

Summary

The Developmental Chart is an additional tool used in combination with the Sensoa Flag System. It can help you to correctly assess sexual behaviour at a specific age. You will be given an overview of what is known about sexual behaviour in children and young people in scientific literature. This revised version includes a focus on signs of sexual abuse, emotional development, gender and cultural diversity. The Developmental Chart is an additional tool used in combination with the Sensoa Flag System. It can help you to correctly assess sexual behaviour at a specific age. You will be given an overview of what is known about sexual behaviour in children and young people in scientific literature. This revised version includes a focus on signs of sexual abuse, emotional development, gender and cultural diversity.

Colophon

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What is the Developmental Chart?

The Developmental Chart contains an overview of potentially sexually suggestive behaviour by age category, from ages 0 through 17.

The list is based on scientific literature on the sexual development of young people.

As a professional, the examples given on the Developmental Chart will help you to:

- · correctly assess sexual behaviour at a specific age;
- respond appropriately to sexual behaviour in children and young people.

The Developmental Chart is an additional tool used in combination with the Sensoa Flag System.

The Developmental Chart is not a normative list

The Developmental Chart is a list of behaviours that may or may not be considered appropriate for the sexual development at a certain age. The tool helps professionals or parents to look at the sexual behaviour of children and young people and helps to place it within the sexual development. It is not a normative list: the list does not say what should happen at a certain age. So, as in many cases, customization is needed and we should have a good impression of the capabilities, maturity and comprehension of the young people in front of us. Therefore, what is acceptable for one person may not be acceptable for someone else, even in the same situation. The list is a touchstone, not a guide.

The list was compiled in 2012 and modified here and there. A thorough revision is urgently needed. Quite a lot of recent research has been published on young people's experiences of sexuality - and in many different languages. Word usage and aspects such as gender experience have also evolved in the meantime. The Developmental Chart is mainly based on western research published in English. We have translated little or no research from other languages. Until recently, translation modules were not sufficiently reliable in terms of correctly translating the sometimes nuanced sexual behaviours. A thorough reworking is desirable in this regard as well. This is a labour-intensive and complex work. Sensoa is therefore looking for a partner and for additional resources to adapt the list to new data.

How is the Developmental Chart used?

You can use the Developmental Chart to look up what types of sexual behaviour often occur at each age. The chart includes harmless behaviour, as well as transgressive forms of sexual behaviour.

Each type of behaviour described is assigned a flag:

- Green flag: acceptable sexual situation
- Yellow flag: moderately transgressive sexual situation
- Red flag: seriously transgressive sexual situation
- Black flag: severely transgressive sexual situation

These flags are assigned according to the 6 criteria of the Sensoa Flag System.

Each of the flags is associated with an educational response that can help you to respond appropriately.

Behaviour that is repeated following corrective measures is assigned a different flag.

A yellow flag will then become a red flag, and a red flag will become a black flag. If the behaviour is repeated following corrective measures, it means that the people involved now know the boundary and is knowingly acting transgressively, which will be regarded as more serious.

We adapt the rule in the case of children with a disharmonious development profile or for other reasons:

- · young age;
- disability;
- low developmental level.

Even after a corrective measure has been taken, these types of children will not (yet) know where the boundary lies and will sometimes need more time to learn new behaviour.

Using the Developmental Chart with a disharmonious profile

What is a disharmonious profile?

There is a disharmonious development profile if **the intellectual, emotional and physical development** are not at the same level.

Emotional development in particular often develops more slowly. That is why a young person may still display sexual behaviour associated with a lower developmental level.

In children with a disability, this is often the case. Children who have been the victims of trauma also frequently have a disharmonious development profile.

Some examples:

- A 16-year-old boy who suffers from autism has the cognitive level of an 8-year-old child and the emotional development level of a 3-year-old.
- A 7-year-old girl who has been a victim of trauma has a normal level of cognitive development, but an emotional development level comparable to a 1.5-year-old infant.

How do we assess behaviour in a person with a disharmonious profile?

- On the Developmental Chart, look for the age category in which the child's developmental age lies.
- · Look to see whether the child's behaviour is understandable, based on their level of cognitive or emotional development.
- If the behaviour can be explained from a development perspective, this does not mean that the behaviour is therefore okay. The disharmonious development profile does not fully explain the (transgressive) behaviour. Other factors may also be in play. The behaviour may be triggered by certain stimuli or experiences. Or it may, for example, be reinforced by amused or angry responses from their environment.
- It is important to identify the child's underlying needs: what does the behaviour say about this child and what does the child actually need?

For example:

A 10-year-old boy has a cognitive and emotional level more or less at that of a toddler. Due to his developmental age, he shows a lot of interest in women's breasts. Just like a toddler, he grabs the breasts of girls and women around him.

This boy's interest in breasts can be explained on the basis of his developmental level. It is not an obsession or an uncontrollable urge, but a type of behaviour that is development specific.

But a 10-year-old child is not a toddler. People around him will respond differently than they would to a 2-year-

What is more, this 10-year-old boy already has some life experience. Over the years, for example, he has learned that he will get a lot of attention if he grabs women's breasts. This behaviour has partly been reinforced and amplified as a result of the responses from those around him, even if these were negative.

How should we respond in the case of a person with a disharmonious profile?

- The first thing to do is identify the cognitive and emotional development of the child.
- Then look at the developmental chart to identify the extent to which the behaviour observed is development specific. In practice: what flag does the behaviour get?
- The colour of the flag should guide your reaction.

Or you can approach it the other way round:

- On the Developmental Chart, identify the age category to which the behaviour observed belongs.
- Does the age category of the behaviour observed not correspond to the developmental age of the child? Then this will help you gain an insight into the disharmonious profile of the child.
- Look up which flag is assigned to the behaviour. The colour of the flag should guide your reaction.

Signals indicate situations of concern

The exclamation mark (!)



The list shows a number of behaviours that are not transgressive in themselves, but may well point to a need for extra care and attention. These are preceded by an exclamation mark.

An exclamation mark indicates a situation that demands extra vigilance. Bear this in mind when you assess certain behaviour or an emotional expression, and determine a response.

- The behaviour may signal **sexual abuse** or another **underlying problem**.
- This person is particularly vulnerable and may find it hard to know where the boundaries are.
- There is a risk that they will not be supported. For example, no privacy or a high likelihood of negative reactions from those around them.

What should you do if there is an exclamation mark?

- · Keep a closer eye on things.
- · Look in more depth at possible causes of the behaviour.
- Offer more proximity and support.
- · Consider all the people involved.
- · The behaviour may be a sign of underlying problems, for example, if the person displaying the behaviour is or has been a victim themselves.

Based on what criteria are the flags assigned?

Green flag

The descriptions under the green flag are of situations that are okay according to all the Sensoa Flag System criteria and that occur in about 20 percent of children and young people.

Researchers assume that if one child in five displays the behaviour, this is playing a functional role in their development. (Friedrich, 1998)

This concerns behaviour where the boundaries for mutual consent, voluntary engagement and equality are not exceeded, that are logically appropriate to the developmental phase, and which are also okay for the context, with a behavioural impact upon the people involved that is not negative.

Yellow, red and black flag

With the other flags, you will find behaviour for which **at least one of the criteria is not okay**. For example, if the behaviour is not sufficiently private, or if there is too much inequality between the people involved. We generally indicate for which criterion boundaries were crossed in this regard too.

In the event of **repeated transgressive behaviour**, a yellow flag becomes red, or a red flag becomes black. Here, we assume that the people around the child / young person have taken corrective action and that the latter has understood the given boundaries.

