How to evaluate sexualised behaviour in children

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Sexualised behaviour: 4 key associations

- Normal Development
- Situational Environmental Factors
- Neuro Developmental Problems (incl ASD)
- Abuse Sequelae
What IS sexualised behaviour?

How is it defined?

THERE IS NO ACCEPTED DEFINITION

What is the context?

Are there age appropriate norms?

Are there cultural norms?

Who “diagnoses” it?

How is it evaluated?
Common sexualised behaviours (all children)

- Looking
  - Sneaking a glance
  - “you show me yours and I’ll show you mine…”
- Touching… rubbing, inserting
- Copying witnessed behaviour
- Comforting / Arousing self
- Arousing others

Involve exploring bodies, gender roles and behaviours

- Curiosity
- Exploration / experimentation
- Sensuality
- Awareness of sexuality (~ cognitive development)
- Relationship building
- Pathway towards increasing intimacy
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**: vagina, gina, fanny, minnie, pee pee, private part, tuk tuk, birdie, bum

**Penis**: penis, dick, doodle, noodle, pee pee, private part, wee wee, winkie, birdie, bum

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, 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, 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

Some children have a “sweetheart” – sexual experimentation

Puberty begins
Adults’ recall of childhood sexual behaviour

Ryan 2000, Early Childhood Experience survey (Kempe Centre),

By 12 years:

• 70% sexual arousal,
• 50% ejaculation/orgasm
• Half reported ‘sexual’ activities with other children (mostly friends) 2/3 fantasy play, ¾ never caught, if caught ½ punished
• < 5% reported more penetration or orogenital contact
Normal sexual 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
Agree not to tell

Curious, light-hearted, spontaneous
<table>
<thead>
<tr>
<th>Normal, common behaviors</th>
<th>Less common normal behaviors</th>
<th>Uncommon behaviors in normal children</th>
<th>Rarely normalc</th>
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Uncommon sexual behaviours

Oral contact with another child’s or adult’s sexual parts
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, 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)
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 aren’t friends, might involve adults & animals
Behaviours not limited type, frequency and intensity, driven, intrusive
Not balanced by curiosity about other things, sexualise nonsexual things, sexualise and romanticise 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 behaviour

Clearly beyond the child’s developmental stage
e.g. 3 year old attempts to kiss adult’s genitals

Involves threats, force, or aggression

Involves children of widely different ages or abilities
e.g. 12 year old “playing doctor” with 4 year old

Provokes strong emotional reactions in the child such as anger or anxiety

Excessive

REGARDLESS OF INTENT / MOTIVE
Sexualised behaviours: associated factors

Age - peak at 5 years
Maternal education, parental guidance, cultural/religious values
Family sexuality – attitudes to nudity, adult sexual behaviour
Family stress, violence, parental separation/divorce, illness, death, incarceration
Physical abuse, emotional abuse, neglect, sexual abuse
Time in child care, influence of other children, peer group
Exposure to adult TV, videos, magazines
Developmental delay
Other child emotional or behavioural problems

Friedrich et al Pediatrics 1998
Schoentjes et al Pediatrics 1999
Larrson & Svedin 2001
Sexual behaviours: emerging trends

Increasing prevalence of “child on child” sexual assaults (upper primary/adolescents)
  • The internet “taught me”, “made me curious”
  • Peer group pressure / taunting / victimisation

Shifting tolerances, thresholds for “normal” exploration over time

Reframing of “exploration” as assault – more reported to authorities

Sometimes “ordered” treatment
  ➢ 10-14 years = therapeutic treatment order is possible
  ➢ <10 years = counselling / SABT program (even though not strictly labelled as “sexually abusive behaviour”)
What are the risks to the child with PSB?

Gratification / Reward  ➔ entrenched behaviours
Important relationships suffer
Social ostracism
Self esteem / self concept affected

(Mis)interpretation by others:
  • “Offender” = criminal status
  • Sociopath, personality disorder
  • Mentally ill
  • Developmentally delayed
  • Post traumatic response
Additional diagnoses...

“Children with sexual behaviour problems are more likely than children with normal sexual behaviours to have additional internalising symptoms: depression, anxiety, withdrawal, and externalizing symptoms: aggression, delinquency, hyperactivity”.

