

# Sexualised behaviour Does is mean sexual abuse?

Andrea Smith Paediatrician VFPMS

2015 VFPMS Annual Seminar





## Adults' recall of childhood sexual behaviour

Lamb & Coakley 1993:

- Playing doctor, exposure, stimulation, kissing, "being married"
- 30% reported some coercion during cross-gender play

Ryan 2000, Early Childhood Experience survey, by 12 years:

- 70% sexual arousal, 50% orgasm
- Half reported "sexual" activities with other children (mostly friends) 2/3 fantasy play, <sup>3</sup>/<sub>4</sub> never caught, if caught <sup>1</sup>/<sub>2</sub> punished
- < 5% reported more intrusive interactions, eg. penetration or oral-genital contact
- most activities consensual

Johnson & Mitra 2007, by 12 years:

- 75% engaged in solitary sexual behaviours, 75% engaged with others
- 50% self-exploration, 33% "dirty pictures", 33% showed genitals to others,
- 20% masturbated to orgasm, 15% pretended to have sex,
- 5% inserted an object into another child





### Parent vs. teacher reports

Parents observed significantly more sexual behaviour at home compared to teacher's observations at child care:

- More relaxed at home, child care are more structured and monitored
- Children socialised not to show sexual behaviours in front of others. Boys do not change their behaviours much between different settings

Teachers reported more general behaviour problems Rare behaviours at home were also rare at child care





# Adult professional beliefs about sexual behaviour in children

4 Groups

- 2<sup>nd</sup> year medical students completed sexuality course
- health clinicians (social workers, nurses) facilitators of sexuality course
- mental health therapists
- experts in sexual abuse

Asked to rate normalcy of child sexual behaviour scenarios

Females and those working in sexual abuse care had increased tendency to rate more behaviours as abnormal

Beware of bias

Heiman ML et al, Child Abuse & Neglect 1998





## Sexual Development: 0 - 2 years

Capacity for male erection / female lubrication / orgasm

Genital self-exploration and stimulation: boys more so

Insertion of objects into orifices

Learn & name body parts

- <u>Vulva</u>: birdie, bum, fanny, gina, minnie, pee pee, penis, private part, tuk tuk, vagina
- <u>Penis</u>: birdie, bum, dick, doodle, noodle, pee pee, penis, pipi, private part, wee wee, winkie
- Many terms shared between genders
- One term often used for both genitals and anus
- Encourage parents to name body parts with their child



## Sexual Development: 3 years

Know own gender, and talk about gender differences

- Incessant talk of "boobies", "bums" etc.
- Girls may attempt to urinate standing up

<u>Genital self-exploration and stimulation increases</u>, less sporadic, better motor control

• Masturbation - males 55%, females 16%

Try to touch mother's or other women's breast, or poke at/make

<u>fun of father's penis</u>

Disinhibited - "rudie nudie"















## Sexual Development: 4 years

"Doctors and Nurses", "Mothers and Fathers"

Games involve undressing and sexual exploration

Exhibitionistic and voyeuristic activities with children/adults

Interested in people undressing, and other people's genitals





## Sexual Development: 5 - 6 years

- Familiar with gender differences, still asking questions
- Mutual investigation of body parts (usually in private)
- Masturbation more likely to be private
- More likely to be modest may demand privacy when changing / in bathroom
- Quickly respond to redirection from sexual play
- More sexual language used





## Sexual Development: 6 - 9 years

Still asking questions about sex differences / functions / sexuality

More modest - stop exploratory games, shy about undressing

Like to hear / tell 'dirty jokes' / words

May have school "sweetheart"

Touch own genitals in private

20% still display common preschool behaviours





## Sexual Development: 9 - 12 years

Mostly very modest, but some alternating disinhibition / inhibition

#### Sexual curiosity / preoccupation (> 25%)

- Look at pictures of nude people
- Talk about sexual acts

Peer group dominates interests



"Best friend" common

Majority of children have a "sweetheart" sexual experimentation

**Puberty begins** 



Ted hits puberty...