	Green	Yellow	Red	Black
Consent	Okay	+- Okay	- Okay	Okay
Voluntary engagement	Okay	+- Okay	- Okay	Okay
Equality	Okay	+- Okay	- Okay	Okay
Development	Okay	+- Okay	- Okay	Okay
Context	Okay	+- Okay	- Okay	Okay
Impact	Okay	+- Okay	- Okay	Okay

Category	Green flag Acceptable behaviour	Yellow flag Moderately transgressive behaviour	Red flag Seriously transgressive behaviour	Black flag Severely transgressive behaviour
Infants (aged 0 to 1.5)	Emotional development; Adaptation phase (0-6m) and Initial socialisation (6-18m): Infants can enjoy sensory stimuli, but can either under-react (be indifferent, etc.) or over-react (be over-excited, defensive, etc.). They enjoy skin contact, being touched and being physical. From 6 months, a preference arises for significant others, who the child needs for their basic security. They will actively seek them out, having difficulty sharing attention or missing the important other person. There is a burgeoning interest in 'equals', imitation or parallel play; empathy has not yet entered into the picture. An infant communicates by means of signals and with the whole body, and will already be imitating facial expressions, words and gestures. Intonation is more important than the content. From the age of 6 months, an infant communicates with facial expressions, sign language and actions. Infants ask for physical and verbal contact. Initially, emotions show little differentiation; as the child gets older, joy, love, anger and fear become clearly distinguishable. An infant unconsciously assumes emotions from significant others and shows that they miss the other. Initially, there is no awareness of norms; the infant does not realise they are hurting others. You can only physically prevent them from doing something wrong. The physical presence of 'the significant other' is necessary to set boundaries and have rules followed. There is no transfer of boundaries and rules to new situations yet, and a lot of repetition is necessary. When frustrated, an infant is dependent upon external regulation of stimuli (cradling, massage, physical contact, recognisable voice, etc.). An infant will often want immediate gratification (Claeys & Verduyn, 2012).	! Sexual interaction and play can be 'claiming'. Self-harming behaviour in great frustration. An infant may smear products from their own body (faeces, spit). May show uncontrolled aggression towards themselves and the people around them. ! May show extreme and disproportionate reactions to a minor incident. May show extreme sensory handling of certain objects (licking, smelling, etc.). May also respond apathetically to stimuli. May atypically express fear by, for example, interacting too easily with people or situations, or not showing any reaction (Claeys & Verduyn, 2012). ! Marked protesting behaviour, agitation, apathy, aggressiveness towards the significant other. ! Rapid mood swings.		
	Physical development: skin contact and suckling: Skin contact is a source of satisfaction. Being cuddled, caressed and kissed can feel pleasant (Van der Doef, 1994). Infants may suckle, bite and make noises. The suckling reflex is strong right after birth. To suck one's thumb, for example (Van der Doef, 1994). Infants may get erections. There is no consensus yet as to whether this is caused by sexual pleasure or pressure on the bladder (Van der Doef, 1994).			
	Touching the genitalia: Boys aged from 6 to 8 months and girls aged from 8 to 11 months touch their own genitalia involuntarily. Once motor skills have developed sufficiently to be able to consciously take hold of something (by the end of the 1st year), touching the genitalia becomes more deliberate (de Graaf and Rademakers, 2007; de Graaf et al, 2004; Zwiep, 2005) (Cohen-Kettenis & Sandfort, 1996; Hayez, 2005; in these 2 articles: around 6-7 months for boys & around 10-11 months for girls). Children show an interest in the genitalia of others: an earlier interest in male (from 13 months) than in female genitalia (from 17 months). This interest barely drops until the 6th year (de Graaf & Rademakers, 2003).	Touching and stimulating genitalia in a public space. ! Touching or exposing the genitalia of other children without consent is moderately transgressive behaviour.		

Masturbating, playing with genitalia: Between 15 and 19 months, infants explore their own bodies. They stimulate their genitalia, for example with their hand, by squeezing their thighs together or by rubbing their genitals against something (Roos & de Graaf, 2014).		
Walking around naked, frolicking and cuddling: Infants walk and crawl around naked (Zwiep, 2005; Friedrich et al, 1998). Infants are not yet aware of the context-related rules in this regard. Infants like to be cuddled, caressed and kissed. Skin contact is a source of satisfaction. Touching can give a pleasant feeling (van der Doef, 1994).	Walking around naked in a public space when this is unsafe or dangerous. The context makes this moderately transgressive.	
Gender differences between men and women: Infants can see the differences in appearance between men and women. They do not yet fully realise that these are permanent characteristics. They are not yet able to indicate their own sex properly (de Graaf, 2002; Straver, 1998; van der Doef, 1994; De Wit et al., 1995).		

Category	Green flag Acceptable behaviour	Yellow flag Moderately transgressive behaviour	Red flag Seriously transgressive behaviour	Black flag Severely transgressive behaviour
Toddlers (aged 1.5 to 3)	Emotional development (initial individuation phase): From 18 months on, toddlers want to do everything themselves, and impose their will. Taking into account the will of others is difficult. Toddlers can already purposefully provoke others to get a reaction, for example, by taking off their clothes and saying naughty words. They are stubborn and resist authority (the 'no' period). In addition, a toddler may be obedient in their own self-interest (Claes & Verduyn, 2012). Toddlers interact with their equals. They experience emotions such as jealously, pride, fear and anger, and have difficulty sharing. Receiving a compliment makes them happy. They recognise emotions in others, but cannot yet judge whether these are 'genuine' or 'simulated'. Toddlers do not see their own part in someone else's reaction, for example if someone becomes angry. There is the beginning of the regulation of frustrations, and emotional well-being depends on a balance between self-determination and being guided in the right way (Claes & Verduyn, 2012). They use language with supporting gestures as a means of communication, whereby they often talk about their own themes. Toddlers imitate words and sounds and intonations; say naughty words to elicit a reaction. Furthermore, they do not yet have an inner conscience, guilt or ability to empathise. Others need to impose rules and norms. They are unable to put themselves in someone else's shoes (no empathy). Causes of transgressive behaviour are placed outside of themselves (Claes & Verduyn, 2012).	Seeking negative attention. Heavy tantrums of frustration and aggression, and their own fear of rejection. ! Internalising and externalising problem behaviour: tantrums, hurting themselves, annoying others.		
	Interest in bodily parts, looking at or touching genitalia: Toddlers put all manner of small objects in their mouth or nose out of curiosity. Girls sometimes try to put a bean or a pea, or a small toy, in their vagina (Hayez, 2005). Potty training is one of the main features of this period. Consequently, there may be a greater interest in their genitalia. From the age of 1, most children are interested in the genitalia of others. Almost all children from the age of 1 look at genitalia, want to touch them or refer to them (de Graaf & Rademakers, 2009). Children's main urge in this regard is curiosity and a desire for knowledge. Toddlers therefore sometimes want to peek through open toilet, bath or bedroom doors. This also extends to looking at naked people, or touching breasts or genitals. They first show interest in their parents' bodies, and then those of their siblings and other children (Hayez, 2005).	! Putting objects in anus or vagina, whether or not during sexual games, on a one-off basis (may be a sign of abuse) (Kendall-Tackett, 1993). Insisting on looking at someone's genitalia without consent and/or in public. A one-off attempt to expose someone's genitalia without consent and/or in public. Putting their tongue in the mouth of a person they are kissing without voluntary engagement. Wanting to touch a person's breasts once, when the context does not allow it or when the person indicates they do not want to be touched. ! Noticeably often playing sexual games and sexually explicit behaviour (for example, rhythmic stimulation, mimicking sex with dolls or with their contemporaries (with clothes on). ! Sexual games when the context does not allow it.	! Repeatedly inserting sharp objects into the anus or vagina, or someone else's (may cause harm to oneself or another). ! Repeatedly insisting on looking at someone's genitalia. ! Repeatedly attempting to expose someone's genitalia without consent and/or in public. ! Touching the genitalia of children and adults once with their mouth, without consent (oral contact) ! Wanting to touch a person's breasts repeatedly, when the context does not allow it or when the person indicates they do not want to be touched.	! Repeatedly touching the genitalia of children and adults with their mouth, without consent (oral contact).

