

# Fact Sheet



## Problem Sexualised Behaviour

**Problem Sexualised Behaviour (PSB)** is behaviour which is identified as sexual in nature and age inappropriate. These kinds of behaviours can extend from sexual knowledge/talk, inappropriate sexual activity/play to genital penetration of self or other children. PSB can occur openly in front of others, however it can also occur in secrecy and involve coercing other children to engage in the behaviour.

PSB can occur for a number of reasons:

- The child experienced sexual abuse and/or viewed pornography,
- The child has/is spending time with other children who are displaying Problem Sexual Behaviour,
- The child has witnessed and/or experienced domestic violence,
- The child is living in or being exposed to a sexualised environment,
- The behaviour is being used by the child as a way of regulating their emotions,
- The behaviour is being used by the child as a way of establishing connection with others.

## Why talk about Problem Sexualised Behaviour?

Organising appropriate early intervention is the key to helping both the child with the problem behaviour and any other children or families affected.

## PSB can look like:

### 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 younger or less able children.
- Sneaking into the rooms of sleeping younger children to touch or engage in sexual play.
- Simulation of sexual acts that are sophisticated for their age (e.g. oral sex).
- Persistent sexual themes in talk, play, art etc.

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### 9 to 12 years:

- Persistent masturbation, particularly in front of others.
- Sexual activity (e.g. oral sex or intercourse).
- Arranging a face-to-face meeting with an online acquaintance.
- Sending nude or sexually provocative image of self or others electronically.
- Coercion of others including same age, younger or less able children into sexual activity.
- Presence of Sexually Transmitted Infection (STI).

### 13 to 18 years:

- Compulsive masturbation (especially chronic or public).
- Degradation/humiliation of self or others with sexual themes (e.g. threats, phone, email, touch).
- Attempting to or forcing others to expose genitals.
- Preoccupation with sexually aggressive pornography.
- Sexually explicit talk with younger children.
- Sexual harassment, forced sexual contact.
- Sexual contact with others of significant age and /or developmental difference.
- Sending nude or sexually provocative images of self or others electronically.
- Joining adults only online dating services.
- Sexual contact with animals.
- Genital injury to others or self.

Pathways to Change. Practice Handbook: Responding to Children and Young People with Problem Sexual Behaviours (2014). North Hobart, Tasmania Sexual Assault Support Service Inc.

Traffic Lights adapted from the Child at Risk Assessment Unit 2000.  
Age Appropriate Sexual Play & Behaviour in Children. Canberra, ACT Govt  
Community Care 5-11.



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## **When responding to a child demonstrating these behaviours there are a number of steps you should follow:**

### **1. Establish Safety**

Intervene immediately and stop the behaviour. (Early intervention is best)

Adopt a calm, non-blaming approach, and separate the behaviour from the child. Use language that is specific and names the behaviour as not okay, for example, “Your penis is a private part, it is not for showing to your friends” rather than “No, we don’t do that here – that’s not appropriate.” Once you have intervened reassure all children involved that they are safe and explain to the child who displayed the PSB that their play with other children will be supervised and that this is about making sure everyone is safe

### **2. Redirect**

Explain to the child why the behaviour is NOT O.K. Say exactly what was wrong about what they were doing, to avoid confusing them. Allow the child to talk openly about what happened if they choose to. Do not ask leading questions e.g. did you do this because it happened to you?, let the child share what they feel is necessary. Introduce an activity that the child finds enjoyable/relaxing after the discussion.

### **3. Education/Boundary Setting**

Educate the child about boundaries, private parts, safe and unsafe touch. The Protective Behaviours WA Program is a means of doing this, the program incorporates these topics in addition to increasing the child’s knowledge and skills related to safety.

Support the child to learn new safe ways to express their emotions and to share their worries with you.

Open the communication with your child about sex to enable them to talk with you about it when necessary.

### **4. Get Support**

Acknowledge that this is a challenging situation. PSB is not something that is easy to deal with. It is important to understand that you don’t have to manage this alone. Identify safe people you and your child can speak with about the impact of the behaviour on your family. Support your child to identify safe adults that they feel they can talk with about the behaviour at times when you are not available.

### **5. Contact Counselling Services such as Waratah**

Problem Sexual Behaviour can have an emotional impact on all of those living in the home. It is important that you, your child and others impacted, have a place where you can talk about and learn to manage the behaviours. As well receive support to reduce the likelihood of the PSB occurring in the future.

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**As well as things to do, there are a number of things to avoid:**

**Shaming the child:** It is very easy to unintentionally shame the child by tone of voice, body language or what is said. Behaviours that can shame the child include:

- Labelling the child e.g perpetrators, paedophiles etc
- Discussing the behaviour publicly in front of the child;
- Blaming or threatening the child e.g “look what you have done” or “if you do it again...”
- Telling the child that they have hurt you or made you look bad.
- Telling the child that they are bad for displaying the behaviour.

All of these behaviours make the child feel bad about themselves, increase their anxiety and sense of shame. This can make the child less likely to talk and trust, and thus can interfere with their willingness to engage in conversations which will support them to understand the behaviour, manage it and reduce the likelihood of its occurrence.

**Don't ignore, cover up or overreact to the behaviour.** The behaviour will not go away by itself. It is important to talk calmly to the child about the problem sexual behaviour; explain that its not ok and that you will help the child to learn to manage the behaviour. PSB can be stopped by getting appropriate help for the child/family.

**Don't make promises you cannot keep.** For a child to be able to work through the behaviour they need to be able to trust you. Don't say you're not going to tell anyone if you do need to tell another adult or make a report.

*Remember that it is the behaviour that is the problem, not the child.*

*The child is able to learn different behaviour.*

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