“This association suggests that some sexual behaviours occur within a continuum of behavioural problems with multifactorial causes”.

Sexual behaviours in sexually abused children

Developmentally expected sexual behaviour

Unplanned, interpersonal sexual behaviour

Self-focused sexual behaviour

Planned interpersonal sexual behaviour

Planned coercive interpersonal sexual behaviour

Hall et al Child Abuse & Neglect 2002 (100, 3-7yo)
Sexualised Behaviours in children with Autism

**MOST** are “normal behaviours” exhibited in wrong place, wrong amount, wrong age
- Self comforting
- Self stimulatory
- Treat people as objects – touch / tactile
- Triggers? – boredom, anxiety, pleasure, obsession…
- Persist despite resistance / limit setting

**SOME** are consequence of sexual exposure / abuse
- Eroticised
- Maladaptive learned patterns of behaviour
- Reaction to trauma

Sexual offender

All = Less responsive to limit-setting, Behav modification techniques and CBT
Sexual behaviours in children with intellectual disability

More vulnerable to sexual abuse

More likely to engage in sexually “abusive” behaviours

Behaviours more commonly seen in younger children

Limited understanding of social “rules”
  • Circles program

Limited “enthusiasm” for stopping when told
  • 1,2,3, “STOP” program

Less emotional self regulation

NEED close supervision – esp toilets
Sexual behaviours and...

ADHD

- Poor impulse control
- CSA → Inattentive ADHD

Attachment disorders

- Sexualised, overly affectionate, indiscriminate child
- TRADE touch / sex FOR love / attention / affection
- Monitor safety of children in out of home care

The sexually corrupted child

- Maladaptive learned patterns of behaviour
- View interactions with others as sexualised

Mood disorders
Common features in children who offend

Average to low average IQ
Learning problems
Aggression
Poor social skills, impulsive
High degrees of sexual preoccupation
Poor relationships with adults
All girls sexually abused, 50-75% of boys
Most had been severely and erratically physically punished
Predictive Factors of 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

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

Hall et al. Child Abuse & Neglect 1998
PSB: the paediatric consultation

The sexualised behaviour:
• Occasionally we observe the behaviour
• A story
  Sometimes described by child/adolescent
  Often report of witnessed behaviour (by 3rd person)
  Sometimes “Chinese whispers”

Obtain information (from multiple sources of information)
• Parent/carer
• Teacher, Assistant Principal
• Scout leader etc. etc.
Specifically…

What behaviour? – exactly
Was anyone else involved? Ages? Webcam?
Where? Are children at risk?
Frequency? Is it “worsening”, “increasing”? 
What circumstances? Triggers, patterns?
In secret? Coercion/ aggression? Affect on others?
How does child react when confronted?
Does child acknowledge it is “wrong”?
Can parents/carers “contain” the PSB?
What intervention? Is it working?
Also assess...

Family functioning, values
History of all forms of CAN
• Good/bad touches, secrets, private parts…
Risk of all forms of CAN, including SA
Child’s development and mental health:
• attention & impulsivity
• engagement with others (empathy)
• mood and thought processing

Only then can we start to interpret the behaviour…
But beware of own values/biases, others’ (mis)interpretations, fabrications etc.
Hypothesis testing
Forensic framework

Is this behaviour common or uncommon for a child of this age, of a different age or uncommon for any age?

Is this behaviour commonly seen in a subgroup of children with a known condition?

- children who have ID
- children who have ASD
- children who have ADHD
- children who are mentally ill
- sexually abused children
- little criminals in the making

Is this behaviour uncommonly seen in children of any age? If so, I wonder why this child…?
Child Safe environments for kids with PSB

Line of sight supervision – all contact with other (especially younger) children

Entire family to be supervising effectively, includes extended family, & all outings

No unsupervised bath or bed times

No sleep-overs, school camps etc.

Own (not shared) bedroom

No contact with sex offenders
References

- Nancy D. Kellogg, MD Committee on Child Abuse and Neglect Clinical Report—The Evaluation of Sexual Behaviors in Children PEDIATRICS Vol. 124 No. 3 September 2009, pp. 992-998
- Friedrich WN. The clinical use of the child sexual behavior inventory: frequently asked questions. APSAC Advisor. 1995;8:1–20
I'll get him for this.