Sexual experimentation, sexual games: By the end of the toddler period, toddlers can play stereotypical sexual games. Over a quarter of 2 to 5-year-olds play doctor sometimes (Roos & de Graaf, 2014) and mummies and daddies (Cohen-Kettenis & Sandfort, 1996; Zwiep, 2005). Hugging each other and kissing on the mouth is not exceptional (Cohen-Kettenis & Sandfort, 1996; Zwiep, 2005). Children invent situations where they play adult roles, which involve sexuality. In the sexual role-play, toddlers imitate adults. These kinds of games help children discover their bodies. They familiarise them with social interaction. Children identify with the behaviour of their role models. They unconsciously appropriate some of the characteristics of their role model, and therefore shape themselves (de Graaf & Rademakers, 2009).	Noticeably often playing sexual games and sexually explicit behaviour, such as rhythmic stimulation, mimicking sex with dolls or with their contemporaries (with clothes on). Playing sexual games when the context does not allow it is moderately transgressive.	! Hurting others during the sexual game: for example, biting, pinching.	
Sexual jokes, sexual language: Around the age of 3, some children start their naughty word phase, often around potty training. They find it fun to say words such as poo, willy, piss and crap. It is a game intended to be fun and trigger a reaction from adults. Among parents of 2 to 5- year-olds, 84% say this often happens (Roos & de Graaf, 2014; van der Doef, 1994; Zwiep, 2005).	Repeatedly saying 'naughty words' when the context does not allow it.		
Masturbation, stimulating genitalia: Toddlers discover that touching and playing with their genitalia is pleasurable. Parents in various countries observe this behaviour up to the age of around 10 (de Graaf & Rademakers, 2003; de Graaf, 2013). From the ages of 2 to 6, 1 in 4 boys and 1 in 6 girls play with themselves. They do not touch or stimulate their genitalia to experience an orgasm, but it can lead to one. 10% of children between the ages of 4 and 10 play with themselves until they reach orgasm. Toddlers do not yet make the connection between sexual behaviour and orgasm. This is something they will only learn over the years and apply during puberty. In general, girls stimulate their genitals more indirectly than boys. Some familiar methods: rocking on a rocking horse, squeezing their thighs and 'mounting' dolls, other toys or a parent's knee. Not all children exhibit this auto-erotic behaviour to the same extent. 12% of boys and 20% of girls use an object to stimulate themselves (de Graaf, 2003). This may be accompanied by softly moaning, irregular breathing or blushing (Yang, 2009). Children sometimes play with themselves for comfort. Their playing with themselves then develops through frustration and as compensation (Hayez, 2005). This behaviour can also occur if they are bored, or in a state of fear or excitement (Yang, 2009).	Playing with themselves in public is moderately transgressive due to the inappropriate context. ! playing with their genitals in a context that does not allow it. ! Hurting themselves during selfstimulation. Forcing themselves on other children (Kendall-Tackett, 1993).	Repeatedly playing with themselves in public is seriously transgressive due to the repetitive nature and inappropriate context. ! Noticeably often playing with their genitalia in a context that does not allow it.	
Being naked, frolicking and cuddling: Children aged 1.5 to 3 do sometimes walk around naked or in their underwear (Friedrich et al., 1998; Zwiep, 2005). Children like to frolic and cuddle, hugging others, giving kisses and sitting on their laps. Toddlers have very different needs in this regard (Zwiep, 2005).	Intentionally exposing and showing their genitals or buttocks (mooning) in public is transgressive due to the public context. Frolicking and cuddling with strangers, infants or other small children against their will is moderately transgressive due to a lack of mutual consent.		

Sexual images, interpretation when seeing sex: Toddlers may interpret sexual images as arguments or fights, and be frightened by them. But little is known about the effect on young children when they see images of sexual arousal or sexual intercourse (Nikken, 2007).	! Confusion or anxiety due to sexual images.	! Repeated anxiety from sexual imagery (may be a sign of abuse).	
Gender identity and stereotypes: Gender identity: From the age of 2 to 2.5 years old, children know whether they are a boy or a girl and what sex other people belong to. This realisation is based on external characteristics. Toddlers sometimes think this may change later. Toddlers see that they are different from the other children – for example, 'I have a willy and you don't' (de Graaf, 2004; De Wit et al., 1995; Straver, 1998; van der Doef 1994). Children also begin to behave more in accordance with their own gender roles (Ruble, Martin & Berenbaum, 2006). They know which behaviours are 'masculine' and 'feminine' (De Wit et al., 1995).			

Category	Green flag Acceptable behaviour	Yellow flag Moderately transgressive behaviour	Red flag Seriously transgressive behaviour	Black flag Severely transgressive behaviour
Preschool children (aged 3 to 6)	Emotional development: A sense of shame gradually begins to develop in children. Pre-school children strive to copy the external features of the 'significant other': hairstyle, outfit, looks. Preschool children identify with the 'significant other' and attach value to the appraisal of that significant other. Preschool children accept rules of social behaviour and have a burgeoning sense of values and norms. Preschool children develop empathy and recognise the feelings of others, but they still base everything on their own inner feelings. They can easily name their own feelings, and are interested in stories, thoughts and feelings of others. They constantly ask why-questions. They can adapt their language to the listener and are creative with language. They show feelings of guilt and regret, and can see their own role in a conflict, as well as being more and more intrinsically motivated. Preschool children express frustrations more verbally. They exhibit destructive and aggressive behaviour toward the source of frustration, or they can be withdrawn (Claes & Verduyn, 2012). Preschool children can regularly be overcome by unpleasant feelings (guilt, anxiety, feelings of humiliation, frustration or sadness) (Hayez, 2005). They perceive symptoms related to sexuality without immediately understanding the nature or extent of these. By the end of the preschool period, preschool children lose their egocentricity and are therefore better able to empathise with the experiences of others (Zwiep, 2005).	Negative feelings such as guilt or shame, fear/anxiety and confusion are more common in girls than in boys (de Graaf & Rademakers, 2006). ! Fear of failure, very low selfconfidence, impulsive aggression (may be a sign of abuse). ! Passivity or motor hyperactivity (may be a sign of abuse). ! Potential symptoms of sexual abuse: fear, nightmares, internalising and externalising problem behaviour, regression, immaturity, aggression and antisocial behaviour.		
	Being in love, frolicking, cuddling: Preschool children frolic and cuddle. They hug or give kisses (including on the mouth), and sit on others' laps. But preschool children gradually find that they are too big to sit on others' laps anymore. Parents identify that 5 to 6-year-old preschool children touch breasts, or attempt to (Friedrich et al, 1998; Oostveen et al, 1994). Pre-school children know a feeling of being in love. In research, this is described as a special friendship (Van der Doef, 1994). Of the parents of 2-5-year-olds, 27% report that their child has previously been in love (Roos & de Graaf, 2014).	A one-off attempt to insert the tongue into another person's mouth without consent while kissing. Touching or attempting to touch breasts without asking permission.	Repeated undesired touching of breasts. Repeated attempts to insert the tongue into another person's mouth without consent while kissing.	
	Sexually suggestive language and games: Further exploration of one's own body, and other people's bodies, and the associated feelings. This exploration phase is often activated by gaps in the knowledge of the preschool child. As social control increases, this exploration gradually happens less in public. Playing doctor, mummy and daddy outside of school, out of view of adults, because they have been given the signal that these games are not appropriate, for example the school behaviour policy (Van der Doef, 1994).	Involving other children in sexual games against their will. ! Involving younger preschool children or toddlers in sexual games. ! Early, age-inappropriate sexual knowledge. Repeatedly saying 'naughty words' when the context does not allow it.	! Repeatedly, or by using coercion or dominance, involving other children in sexual games. ! Repeated sexual bullying or humiliation (e.g. constantly wanting to pull down someone's trousers);	

Around the age of 3, some children start their naughty word phase, often around potty training. At this time, children often suddenly say 'poo' or 'willy', generally largely as a joke or to elicit a reaction from the parent (Roos & de Graaf, 2014; Zwiep, 2005). Among parents of 2- to 5-year-olds, 84% say this often happens (Roos & de Graaf, 2014). Preschool children tell each other 'naughty' jokes or draw pictures of genitalia (Van der Doef, 1994). Between the age of 2 and 3 years, children also start asking questions about differences between boys and girls, pregnancy (2.5 years) and birth (3 years).	One-off sexually explicit language, noises, drawings (lewdness) which is not appropriate to the context. One-off sexually vulgar conversations with contemporaries. Early, age-inappropriate sexual knowledge (may be a sign of abuse).	may be a sign of abuse. ! Repeated sexually explicit language, noises, drawings (lewdness) that are not appropriate to the context. Repeated sexually vulgar conversations with contemporaries.	
(Brilleslijper-Kater & Baartman, 2000). Around the age of 6, children notice that adults are less open to answering questions than they claim. Children therefore start to turn more to their contemporaries (Hayez, 2005; Zwiep, 2005).		! One-off or repeated sexually explicit and/ or vulgar conversations with a (significant) age difference. ! Intentionally hurting (an)other(s) while exploring the body (biting, pinching, etc.) may be a sign of abuse.	
Walking around naked: From the age of 4, feelings of shame and prudishness develop: 'Close the door!' (Friedrich et al, 1998).	Walking around naked if the context does not allow it. Intentionally exposing and showing buttocks (mooning). ! Anxiety when getting undressed and exposing (may be a sign of abuse). ! Absence of shame.	! Repeatedly exposing oneself and being naked. ! Major anxiety when getting undressed or exposing (may be a sign of abuse).	
Self-gratification or masturbation: Many preschool children sometimes touch their genitalia. To experience a pleasant feeling, they rub or play with their genitals. The intention is not sexual ; the preschool child will fidget with their genitals because this feels nice (Van der Doef, 1994; Cohen-Kettenis & Sandfort, 1996; De Wit et al.,1995). Nine in ten parents of 2-to-5-year-olds sometimes see their child touching his or her own genitalia at home (Roos & de Graaf, 2014). Roughly 10 to 15% of children already know the typical movements for selfgratification. Self-gratification also sometimes happens due to frustration or forcompensation, for example out of boredom or a lack of playmates (Hayez, 2005). Sexual arousal in the form of blushing, sweating and heavier breathing also occurs among children (Galenson, 1990; Zwiep, 2005).	Disturbing others by being noticeably preoccupied with selfgratification. If self-gratification does not fit the context (e.g. in the classroom). Isolating oneself or being absent (social isolation). ! Disturbing others with sexually explicit behaviour (for example, rhythmic stimulation, mimicking sex with dolls or with their contemporaries (with clothes on).	! Compulsive selfgratification (without deriving pleasure from it) (may be a sign of abuse). ! Irritated genitalia (may be a sign of abuse).	
Looking at or touching genitalia: Preschool children are largely driven by a great sense of curiosity: undressing each other and look at each other's genitalia (De Wit et al., 1995), secretly peeking into bathing cubicles and seeing how someone else wees. Trying to touch the genitalia of the parents, touching the penis of a dog or cat and asking adults whether they can see their genitalia. In this way, children discover each	One-off voyeurism when the context does not allow it or against the will of others. ! Arousal from showing genitals to strangers, pornographic interest (may be a sign of abuse).	Repeated voyeurism. ! Repeatedly being aroused from showing genitals to strangers, great interest in pornography.	Repeated attempts to have sexual intercourse without consent. At their own initiative, repeatedly touching