#### The Royal Children's Hospital Melbourne

## Normal sexual behaviours

- 40 85% engage in some sexual behaviours < 13 years
- Normal sexual behaviours involve exploring bodies, gender roles and behaviours
- Developmentally expected
- Observe rules regarding personal space
- Children of similar age, size and developmental status, voluntary
- Between siblings and friends, agree not to tell
- Behaviours limited in type, frequency and intensity, not intrusive
- Balanced by curiosity about other things, not just sex
- Express sexuality in child-like way
- Sexual behaviours similar to other same-age children
- Responds to gentle re-direction, might feel embarrassed or guilty

*Curious, light-hearted, spontaneous Might engage in PSB* 





## **Problematic Sexual Behaviours** What are they?





## Rarely seen sexual behaviours

Oral contact with another child's or adult's genitals Putting tongue in mouth when kissing Touching animal genitalia Putting objects in own or other child's vagina or rectum Touching the genitals of adult women Trying to make an adult touch the child's genitals Trying to undress other children Imitating sexual intercourse with dolls Initiating sexual games with other children Masturbating excessively or without pleasure or to cause pain

Schoentjes et al Pediatrics 1999 (917, 2-12yo) Larsson & Svedin Acta Paediatr 2001 (231, 3-6yo)



## Normal sexual behaviour



- Developmentally expected
- Observe rules regarding personal space
- Children of similar age, size and developmental status, voluntary
- Between siblings and friends
- Behaviours limited in type, frequency and intensity, not intrusive
- Balanced by curiosity about other things, not just sex
- Express sexuality in child-like way
- Sexual behaviours similar to other same-age children
- Responds to gentle re-direction, might feel embarrassed or guilty
- Agree not to tell





## Problematic sexualised behaviour

- Developmentally unexpected
- Do not observe rules regarding personal space
- Children of dissimilar age, size, development, status
- Involuntary, might use coercion, force, bribery, manipulation, threats
- Between siblings & children who are not friends & might involve adults & animals
- Behaviours not limited type, frequency and intensity, driven, intrusive
- Not balanced by curiosity about other things, sexualise nonsexual things, sexualises and romanticises relationships
- Express sexuality in adult way, excessive sexual knowledge
- Do not respond to re-direction, might feel anxious, intense guilt & shame, fearful, make up excuses to avoid blame
- Elicits complaints from / affects other children
- Might use to combat loneliness, hurt others or when angry / aggressive

#### Intrusive, Abusive, Aggressive, Excessive





## Problematic sexual behaviours by age:

#### **0 - 5 years**:

- Curiosity about sexual behaviour becomes an obsessive preoccupation
- Exploration becomes a re-enactment of a specific adult sexual activity
- Behaviour involves injury to self
- The child's behaviour involves coercion, threats, secrecy, violence, aggression or developmentally inappropriate acts.

#### 6 – 10 years:

- Sexual penetration
- Genital kissing
- Oral sex
- Simulated intercourse

#### 10 – 12 years:

Involvement in sexual play with younger children





## Sexual Behaviour Continuum

- 1. Normal sexual exploration
- 2. Sexually-reactive
  - Frequent, on show, self-directed > directed towards others
  - More pronounced / compulsive than peers
  - No coercion, force, anger, retaliation
  - Often confusion, fear, anxiety, shame about sex
  - Often identifiable triggers or thoughts
  - +/- past sexual abuse, pornography, TV, sex

