Sometimes it can be difficult to tell the difference between normal sexual behaviors and when it is time to be concerned. Below you will find a breakdown of childhood development and what is considered to be normal and interrupted sexual development.

**Age: Birth to 18 months**

*Normal Sexual Development*
- Boys have penile erections and girls lubricate shortly after birth
- Do not differentiate genitals from rest of body
- Will explore all parts of their body they can reach
- Need to be touched

*Development Interrupted By Sexual Abuse*
- Will be difficult to comfort due to fear of physical injuries
- Eating, sleeping and bowel movement disturbances

*Indicators*
- Frequent urinary tract infections from abuser
- Rashes or itching on genital area
- Symptoms of venereal disease, such as vaginal or penile discharge, genital or oral sore
- Pain in the genital area from rips or abrasions
- Genital warts
- Children who have been anally penetrated often have problems with: fecal impaction, renal retention, diarrhea, spastic colon or constipation
- Children who have been orally penetrated may engage in gagging, spitting, vomiting, nausea and stomach aches
- Fear of physical harm
- May reject food that resembles ejaculate: vanilla ice cream, tapioca or cream of wheat

*Appropriate Response*
- Healthy touching, rocking
- Treat injuries
- Protect from abuser
- Educate non-offending parent
Age:  18 months to 3 years

Normal Sexual Development
• Discovers own body parts, explores genitals, other parts of body
• Touching or rubbing genitals against crib or toy feels good
• Shows interest in different positions of urinating between boys and girls, little modesty
• Physical touching, nurturing still essential for healthy development
• Language develops and may be used to communicate fears, concerns

Development Interrupted by Sexual Abuse
Same as other. Also, abuse disrupts child’s ability to trust that the world is safe, that they will be protected. Needs lots of nurturing.

Indicators
• Injuries as listed previously
• Excessive fears
• Sleeping and eating problems
• Excessive crying
• Precocious sexual play
• Physical aggression toward others

Appropriate Response
• Treat injuries
• Healthy touching-allow regression-rock to sleep
• Encourage development of social skills
• Protect from abuser-educate non-offending parent

Age:  3-6 years

Normal Sexual Development
• Begin to identify themselves as boys/girls as our culture defines it
• Increased interest in body. Development of modesty-while dressing, toileting
• Develops social consciousness (feelings of guilt)
Identification with same sex parent

Development Interrupted by Sexual Abuse
• Basic identity is inferiority rather than competence
• Development of shameful feelings about one’s self and body
• Loyalty/confusion
• Keeping “the secret” causes them to question basic trust of others to protect, care for them
• Helplessness and depression results
• Uses denial to repress feelings
Uses sexualized play to express unresolved feelings

Indicators
• Injuries/diseases
• Excessive anger or withdrawal
• Precocious sexual knowledge and behaviors (initiating intercourse, fellatio with peers, etc.)
• Excessive or public masturbation
Age: 7-12 years

Normal Sexual Development
- Social expectations become more important
- Conforms to expectations of others, concerned with fairness and rules
- Develops self-esteem through accomplishments and positive relationships with adults
- Sexual experimentation increases, also curiosity about bodies leads to looking at pictures, mutual touching of genitals
- Actually much slower development than in the entire period before

Development Interrupted by Sexual Abuse
- Conflict around divided family loyalty more intense than at earlier age
- Feelings of guilt and need to keep “the secret” intensify
- Believes she is “different”
- Feels pressure of parent role reversal
- Takes on many caretaking tasks
- Feels unworthy of others’ friendships
- Withdraws from peer relationships
- Has negative feelings about her own body
- Sexual over-stimulation may be frightening or it may cause child to seek further sexual experiences
- Uses body to get social approval

Indicators
- Earlier indicators still apply
- Begins to be “seductive” to adults
- Social withdrawal, quarreling with siblings and peers, depression, phobic reactions in new situations including school
- Antisocial behavior
- Over compliant
- Begins to sexually abuse other children
- Frequent fears of illness/body injury
- Distorted body image (thumb sucking, etc.)

Appropriate Response
- Teach age appropriate social skills; assertiveness, expression of feelings, appropriate expression of anger, asking for help
- Encourage healthy body image: good hygiene, sex education, physical recreation
- Support school tasks
- Family therapy
- Provide frequent, specific praise

Age: 13-18 years

Normal Sexual Development
- Increased concern about physical appearance
- Uneven emotional growth, impulse control varies
- Peers more important than family
- Tries skills in many activities
- Conflict with parents to test authority, independence
- Begins exploring sexual intimacy with sex partner (age for this varies with social norms)
Begins development of own value system
Development Interrupted by Sexual Abuse

- Anxiety may produce sleeping/eating disorders, self mutilation, physical complaints, aggressive or antisocial behaviors
- High threshold for pain
- Suicidal threats and gestures
- Still controlled by perpetrator
- May take risk of disclosing abuse to trusted peer or adult
- May use sexuality to gain friends-promiscuous
- Uses sexuality to be valued or gain acceptance within foster family
- Continues role reversal with same sex parent or foster parent (as taught in family or origin)

Indicators

- Feels worthless, like a failure in social and/or academic settings
- Trouble thinking about future
- Poor problem solving skills
- Running away, early marriage, over-achieving
- Socially isolated
- Chemical dependence problems
- Aggressive behaviors
- Vulnerable to exploitation, early pregnancy, diseases, victimization
- May attempt to control social relationships within foster family to reestablish only successful social role as sexual partner and caretaker

Appropriate Response

- Same as other
- Long term intervention
- Teach:
  - Assertiveness
  - Problem solving
  - Development of long term goals (career, healthy social/sexual relationships)
  - Street management skills
- Family therapy and growth therapy

Normal Sexual Development

Girls
Age: 12 years
Average age of pubescence for females: begin growth spurt around age 10: develop secondary sex characteristics between 10-14. Sexual desire not related to physical changes (that have been found so far), instead related to social factors.

Boys
Age: 14 years
Average age for pubescence for males: begin growth spurt around age 12: develop secondary sex characteristics between 12-16. Sexual desire same as other.

Adapted from Fostering the Sexual Abused Child (pp.24-26) by Jo Wintker and Rebecca Judy, 1986, Knoxville: University of Tennessee College of Social Work, Copyright 1986 by the University of Tennessee College of Social Work.