other's bodies, play with each other's bodies, and have their first experiences of lust in the company of others. This generally involves touching each other's bodies (Cohen- Kettenis & Sandfort, 1996; in part Schoentjes et al., 1999; Van der Doef, 1994, Friedrich et al, 1998). The discovery that girls have 'nothing' can be a source of anxiety for some young boys. Conversely, girls might come to the conclusion that they have 'nothing' (else). Some enterprising preschool children will take any opportunity to find out what things are like for contemporaries (Hayez, 2005). Genital contact with the opposite sex will occur. Studies have shown that over 50% of boys and 17% of girls have had genital contact with the other gender (lying on top of each other) (Cohen-Kettenis & Sandfort, 1996).	One-off groping of others without consent. Noticeably often playing with each other's bodies, or a group playing with each other. Negative feelings such as guilt/shame, fear/anxiety and confusion are more common in girls than in boys, and when the child has been put under pressure or their friend is not of roughly the same age (de Graaf & Rademakers, 2006). Attempted sexual intercourse with consent. One-off requesting or offering oral sex to children on the same level. Putting objects in anus or vagina, whether or not during sexual games, on a one-off basis. Oral contact: Preschool children sometimes do 'head sex' after seeing images of oral sex (de Graaf & Rademakers, 2009); studies show that anal or oral contact by boys with boys does occur. Among girls, oral sexual contact hardly occurs, if at all.	Repeatedly groping others without permission. ! Touching or forcing exposure of genitals with coercion, blackmail, or manipulation, etc. Attempted sexual intercourse without consent. ! Causing or threatening anxiety (whether or not with the threat of violence). At their own initiative, touching the genitalia of children and adults once with their mouth (oral contact). ! Putting objects in anus or vagina, whether or not during sexual games, on a one-off basis; may be a sign of abuse.	the genitalia of children and adults with their mouth (oral contact). ! Forcing or imposing oral sex on younger children.
Gender identity and gender stereotypes: Preschool children gradually come to realise that they are a boy or a girl. They gradually understand that boys will later become men and girls will become women (Kohnstamm, 1993). They can name genitalia from the age of 2; from age 2.5, they know whether they themselves are a boy or a girl. Around the age of 5, children know that sex is a constant. Knowledge of gender roles increases significantly at this phase. Children also begin to behave more in accordance with their own gender roles (Ruble, Martin & Berenbaum, 2006). Between the ages of three and four, they realise that gender is a constant. Gender roles become important: "That's not a toy for a boy," "Hey, I'm not a girl," and "Those are boys' clothes". Around the age of 6, these notions are quite rigid. At this age, the reaction of others still has little impact on their self-esteem (Harter, 2008). Towards the end of the pre-school period, boys increasingly play with other boys, and girls with girls (de Graaf et al., 2004). The preference has existed since before the age of six and only gets stronger after that.	! Gender-dysphoric feelings and thoughts.		

	I	T T		
Category	Green flag Acceptable behaviour	Yellow flag Moderately transgressive behaviour	Red flag Seriously transgressive behaviour	Black flag Severely transgressive behaviour
Children (aged 6 to 11)	Emotional development: Children know sexual shame and can both be insecure about and happy with their own bodies and appearance. Popularity already plays an important role. There is a fear of being ridiculed. The significant other is no longer the pivotal figure. Relationships and friendships are increasingly important. Children experience a clear difference between being in love and friendship and are very loyal to friends. Children take responsibility, want to be useful and help others. They want to belong and need appreciation and recognition; there is social anxiety. At this age, they turn against the opposite sex. Empathy develops further; the children have an insight into the feelings, strengths and weaknesses of others and sometimes bully their 'equals'. Children engage in conversation, discussion and argument. They see cause to consequence relationships, can talk about their own feelings and, regardless of their own experiences, can sympathise with another person. A child can think about what they have done well or badly; behaviour is largely evaluated by intention. They can apply rules of good or bad, and can adapt to the rules. The internal conscience expresses itself more and more. By the end of this phase, there will be introspection and reflection (Claes & Verduyn, 2012).	Mild bullying, making fun of others.		
	Being in love, relationships and feelings: The difference between hugging, having sex and being in love becomes clear. Children describe emotions that belong with frolicking and hugging as something that happens externally to the body. Emotions that belong with being in love as something that plays out in the body (Laan et al., 1996). Being in love can trigger intense feelings in children, without sexual feelings needing to be linked to them (Van der Doef, 1994). Being in love becomes the main expression of intimacy. This may apply to a contemporary, as well as to an adult (Zwiep, 2005). Admitting that they have been in love may make a child feel very embarrassed (Van der Doef, 1994). From the age of around 8, almost all children can describe what it feels like to be in love, and most of them have been in love themselves (de Graaf & Rademakers, 2009) By the end of this phase of life, most children have been in love at one time or another, and some children have a 'boyfriend' or 'girlfriend', usually someone from the class. This relationship generally only involves standing together at break time, or hanging around with a group of friends. There is barely any physical contact (not even holding hands or kissing) and they barely spend any time with each other without others present either (Kuik, 2003). As the child gets older, physical contact becomes more closely linked to being in love: the first careful touching (sitting close together, holding hands, arms around each other) feels very exciting (Rademakers, 2000). Almost all children between the ages of 10 and 12 say they have been in love at one time or another, with 50% of the cases including kissing (de Graaf & Rademakers, 2009).	Experiencing being in love is not always mutual. Persistently urging the other person when the love is unrequited is transgressive. Putting your tongue in someone else's mouth while kissing (Schoentjes et al., 1999).		

Knowledge of sexuality: From about the age of 7, an increasing number of children know that the genitalia also have a sexual function. The majority of 7-to-8-year-olds also know that you need to have sexual intercourse in order to get pregnant and how a baby comes out of your belly (Hagens & Leeuwenburgh, 1999, de Graaf et al., 2004). As they get older, children ask more and more questions about sexuality. Two thirds of parents of 6-to-9-year-olds and three quarters of parents of 10-to-12-year-olds are asked questions about sexuality from time to time.	! Age-inappropriate sexual knowledge (may be a sign of abuse). Asking about sex at inappropriate times or in inappropriate places.		
Provocation or seduction: Children and especially girls sometimes dare to exhibit overtly provocative and seductive behaviour towards adults. Children will climb onto a trusted person's lap and show affection (Van der Doef, 1994; Zwiep, 2005).	Displaying provocative and seductive behaviour towards other adults or older young people (Lolita behaviour); flirting. Cuddling and trusting strangers without any restraint. Annoying sexually explicit behaviour (rhythmically stimulating in public, rubbing the body against people or furniture, displaying genitalia) (Van Wijk et al., 2007).	! Denigrating or humiliating themselves or others with sexual themes (for example, clothing that allows sight of breasts or makes a sexual display) (may be a sign of abuse).	
Sexual interest, desires, fantasies, peeking: Children are driven primarily by curiosity and the desire for knowledge. Children want to see what they are not allowed to see, precisely because it is forbidden (Hayez, 2005). Children show less overt interest in each other's bodies. Nevertheless, many experiment with sex and bodies and gradually become aware of various – sometimes sexually suggestive – desires (Zwiep, 2005). Although some children undoubtedly have sexual fantasies at this age, the prevalence, frequency, content and associated arousal is unknown. In retrospective studies, adults often report that they had their first sexual fantasies between the ages of 11 and 13 (Leitenberg & Henning, 1995). From around the age of 10, interest in sex grows. Sex becomes an important topic of conversation, but the extent to which children are interested in sex varies significantly at that age (Kuik, 2003). At this age, some children also come into contact with pornographic images (Roos & de Graaf, in preparation). They concentrate on a detailed knowledge of the body and genitalia (in their imaginations, a personal sexual contact is about to happen) (Hayez, 2005, between the ages of 11 and 13).	Anxieties linked to sexual fantasies. Violent fantasies. Having a considerable fascination with sex (for example, with pornography online). One-off voyeurism, for example in toilets and shower rooms (Van Wijk et al, 2007).	Having a noticeable and considerable fascination with sex (for example, with pornography online). Repeated voyeurism, for example in toilets and shower rooms.	
Looking at, touching genitalia: Numerous sexual activities with acquaintances around the age of 6 or 7 come down to experimentation or inspection. This is useful for gaining knowledge and developing a sense of safety in sexual terms (Van der Doef, 1994; Cohen-Kettenis & Sandfort, 1996). Children – and largely those aged 7 to 8 – like to show their own genitalia and want to see other children's as well. They look at these and want to know how they work: they touch then, inspect them and play with them. Games with children of the same sex have a different character than those with children of the opposite sex (Hayez, 2005; Van der Doef, 1994). Children are driven primarily by curiosity and the desire for knowledge. Children want to see what they are not allowed to see, precisely because it is forbidden (Hayez, 2005).	One-off sexual arousal in public by showing genitalia or satisfaction to acquaintances or on a webcam (Van Wijk et al, 2007). One-off attempt to undress others without their consent. One-off voyeurism, for example in toilets and shower rooms (Van Wijk et al, 2007). ! Great fear of being caught.	! Repeated sexual arousal by showing genitalia to strangers, such as gratification in public or on a webcam. ! Repeated attempts to undress others without their consent. One-off touching of the genitalia of children and adults with the mouth (oral contact) (Van Wijk et al, 2007).	Repeated touching of the genitalia of children and adults with the mouth (oral contact).