Cavanagh Johnson 2011



#### The Royal Children's Hospital Melbourne

## Sexual Behaviour Continuum

- 3. Children who engage in extensive mutual sexual behaviours
  - More pervasive, focused behaviour pattern
  - Blasé / matter-of-fact attitude
  - Use persuasion, not force
  - Frequently EA, PA, SA and/or dysfunctional homes, often in care
  - Distrustful, abandoned, relate best to children
  - Lessens isolation, loss and fear, "connection"
  - Difficult to treat, behaviours not viewed as "wrong"
- 4. Children who will offend against other children
  - Frequent, pervasive, coercive, select vulnerable children
  - Intense sexual confusion, sexuality and aggression linked
  - Angry, lack empathy, lonely, fearful
  - Most SA, EA and/or severe PA
  - Other life problems Cavanagh Johnson 2011





## Sexual behaviours - associated factors

- Age peak at 5 years
- Poverty, maternal education, parental guidance / supervision / rejection
- Family / cultural / religious / neighbourhood / societal values
- Family sexuality attitudes to nudity & sex, adult sexual behaviour
- Family stress, violence, parental separation / divorce / jail
- Parental illness mental, physical, D&A use
- Physical abuse, emotional abuse, neglect, sexual abuse
- Exposure to pornography videos, magazines, internet
- Foster care, time in child care, influence of other children, peer group
- Emotional, developmental, intellectual, behavioural problems, hormonal issues

Friedrich et al Pediatrics 1998 Schoentjes et al Pediatrics 1999 Larrson & Svedin 2001 Johnson & Mitra 2007





## Physical abuse, emotional abuse & neglect

		n	70
690 children, M=F, poor	Boys $(n = 363)$		
	Boundary problems	57	15.7
Child protection reports of pas	Displaying private parts	27	7.4
PA, EA, N or a	Sexual interest	197	54.3
	Sexual intrusiveness	39	10.7
No reports of SA	Sexual knowledge	107	29.5
Early (<4y) and late (4-8y)	Girls $(n = 327)$		
	Boundary problems	44	13.5
CSBI @ 8y	Displaying private parts	11	3.4
	Sexual interest	148	45.3
No measure of aggressive SB	Sexual intrusiveness	20	6.1
	Sexual knowledge	98	30.0

Boys Girls Displ private parts **Boundary problems** Early PA Late PA Intrusiveness Boundary problems Displ private parts Knowledge (x3) Early EA Knowledge Late EA Melbourne Children's Displ pp, Intrusiveness Early N research and Late N

Merrick 2008, Beyond SA





## PSB: 6 - 12 years

- 1. Developmentally unexpected
- 2. Associated with emotional distress
- 3. One of: Repetitive,

Pervasive, Diverse, Equivalent to a criminal violation, Unresponsive to adult intervention and supervision

SA 84%, PA 48%, EA 33%, Neglect 18%, Multiple abuse 56%

Witness to Domestic Violence 87% At least one parent arrested At least one DSM IV disorder Learning disabilities common

35% 96%

Gray et al Child Abuse & Neglect 1999





### PSB: 3 - 7 years

Greater frequency or earlier age than developmentally expected, and interferes with child's development

Associated with emotional distress

Occurs with use of coercion, intimidation or force, reoccurs in secrecy

SA 38%, PA 47%, Domestic violence 58%

Parental divorce 32% At least one parent arrested 49% Witnessed trauma & PTSD symptoms 54%

Only 11% had no history of SA, PA or DV

Silovsky, Niec, Child Maltreatment 2002





## Problematic Sexual Behaviours are not specific for Sexual Abuse



# Types of sexual behaviours in sexually abused children



- 1. Developmentally expected sexual behaviour
- 2. Unplanned, interpersonal sexual behaviour
- 3. Self-focused sexual behaviour
- 4. Planned interpersonal sexual behaviour
- 5. Planned coercive interpersonal sexual behaviour

Hall et al Child Abuse & Neglect 2002 (100, 3-7yo)





## Developmentally expected sexual behaviour

Sexual behaviour - no problematic sexual behavior Sexual abuse

- Not sexually aroused during abuse
- Blame the perpetrator for the abuse
- Single perpetrator

