference to the individuals concerned
- represents a serious risk to the mental or physical health of the individual or others

Response: Immediately intervene, report, monitor and document

<table>
<thead>
<tr>
<th>AGE APPROPRIATE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Serious</strong></td>
</tr>
<tr>
<td>• behaviour which is excessive, secretive, compulsive, coercive, degrading or threatening</td>
</tr>
<tr>
<td>• significant age, developmental and/or power difference to the individuals concerned</td>
</tr>
<tr>
<td>• represents a serious risk to the mental or physical health of the individual or others</td>
</tr>
</tbody>
</table>

**Response: Immediately intervene, report, monitor and document**

**Birth to 5 years**
- • simulation of explicit foreplay or sexual behaviour in play |
- • persistent masturbation |
- • persistent touching of the genitals of other children |
- • persistent attempts to touch the genitals of adults |
- • sexual behaviour between young children involving penetration with objects |
- • forcing other children to engage in sexual play |

**Birth to 5 years**

- • simulation of explicit foreplay or sexual behaviour in play |
- • persistent masturbation |
- • persistent touching of the genitals of other children |
- • persistent attempts to touch the genitals of adults |
- • sexual behaviour between young children involving penetration with objects |
- • forcing other children to engage in sexual play |

**5 to 9 years**

- • persistent masturbation, particularly in front of others |
- • sexual behaviour engaging significantly older or younger children |
- • sneaking into the rooms of sleeping younger children to touch or engage in sexual play |
- • simulation of sexual acts that are inappropriate for their age (eg oral sex) |
- • persistent sexual themes in talk, play, art etc |

**Concerning**

- • outside age appropriate sexual behaviour in terms of persistence, frequency, type |
- • inequality in age or developmental abilities between the individuals concerned |
- • behaviour is unusual or different for a particular individual |
- • causes discomfort in others |

Response: Intervene, plan in consultation with others, refer if appropriate, monitor and document

**Birth to 5 years**

- • preoccupation with adult sexual type behaviour |
- • pulling other children’s pants down/shirts up against their will |
- • explicit sexual conversation using sophisticated or adult language |
- • preoccupation with touching another’s genitals (often in preference to other child focused activities) |
- • chronic peeping |
- • following others into toilets to look at them or touch them |

**Birth to 5 years**

- • preoccupation with adult sexual type behaviour |
- • pulling other children’s pants down/shirts up against their will |
- • explicit sexual conversation using sophisticated or adult language |
- • preoccupation with touching another’s genitals (often in preference to other child focused activities) |
- • chronic peeping |
- • following others into toilets to look at them or touch them |

**5 to 9 years**

- • questions about sexual activity which persist or are repeated frequently, despite an answer being given |
- • writing sexually threatening notes |
- • engaging in mutual masturbation |
- • use of adult language to discuss sex (eg ‘Do you think I look sexy?’ or ‘Look at my dots—they’re screwing’) |
- • single occurrence of peeping

**AGE APPROPRIATE**

- • age appropriate sexual behaviour which is spontaneous, curious, mutual and easily distracted or redirected |
- • involves equals in terms of age and developmental status |
- • interest in sexual matters is balanced with interest in other parts of life |
- • other people are unharmed and unaffected |

Response: Use an opportunity as an opportunity to discuss social expectations regarding appropriate public and private behaviour

**Birth to 5 years**

- • thumb sucking, body brushing and holding of genitals |
- • wanting to touch other children’s genitals |
- • asking about or wanting to touch the breasts, buttocks or genitals of familiar adults (eg when in the bath) |
- • games (eg ‘doctor/nurse’, ‘show me yours and I’ll show you mine’) |
- • enjoyment of being nude |
- • interest in body parts and functions |

**Birth to 5 years**

- • thumb sucking, body brushing and holding of genitals |
- • wanting to touch other children’s genitals |
- • asking about or wanting to touch the breasts, buttocks or genitals of familiar adults (eg when in the bath) |
- • games (eg ‘doctor/nurse’, ‘show me yours and I’ll show you mine’) |
- • enjoyment of being nude |
- • interest in body parts and functions |

**5 to 9 years**

- • masturbation to self-soothe |
- • increased curiosity in adult sexuality (eg questions about babies, gender differences) |
- • increased curiosity about other children’s genitals (eg playing mutual games to see who has the biggest penis) |
- • telling stories or asking questions, using swear words, ‘wot?’ words or names for private body parts |
- • increased sense of privacy about bodies

This guide is adapted, with permission, from the Family Planning Queensland resources: Sexual behaviour in children and adolescents—A guide for adults to identify, assess and respond to sexual behaviours which cause concern.

Why does the brochure focus on health therapists.

The brochure was developed in consultation with other agencies and Government and non-government education sectors. They can be downloaded from this website www.decd.sa.gov.au.

They were first written in 2010 and they are used by the Government and non-government education sectors. They were developed in consultation with other agencies and experts including police, child protection workers and child health therapists.

What is the brochure based on?

This brochure is based on a larger set of guidelines that cover sexual behaviour involving all age groups from birth to 18. The full guidelines are titled Responding to problem sexual behaviour in children and young people and can be downloaded from this website www.decd.sa.gov.au.

It is other professionals with legislated powers who will know that while staff can help identify serious problems it is other professionals who will intervene to protect children.

The closer staff and families work together the greater the chance that all children’s needs are quickly and properly met.

***What does this brochure explain?***

This brochure explains the way preschool and early years staff will respond to young children’s sexual behaviour. It aims to give parents/caregivers a clear idea about what to expect and the way they may be involved. Staff rely on the help of parents and caregivers when responding to any issues of young children’s behaviour and sexual behaviours are no different.

Older children generally have a clear idea about whether their behaviour is inappropriate, against the law or against someone’s wishes. The actions staff take with older children are therefore guided by the laws that apply and the level of responsibility older children have for their own conduct.

Youth does not have the same kind of understanding about the impact of their behaviour on others. In addition they may not have the language to clearly explain what's happening to them or around them. The responses staff make to young children’s sexual behaviours are therefore different and have a strong focus on educating children. In some cases staff may also help other professionals explore the reasons underlying individual children’s sexual behaviours.