Masturbation, genital play: Masturbation increases from the age of 8, especially in boys. On average, boys masturbate for the first time at the age of 10 (de Graaf & Rademakers, 2009). The age at which girls start masturbating is more variable; they are 8 years old on average. When self-gratification does occur, it is linked to boredom, anxiety or arousal . From the age of 10 up to puberty, 30 to 40% of boys and 18 to 30% of girls begin to masturbate (Zwiep, 2005). Masturbation is being aware that sexuality takes on a function in social situations (with and through others; this may also be in groups).	Masturbation in public or with insufficient efforts to ensure privacy. Being conspicuously preoccupied with masturbation.	Irritated genitalia due to masturbation. ! Not being able to stop masturbation.	
Sexual language and sexual jokes: Genitals appear in children's drawings quite often (Van der Doef, 1994). Children come up with sexually suggestive jokes or tell each other that sex is dirty and make up rhymes with sexual words (see Hayez, 2005). From the age of 7-8 onwards, some conversations involve sexual knowledge and sexually suggestive jokes (Zwiep, 2005). Talking about sexually suggestive topics often occurs in children aged under 13. Children aged 11 and 12 often talk with each other about sex and look at pornographic pictures more often than younger children (de Graaf & Rademakers, 2009).	One-off drawings about violent sexual acts (including rape) (Van Wijk et al, 2007). One-off obscene sexual language (vulgar), sounds, drawings (indecency) (Van Wijk et al, 2007). Repeated sexually vulgar conversations with contemporaries (online and in real life) (Van Wijk et al, 2007). One-off sexually explicit and/or vulgar conversations with a (significant) age difference (online and in real life).	Repeatedly making drawings about violent sexual acts (including rape). Repeated obscene sexual language (vulgar), sounds, drawings (indecency). Repeated sexually explicit and/or vulgar conversations with a (significant) age difference (online and in real life). ! Repeatedly making drawings about violent sexual acts (including rape).	
Walking around naked: Children develop a sense of shame when they undress. They become more introverted and prudish. The bathroom or toilet door needs to be locked, for example (de Graaf, 2014; Schoentjes et al., 1999; Zwiep, 2005).	Intentionally exposing and showing buttocks (mooning) and genitals. ! Anxiety when undressing.	Regular lack of a sense of shame. ! Regular anxiety undressing.	
Online sexuality: Children in the fifth and sixth grade explore sexual themes online. For example, 5% of children (aged 10 – 12) have sent a sexy photo of themselves during the last two months. Half of the surveyed children also indicate that they take sexy photos but do not send them (Apestaartjaren, 2022). Only 10% of the children have sent a sexy photo of themselves. Most of them have sent a sexy photo of themselves only once (69%). 21% have done this several times and 10% do it more often (Apestaartjaren, 2020).	The percentage of children who receive a photo is higher than those who send a sexy photo. 52% of children were sent an unwanted photo, often of people they actually didn't know very well (Apestaartjaren, 2022). Sending sexy photos without consent is transgressive behaviour. 45% of children experience pressure to send a nude (Apestaartjaren 2022). Pressuring someone into sending sexy photos is also transgressive behaviour. Calling sex lines, chatting. Visiting porn websites.	A small group takes sexual videos and photos of others and impulsively shares them, without understanding the possible consequences (Livingstone, 2011).	! Repeatedly taking and/ or sharing sexually explicit videos and photos of others without consent and understanding the possible consequences. (Jonker & Ohlrichs, 2009)

Sexual play:
Over a quarter of parents of 6-to-9-year-olds report having observed their child
'play doctor' (Roos & de Graaf, 2014). At the end of the childhood period,
games are more often played in a group, for example, kissing games or
masturbation games (de Graaf & Rademakers, 2009). Openly touching and
caressing one's own genitals, and sexual games with other children, happens
less and less in public (Zwiep, 2005). Around 50% of boys have sexually oriented
games with other boys around the age of 10. They let each other see or touch
their genitals. One third of boys have sexually suggestive games with girls
of the same age. One third of girls have sexual games with other girls (Zwiep,
2005). In contact between girls, objects are sometimes inserted into the vagina
(18% of those aged between 10 and 12) (Klai & Ponjaert-Kristoffersen, 2000).
By the end of the childhood period, these games are less common (Schoentjes

Sexual activity: kissing, French kissing, caressing (Cohen-Kettenis & Sandfort, 1996).

Being persuaded or persuading others to participate in sexual games with negative feelings or guilt (de Graaf & Rademakers, 2006). Sexually transgressive gestures (Van Wijk, 2007). Putting objects in vagina/anus.

On a one-off basis, and under (group) pressure, forcing another to participate in sexual games or forcing sexually suggestive contact using power, coercion, authority, blackmail and manipulation (Van Wijk et al, 2007). (Attempted) sexual intercourse with a contemporary, with consent. (Attempted) anal sexual contact with a contemporary, with consent.

! Repeatedly forcing someone and under (group) pressure to participate in sexual games or forcing sexually suggestive contact using power, coercion, authority. blackmail, manipulation, violence and aggression (for example, with a knife). ! Hurting the other(s) during the sexual game (Rvan & Lane, 1997). ! (Attempted) sexual intercourse with a younger child or older person (Van Wijk et al, 2007). ! (Attempted) anal sexual contact with a younger child or older person. ! (Attempted) sexual intercourse or anal contact with a contemporary, without consent.

Gender and sexual identity:

et al., 1999).

Children are highly rigid in their gender-stereotypical ideas around the age of 5 to 6. They have clear ideas about what behaviour typically belongs to boys or to girls. In the years that follow, they become more flexible again (Ruble, Martin & Berenbaum, 2006; Zwiep, 2005; De Wit et al., 1995).

From the age of around 8, **awareness of oneself as a sexual person** and of the other as a possible affective and sexual partner. The difference between hugging, having sex and being in love becomes clear. Children describe emotions that belong with frolicking and cuddling as something that happens outside of the body, while emotions that belong with being in love are something that happens inside the body (Laan et al., 1996).

The first exploration of **sexual orientation** starts around the ages of 8 to 10. Young people who develop a non-heterosexual orientation may already be aware of these feelings. Among homosexual boys, 5% have already told someone that they fall for the same gender by the age of 12(de Graaf, Kruijer, Van Acker & Meijer, 2012). Homosexual attraction and fantasies occur on average in boys at 9-10 years old and in girls at 10-11 years old (de Graaf & Rademakers, 2009).

! Children with gender-dysphoric feelings and thoughts. This occurs in a small number of children. The unease with their biological sex usually disappears before the onset of puberty. The negative impact of this unease can harm development.

! Fears, panic and serious doubt regarding one's own sexual identity and sexual preference.