Families

- Parents are vigilant and supervise the child well
- Stable family no harsh or punitive parenting
- May be some domestic violence but not criminality
- Multiple abuse history for child and parents less common

Outcome - good





## Unplanned, interpersonal sexual behaviour

Sexual behaviour - not entrenched Sexual abuse

- Does not lead to sexual arousal
- Usually single perpetrator
- Tend to blame their perpetrators

Families

- Parental supervision is good
- Limits are set on problematic behaviour
- Stable family no harsh or punitive parenting
- Little domestic violence or criminality
- Multiple abuse history for child and parents not common

Outlook- good





## Self-focused sexual behaviour

Sexual behaviour - frequent and compulsive masturbation

No problematic interpersonal behaviour

Sexual abuse

- Leads to more sexual arousal
- Children tend to blame themselves
- Sometimes more than one perpetrator

Families

- Parental supervision is not adequate
- Families show impaired functioning
- No harsh or punitive parenting
- Domestic violence in about 50%, no criminality

Outcome

- Treatment is problematic
- Self focused behaviour resistant to treatment Melbourne Children's
- Many parents unable to accept counselling





## Planned interpersonal sexual behaviour

Sexual behaviour

- Sexually preoccupied
- Problematic levels of masturbation

Sexual abuse

- Involves discomfort, sadism and arousal
- They are active participants in the abuse

Families

- 50% are victimised in multiple perpetrator and multi victim context
- Inadequate supervision have access to other children
- Families impaired functioning
- Multiple abuse histories are common for children and parents
- Most have domestic violence
- Criminality is rare

Outcome

Treatment outcome is guarded





## Planned coercive interpersonal sexual behaviour

Sexual behaviour

- Coercion and planning in adult-type sexual behaviours
- Resistant to limit setting
- High levels problematic masturbation, and sexual preoccupation

Sexual abuse

- Discomfort, arousal & high degree of participation by child
- Sadistic and perversive elements characterise the CSA Families
  - Parental supervision inadequate
  - Role reversal with parents
  - Multiple abuse histories common
  - Family violence and criminality of parents common

Outlook- poor





# Of those children who have been sexually abused, who will later offend?

Most won't

Increased risk of later delinquent and adult criminal behaviour (as with all abused children)

In fact, some sexual assault victims show little symptomatology, in part related to characteristics of:

- abuse (less severe)
- child (good coping skills)
- environment (significant supportive adult)



Widom 1994, 2001



# Predictive Factors for Offending in sexually abused children

100 sexually abused children, aged 3 - 7 years

- Sexual arousal during sexual abuse
- Physical abuse
- Emotional abuse
- Perpetrator's use of sadism

Hall et al. Child Abuse & Neglect 1998

#### 224 former male victims, 26 committed sexual offences

- Material neglect
- Lack of supervision
- Sexual abuse by a female
- Serious domestic violence
- Cruelty to animals

Salter et al Lancet 2003





Common features in children and adolescents who offend

Average to low average IQ Learning problems Aggression Poor social skills, impulsive High degrees of sexual preoccupation Poor relationships with adults 40% sexually abused Many severely and erratically physically punished





### Management

#### Developmentally appropriate behaviour

- Ignore
- Avoid labeling as bad or rude
- Redirect

#### Self-focused problematic behaviour

- Redirect
- Avoid labeling

Interpersonal problematic behaviour

- Supervision
- Set boundaries about what is acceptable

More severe problematic behaviours

Seek help











## Summary



Sexual behaviours are common in childhood, and there is a wide range of normal

Some sexual behaviours are defined as problematic

Sexual abuse is one of many factors that is associated with problematic sexual behaviours

Not all children who have been sexually abused and have a period of problematic sexual behaviour will go on to have long-term problems





Thanks to:

Dr Anne Smith, Director, VFPMS

Prof Dawn Elder, University of Otago, Wellington

