

How to evaluate sexualised behaviour in children

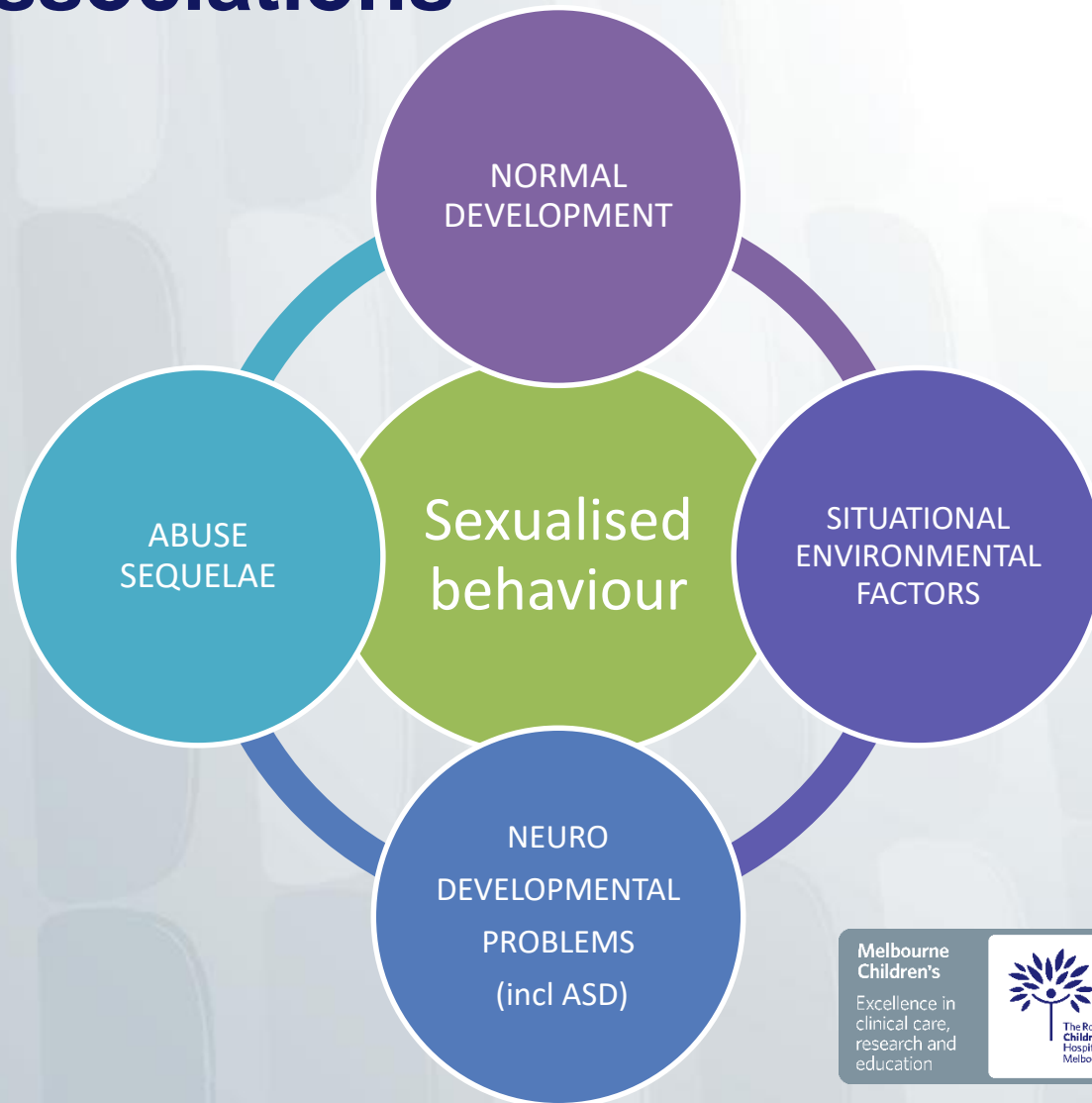
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VFPMS Seminar 2019

With thanks to:

Anne Smith

Prof Dawn Elder (Otago University) for developmental framework

Sexualised behaviour: 4 key associations



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
- Curiosity
 - Exploration / experimentation
 - Sensuality
 - Awareness of sexuality (~ cognitive development)
 - Relationship building
 - Pathway towards increasing intimacy

**Involve exploring bodies,
gender roles and behaviours**

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

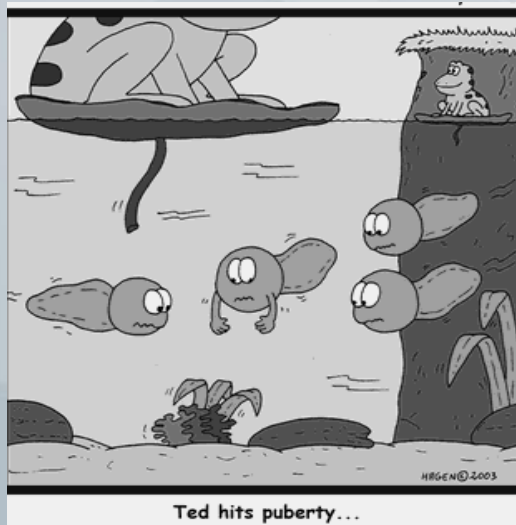
Sexual Development: 9 - 12 years

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, 3/4 never caught, if caught 1/2 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*

Examples of Sexual Behaviors in Children Aged 2 Through 6 Years



Normal, common behaviors	Less common normal behaviors ^a	Uncommon behaviors in normal children ^b	Rarely normal ^c
<ul style="list-style-type: none"> • Touching/masturbating genitals in public/private • Viewing/touching peer or new sibling genitals • Showing genitals to peers • Standing/sitting too close • Tries to view peer/adult nudity • Behaviors are transient, few, and distractible 	<ul style="list-style-type: none"> • Rubbing body against others • Trying to insert tongue in mouth while kissing • Touching peer/adult genitals • Crude mimic of movements associated with sexual acts • Sexual behaviors that are occasionally, but persistently, disruptive to others • Behaviors are transient and moderately responsive to distraction 	<ul style="list-style-type: none"> • Asking peer/adult to engage in specific sexual act(s) • Inserting objects into genitals • Explicit imitation of intercourse • Touching animal genitals • Sexual behaviors that are frequently disruptive to others • Behaviors are persistent and resistant to parental distraction 	<ul style="list-style-type: none"> • Any sexual behaviors involving children who are 4 or more years apart • A variety of sexual behaviors displayed on a daily basis • Sexual behavior that results in emotional distress or physical pain • Sexual behaviors associated with other physically aggressive behavior • Sexual behaviors that involve coercion • Behaviors are persistent and child becomes angry if distracted

<http://www.aap.org/pubserv/PSVpreview/pages/behaviorchart.html>

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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

Problematic sexualised behaviour

Developmentally **un**expected

Do not observe rules regarding personal space

Children of **dis**similar 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
Larsson & Svedin 2001

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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”.

Friedrich WN, Fisher J, Broughton D, Houston M, Shafran CR. Normative sexual behavior in children: a contemporary sample. *Pediatrics*. 1998;101 (4).

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)

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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
- 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

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

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