Category	Green flag Acceptable behaviour	Yellow flag Moderately transgressive behaviour	Red flag Seriously transgressive behaviour	Black flag Severely transgressive behaviour
Teenagers (12 to 14 years old)	Emotional development: Puberty is a period of inner uncertainties. 12- to 17-year-olds undergo a second socialisation phase which involves a turbulent period. Sexuality and body awareness become very important. They push boundaries and are very self-absorbed. Thinking develops from operational to abstract. They experiment with seducing and kissing (Vonk & Hosmar, 2009). Teenagers look for the answers to their (psychological and sexual) questions. They have (sometimes explicit) conversations with contemporaries, both online and offline, to look for answers. Teenagers experiment with seducing and kissing (Vonk & Hosmar, 2009).	Possible symptoms like: •! depression; •! isolation; •! somatising (developing physical symptoms); ! low self-image.	Possible symptoms like: •! self-harm; •! substance use; •! depression or suicidal ideation; •! withdrawing or running away; •! promiscuous behaviour; •! somatising; •! low selfimage; •! delinquent behaviour.	
	Physical development: From the average age of 11, young people enter puberty. Various changes take place in the body, such as bodily hair, breast development, voice breaking, more rapid growth. The first menstruation (also called menarche) occurs on average around the age of 13. But having a first period at the age of 10 or 15 is also perfectly normal. Boys start puberty later than girls. Once they enter it, the first ejaculation will take place, through masturbation or while asleep (wet dream) (de Graaf, 2013). The development of secondary sexual characteristics and more rapid growth sometimes lead to insecurity. In girls, the gain in body fat prompts more dissatisfaction with their bodies and a desire to be slim. Conversely, during puberty, boys grow toward the 'ideal of beauty' and therefore become more satisfied with their bodies at this phase of life (possibly after a short dip around the start of puberty) (Cash & Pruzinsky, 2002). The opinion of others becomes more and more important and early adolescents are highly sensitive to rejection and critique (Westenberg, 2008).	Provocative and seductive behaviour toward adults (Lolita behaviour) is moderately transgressive behaviour due to the difference in development. ! Dissatisfaction with the body and physical changes, anxiously hiding away their body and covering it up. ! But also prominently displaying the body.	! Denigrating or humiliating themselves or others with sexual themes (for example, clothing that allows sight of breasts or genitals). ! Self-destructive behaviour (may be a sign of abuse).	
	Being in love, relations and feelings: Teenagers display a growing sexual interest in and curiosity about others. Although they still feel partial shame and guilt about sexuality, the average 12-14-year-old nevertheless thinks positively about sexuality (de Graaf et al, 2017). Contact becomes more personal and individual. Most boys and girls (more than 80%) have been in love at some point and over 2/3rds have also had sex (de Graaf, 2012). Relationships are usually quite superficial. Young people with a visual, auditory or physical disability find it more difficult to find love, have less experience and come across as more dependent (Meihuizen-De Regt, 2008). Contemporaries become more important than parents as a source of support and information (Bokhorst, Sumter & Westenberg, 2010). Sexuality becomes something for the personal sphere; contact with the other sex becomes more personal and individual. Hanging around with contemporaries of the same gender grows more and more into a mixed friendship group (partial credit to de Graaf et al., 2004).			

Sexual jokes and sexual language:	There is a great deal of behaviour that may be	Repeatedly carrying out	
Sexual jokes that are not offensive.	intended as a joke for the young person, but crosses the boundary for someone else. For example: One-off sexual teasing; for example, sexual comments about body parts, appearance or clothing. Intentionally exposing and showing one's own buttocks (mooning). One-off use of sexually explicit language, noises, drawings (lewdness), sexual graffiti (serious and shocking). Sexually explicit conversations with younger children are moderately transgressive due to the difference in development.	sexual bullying, for example: constantly calling somebody a whore or gay, or making sexual remarks about body parts, appearance or clothing. Repeated use of sexually explicit language, noises, drawings (lewdness), sexual graffiti (serious and shocking).	
Sexual experience – sexual intercourse: Around 20% of 12-14-year-olds have already kissed with their tongue. More boys (15%) than girls (9%) have experience feeling and caressing another person. A small minority already has experience of sexual intercourse (2-3 percent) and oral sex (2-3%). A majority of 12-14-year-olds (84%) nevertheless consider themselves too young to have sex (de Graaf et al., 2017). Among younger beginners, the reasons for having sexual intercourse are more focused on the other person, rather than on their own pleasure and enjoyment (de Graaf et al., 2017).	Given the young age, sexual intercourse with a contemporary is moderately transgressive, even with mutual consent. Because of their young age, early adolescents may be less comfortable, less likely to show what they find nice and less likely to ask the partner what he or she finds nice (de Graaf et al., 2017). As a result, they sometimes overstep their own or their partner's boundaries. ! Promiscuous behaviour such as having several sexual partners at once, wearing sexually suggestive clothing.	Asking others to perform sexual acts, such as anal, oral or genital contact, without clear consent. Forcing one-off sexual contact using power, coercion, authority, blackmail, drugs or manipulation, given that the voluntary engagement of the other person is compromised (Jonker & Ohlrics, 2009). Inserting sharp objects into one's vagina or anus, or someone else's. Anal, oral or genital contact with a contemporary, without clear consent (one-off). Visiting a prostitute at this age is not appropriate to the level of development.	Manipulating or forcing others to prostitute themselves (e.g. as a teenage pimp). Undesired sexual acts with sisters or brothers. Offering sexual acts in return for payment: prostituting oneself. Sexual contact with animals (Van Wijk, Bullens, van den Eshof, 2007). Repeatedly forcing others under (group) coercion to participate in sexual games. ! Forcing sexually suggestive contact with the use of power, coercion, authority, blackmail, manipulation, violence and aggression, for example with a knife (Jonker & Ohlrichs, 2009). ! Sexual intercourse, anal contact and other sexual acts several times, without consent. ! With a significant unequal partner: for example, with younger children (Walravens et al, 2006). ! Hurting the other(s) sexually during the sexual game (Ryan & Lane, 1997). ! Causing genital injuries to oneself and to others (Van Wijk, Bullens, van de Eshof, 2007).

Sexual arousal and fantasies: Sexual daydreams and fantasies occur in a majority of 12-14-year-olds (de Graaf, Meijer, Poelman & Vanwesenbeeck, 2005). On average, the first sexual fantasies occur in boys aged 11.6. In girls, this happens somewhat later, aged 13.3. The content of these fantasies is erotic and increasingly focuses on potential partners (Knoth, Boyd & Singer, 1988). Sexual arousal is also common in teenagers. About 2 in 3 boys and 1 in 3 girls have felt sexually aroused at some point (de Graaf et al., 2005). 'Because I felt aroused' is a reason young people give for having sexual intercourse for thefirst time (de Graaf et al., 2017).	One-off voyeurism, for example in toilets and shower rooms (moderately transgressive due to lack of consent of the other). Sexual arousal from a one-off displaying of the genitalia to acquaintances (for example, masturbating in public or in front of a webcam) or from physical contact with strangers. ! Fears linked to sexual fantasies, violent fantasies.	Repeated voyeurism, for example in toilets and shower rooms. Attempting to undress others without their consent. Sexual arousal from repeatedly showing genitals to strangers; for example, masturbating in public or in front of a webcam, or from physical contact with strangers.	Consciously observing a rape or gang rape (Jonker & Ohlrichs, 2009).
Masturbating: Half of boys have experience with masturbation at the age of 13.3. 35% of 12 and 13-year-old boys have masturbated, compared with 6% of girls (de Graaf et al., 2017). This means boys masturbate more than girls.	Being conspicuously preoccupied with sex, including masturbation.	Compulsive masturbation, chronically or in public, without deriving pleasure from it.	Causing genital injuries to oneself or others is seriously transgressive when this occurs without mutual consent and it compromises integrity.
Watching pornography: 41% of boys and 7% of girls at this age have seen pornography in the past six months, mostly online (de Graaf et al., 2017).	Young people who watch pornography online more often may suffer various consequences. For example, being less satisfied with their sex lives, viewing women as objects of lust (de Graaf, 2013). Research suggests there is no exclusively causal relationship, but a significant interest in pornography may be a sign for further monitoring.	! A preoccupation with aggressive pornography, sexually aggressive thoughts and themes, or imagery of sexual abuse of children.	Making or distributing images of child sexual abuse is seriously transgressive behaviour. Making pornography is also transgressive.
Online sexuality, sexting: Young people find information and arousing imagery online. For a small proportion of 12-14-year-olds, sexual contacts also take place online; for example, flirting, chatting about sex (de Graaf, 2017). Dutch research has shown that a large majority of young people making active use of the Internet (aged 12-25) have flirted online in the past year: 82% of boys and 73% of girls. 10% of boys and 5% of girls had had sex on or over the Internet in the past year. When young people perform a sexual act in front of a webcam, they generally do it because they find it fun, exciting or arousing themselves. Nevertheless, there are significant differences between boys and girls: • 62% of girls do not like to be asked a sexually suggestive question, compared to 13% of boys. • 70% of girls who have previously been asked to perform sexual acts in front of a webcam find this annoying, compared to 29% of boys (de Graaf et al, 2017). • 2% of young people aged 12-14 report making and sending their own naked photos. 12-14-year-olds are not yet very active on dating apps. Only 5% of girls and 4% of boys have previously used such an app (de Graaf et al, 2017). 7% of young people (aged 12-18) say they have sent a sexy photo in the past two months. 26% of young people sometimes take a sexy photo but do not share it (Apestaartjaren, 2022).	When young people are online more often, they are also more at risk of coming into contact with images they do not want to see. Or of engaging in sexually risky behaviour that they later regret (de Graaf, 2013), such as: • having sex online without proper arrangements, such as masturbating over a webcam (de Graaf, 2017). • having online sex with strangers over a webcam (Jonker & Ohlrichs, 2009). • meeting up with a person, met over a dating app, to have sex 'in real life' (de Graaf, 2017; Jonker & Ohlrichs, 2009). • coercing others to do sexting. 25% of young people have previously been coerced into sexting. 76% of young people have previously been shown or forwarded a naked photo (Apestaartjaren, 2022).	Making and sharing sexually suggestive videos of others, impulsively and without understanding the possible consequences (Livingstone, 2011). Recording online sessions, without consent (Kuyper et al, 2009). Engaging in sexual contact in exchange for a reward or money. Making sexually explicit threats, including in writing and online (Jonker & Ohlrichs, 2009).	Sharing naked photos of someone without being asket to, being well aware of the possible consequences (Jonker & Ohlrichs, 2009). 2% of young people aged 12-14 admit to forwarding a naked photo they have received (Apestaartjaren, 2020). Repeatedly making and/or sharing sexually explicit videos of others without consent and understanding the possible consequences. Intentionally sharing sexual images online, without being asked to (Kuyper et al, 2009)

