Sexualised behaviour
Does is mean sexual abuse?

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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, ¾ never caught, if caught ½ 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

Larsson, Svedin Child Abuse & Neglect 2002
Adult professional beliefs about sexual behaviour in children

4 Groups
- 2nd 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

- **Vulva:** birdie, bum, fanny, gina, minnie, pee pee, penis, private part, tuk tuk, vagina
- **Penis:** 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

Genital self-exploration and stimulation increases, less sporadic, better motor control

- Masturbation - males 55%, females 16%

Try to touch mother’s or other women’s breast, or poke at/make fun of father’s penis

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
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
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- 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
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
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

690 children, M=F, poor
Child protection reports of past PA, EA, N or at risk of these
No reports of SA

Early (<4y) and late (4-8y)
CSBI @ 8y
No measure of aggressive SB

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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 35%
At least one DSM IV disorder 96%
Learning disabilities common

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
  • 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 pervasive 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
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