Sexual orientation: Homosexual feelings are very common at puberty, in both boys and girls, mainly because of their unstable sexual identity. Various interpersonal situations can trigger a sexual feeling. Research shows that 20 to 40% of adolescents sometimes kiss or caress someone of the same sex. A smaller percentage (mostly boys) have masturbated together or in a group (Heuves, 2006). Young people who develop a non-heterosexual orientation often become aware of their feelings of same-sex attraction during this phase of life. In a group of boys who were followed up for several years after coming out, the first feelings of attraction to boys occurred on average at the age of 13.4 years (Franssens & Hospers, 2009). Dutch research shows that one percent of this age group has already been in love or in a relationship with someone of the same gender (de Graaf et al., 2017).	Homo-negativity is more common at this stage of growing up than in adolescents. Young people are confronted with negative views of homosexuality that create fear, panic and serious doubt about their own sexual orientation (De Graaf et al., 2012). ! Symptoms such as fears, panic and serious doubt about one's own sexual identity.	
Gender roles and stereotypes: Young people understand that boys and girls may behave differently in accordance with gender roles. On the other hand, the social pressure on gender stereotyping increases and is applied to sexual relationships (de Graaf et al., 2017). With the transition to secondary education, more teenagers begin to behave in accordance with their own gender roles. Among a small group, gender-dysphoric feelings may continue to exist (de Graaf et al., 2013).	! Symptoms as young people with gender- dysphoric feelings and thoughts.	

Category	Green flag Acceptable behaviour	Yellow flag Moderately transgressive behaviour	Red flag Seriously transgressive behaviour	Black flag Severely transgressive behaviour
Young people (15 to 17 years old)	Emotional development: 12 to 17-year-olds undergo a second socialisation phase which involves a turbulent period. Sexuality and body awareness become very important. They push boundaries and are very self-absorbed. Thinking develops from operational to abstract. They experiment with seducing and kissing (Vonk & Hosmar, 2009).	Symptoms like: •! depression; •! isolation; •! somatising (developing physical symptoms); •! low self-image.		
	Being in love, relationships and feelings: Young people experiment with forming relationships. 'Serial monogamy' occurs most frequently: several monogamous relationships in succession (Klai & Vermeire, 2006; Ravesloot, 1992). 85% of young people (15+) have been in love at one time or another, and most have short-term relationships. The duration of the last or current relationship evolves from less than six months (21%) to less than three months (27%) (de Graaf et al., 2017). Most young people find loyalty, respect and appreciation very important in their relationships. They also want to be able to communicate with their partner (Klai & Vermeire, 2006). Dutch research confirms that, for most young people, they still have sex within a steady relationship. For three quarters of boys and almost 9 in 10 girls, the most recent sexual partner was a steady partner. A minority were not in love with their last partner (de Graaf et al., 2012). Any steady partner becomes increasingly important, for example, as a source of social support (Bokhorst, 2010). Sex also becomes more important within the relationship (de Graaf et al., 2017).	! Promiscuous behaviour may be a sign of abuse. ! Anxious, clingy young people fall in love more easily and have sexual experiences at an early age. They also cross their own boundaries more easily. Avoidant young people have difficulty establishing relationships, have sex at a later age and say they find sex less important.	! Denigrating or humiliating themselves or others with sexual themes (for example, clothing that allows sight of breasts or makes a sexual display).	
	Sexual experimentation: Young people experiment with different forms of sex. This does not happen in public (Ravesloot, 1992). Having sex goes a step further: from touching breasts or having breasts touched under clothing, and touching genitalia and having them touched, to naked sex. Oral sex with contemporaries (Ravesloot, 1992, Buysse, 2013).	Are moderately transgressive due to the negative impact: • wearing sexually provocative clothing; • exhibiting provocative behaviour; • engaging one-off in sexually risky behaviour, such as not using contraception or not protecting against STDs. 5% of boys have previously had sex with a sex worker (de Graaf, 2013). This is transgressive because it is not appropriate for the age. Furthermore, 0.2% have already paid for sexual contact (de Graaf et al., 2017). If it is sex with another young person in return for payment, this is transgressive due to lack of voluntary engagement.	Repeatedly engaging in sexually risky behaviour, such as not using contraception or protecting against STDs. This is seriously transgressive due to the repetitive nature of the behaviour and the negative impact.	Manipulating or forcing others to prostitute themselves (teenage pimps). Engaging in inappropriate sexual acts within the family (brothers/sisters). Prostituting oneself and offering sexual acts in return for payment. Sexual contact with animals (Van Wijk, Bullens & van den Eshof, 2007).

Masturbation: Masturbation varies in frequency between girls and boys. 85% of boys and 38% of girls have masturbated at some point during this stage. A small minority claim to have masturbated in front of a webcam (de Graaf et al, 2017). Masturbation with vaginal or anal penetration may occur (Van Wijk, Bullens & van den Eshof, 2007).	Being conspicuously preoccupied with masturbation (Walravens et al., 2006). Negative impact from feelings of guilt following masturbation; occurs in 1 in 12 boys and 1 in 9 girls (de Graaf, 2012).	Compulsive masturbation (chronically or in public), without deriving pleasure from it. Interrupting tasks in order to masturbate (Van Wijk, 2007).	Causing genital injuries to oneself and to others.
Sexual jokes, sexual language: Sexual jokes that are not offensive. Sexually explicit conversations with contemporaries (online and offline).	Behaviour may be intended as a joke for the young person, but crosses the boundary for other people. Some examples include: • one-off sexual teasing; for example, sexual comments about body parts, appearance or clothing; • using obscenities, including online (Kuyper et al., 2009). Moderately transgressive behaviour due to lack of consent from the other person: • one-off voyeurism, for example in toilets and shower rooms (Van Wijk, Bullens & van den Eshof, 2007); • intentionally exposing and showing their own buttocks (mooning) and genitals; • one-off use of sexually explicit language, noises, drawings (lewdness), sexual graffiti (serious and shocking). Moderately transgressive behaviour due to the difference in development: sexually explicit conversations with younger children.	Repeated acts of sexual harassment, for example:	
Sexual arousal and sexual fantasies: Sexual interests and desires grow during this stage of growing up. • 85% of 15-year-old boys have previously been aroused, and this reaches nearly 100% at the age of 18. • In girls, this process is slower: from 70% at the age of 15 to 93% at the age of 18 (de Graaf, 2005). 'Because I felt aroused' is a reason young people give for having sexual intercourse for the first time (de Graaf et al., 2017). Boys fantasise about sex more than girls. This does not mean that they are ready for sex yet. 25% of boys in this category say they are not yet ready for sex, compared to 40% of girls. For boys, it is not always possible to satisfy their need for sex for various reasons, such as strict parents or not finding a girlfriend (de Graaf et al., 2017). They often want to have sex at this age, but are just unable to.	One-off obscene phone calls, voyeurism. One-off sexual arousal from displaying the genitalia to acquaintances; for example, masturbating in public or in front of a webcam, or from physical contact with strangers (Kuyper et al., 2009).	Repeated obscene phone calls, voyeurism. Repeated sexual arousal from displaying the genitalia to acquaintances; for example, masturbating in public or in front of a webcam, or from physical contact with strangers (Kuyper et al., 2009).	Consciously observing a rape or gang rape (Jonke & Ohlrichs, 2009).

Sexual intercourse, first time:

Young people have different **sexual norms and motives** for having or not having sexual intercourse. Both autonomous motives (it's fun, exciting, thrilling) and intimacy (being emotionally close) (Beyers, 2011).

Most young people still have sex within a steady relationship. For 6 in 10 boys and slightly over three quarters of girls, the most recent sex partner was a **steady partner** (de Graaf et al., 2017). A minority were not in love with their last partner (de Graaf et al., 2012).

Young people gradually develop their 'sexual career'. 15- to-17-year-olds go from touching breasts and genitalia, or having them touched under clothing, to naked sex. The age of 18.6 years is when half of Dutch young people have had sexual intercourse for the first time.

At the age of 17.9, half of young people have also experienced **oral sex**. Anal sex generally follows somewhat later and is the next step for a minority (de Graaf et al, 2019).

36% of girls with sexual experience have a **sexual problem**, compared to 23% of boys. Girls suffer from low libido, arousal and orgasm problems, and pain. Boys suffer from premature ejaculation and excessive sexual desire (Kedde, 2012).

Having sex for motives determined or guided by others: because they would feel guilty, for image and to compensate for negative feelings (Bevers, 2011; Kuyper, 2011).

Excessive sexual desire is related to an inability to adapt or stop their behaviour. 5% of boys and 3% of girls suffer from this (Kedde, 2012). ! Being disgusted by sex: 7 % of girls aged between 15 to 17 are actually disgusted by sex (de Graaf et al., 2017).

! Promiscuous behaviour: having several different sexual partners at the same time may be a sign of abuse.

! Lack of consent: insisting on sex. Boys (1%) at this age have given money or another reward for sex at some point. Fewer than 1% of boys and girls have previously received money or something else in return for sex. They usually do not feel good about it afterwards (shame and regret) (de Graaf et al., 2017).

! Due to feelings of guilt and shame about sex: this is reported more often by Turkish and Moroccan girls. Causing someone to have these feelings is transgressive.

! Because it is not appropriate for development: having anal sex once as a girl because you want to remain a virgin.

! Anal sex once without protection against STDs.

One-off sexual contact in exchange for a reward (e.g. for money) or under the influence of blackmail or coercion (lonker & Ohlrichs, 2009). Sexual contact (anal, oral or genital) with an unequal partner, for example, a younger child. Sexual contact in which the other(s) is sexually hurt during the sexual game, without the consent of all parties. Initiating sexual contact without consent (Van Wijk, Bullens, van den Eshof, 2007; Walravens et al., 2006). Forcing someone once and under (group) pressure to participate in sexual games or sexually suggestive contact using power, coercion, authority, blackmail, drugs, money or manipulation, including online (Jonker & Ohlrichs, 2009).

Seriously transgressive because it is not appropriate for development and threatens sexual integrity. Repeated anal sex as a girl, because you want to

Repeated anal sex without protection, for example

remain a virgin.

against STDs.

Repeated sexual contact in exchange for a reward, under the influence of blackmail or coercion. Sexual contact (anal, oral or genital) with an unequal partner (for example, a younger child), where the other(s) is/are sexually hurt during the sexual game, without consent (Van Wiik, Bullens, van den Eshof, 2007; Walravens et al., 2006). Repeatedly forcing someone and under (group) pressure to participate in sexual games or forcing sexually suggestive contact using power, coercion, authority, blackmail, manipulation, violence and aggression (for example with a knife), including over the Internet.

T	T	I	
Watching pornography: 76% of 15-year-old boys indicate having seen pornography in the past six months. This percentage also rises in the years that follow to 91% among 18-yearold boys.	A great interest in pornography and a moderate obsession with sex (including masturbation) (Mansson & Löfgren- Martenson, 2009; Walravens et al., 2006). Compulsive use of pornography can cause relationship problems and the feeling of not being able to stop the behaviour (Van Zessen, 2009).	An interest and preoccupation with aggressive pornography, sexually aggressive thoughts and themes (Walravens et al., 2006). Interest in and possession of images of child sexual abuse.	Taking naked pictures of far younger children (Van Wijk, Bullens & van den Eshof, 2007). Intentionally distributing naked images is severely transgressive behaviour, because there is no consent.
Online sexuality, sexting: Young people in this stage of growing up flirt online and chat with contemporaries about sex. Dutch research shows that an overwhelming majority of young people who are active online (12-25 years old) have flirted online at some point in the past year: • 82% of boys and 73% of girls; • 10% of boys and 5% of girls had sex online or after online contact in the past year; • 57% of boys and 42% of girls had a date with someone they met online in the past year. When young people perform a sexual act in front of a webcam, they generally do it because they find it fun, exciting or arousing themselves. Nevertheless, there are significant differences between boys and girls: 62% of girls do not like to be asked a sexually suggestive question, compared to 13% of boys. 7% of young people (ages 12-18) say they have sent a sexy photo in the past two months. 26% of young people sometimes take a sexy photo but do not share it with others (Apestaartjaren, 2022).	Having sex online with a stranger (Jonker & Ohlrichs, 2009). Meeting up with a person, met over a dating app, to have sex (de Graaf et al., 2017; Jonker & Ohlrichs, 2009). This is moderately transgressive if the young person does not inform anyone or say where the date is. Coercing others to engage in sexting. Coercing others to do sexting. 25% of young people have previously been coerced into sexting. 76% of young people have previously been shown or forwarded a naked photo (Apestaartjaren, 2022).	A small group takes sexual videos of others and impulsively shares them, without understanding the possible consequences (Livingstone, 2011). • recording online sex without being asked is seriously transgressive due to the lack of consent (Kuypers et al., 2009); • sexually explicit threats, including in writing and online (Jonker & Ohlrichs, 2009); • taking or forwarding naked photos of someone without being asked, without sufficient understanding of the possible consequences.	Repeatedly making and sharing sexually explicit videos of others, with an understanding of the possible consequences, without consent. Distributing sexual images without asking is severely transgressive due to the lack of consent. Intentionally distributing naked photos of someone without being asked and without sufficient understanding and awareness of the possible consequences (Jonker & Ohlrichs, 2009). Around 10% of 15-17-year-old boys admit to forwarding a naked photo they have received (Apestaartjaren, 2020).
Sexual orientation: Young people can potentially develop homosexual feelings. If a person feels attracted to someone of the same sex, it takes quite a while before they refer to themselves as gay, bi or lesbian. At an average age of 16.1, people are aware of their sexual orientation. On average, they do not come out until one to two years later. Sexual orientation is not set in stone. Two thirds of people have subsequently switched sexual orientation several more times (Franssen & Hospers, 2009). Young people who are attracted to the same sex have sex with a contemporary around the same age as heterosexual young people: on average at 16 for a boy and at 17 for a girl.	! There may be confusion about a person's sexual orientation. Feelings and experiences are not always clear. A young person may be highly aware of negative attitudes about homosexuality or know too little about them (de Graaf, 2005). ! Bullying, nasty comments, ridicule, gossiping or shunning owing to sexual orientation (less common than in younger girls and boys, but still causes minority stress and impact).		
Gender identity and stereotypes: Expectations regarding sexuality are often rather gender stereotypical. There is a double standard: for girls, having sex is negative for their status; for boys, it is the opposite. Girls are expected to set boundaries; boys are expected to take initiative. These gender-unequal expectations play an even more important role in cultures where family honour is important (Afghan, Turkish, Moroccan and Surinamese-Hindu) (de Graaf et al., 2008). Transgender young people can be given sex hormones starting at age 16. Sexual contact can be uncomfortable and transgender young people often go through different sexual development. For example, they often avoid sex or have contact that is not really aligned with their own desires.	! Unwritten rules make it difficult for girls to discover their own desires and boundaries. Boys may suffer from pressure to have sex. ! Not all transgender young people dare to stand up for their feelings. ! Young people with gender-dysphoric feelings and thoughts.		

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