Understanding and Managing Sexual Behavior in Children

Peter Laycock, M.Sc., Nicki Ottenbreit, Ph.D.
Registered Psychologists in the Child Abuse Service

Case example 1

Four grade 1 and 2 boys were found in the boys washroom with their pants part way down laughing at each other. The floor was wet. When talked to separately, the boys each disclosed that they were having a “peeing contest” to see who could pee the farthest away from the urinal.

Case example 2

Two 9-year-old boys are living together in the same foster home. One of the boys is moderately autistic and the other is developmentally normal. The foster mother walks in one day to discover them engaged in oral sex. Both boys indicate it was part of a game they were playing.
Case example 3

A girl’s parents discover that their digital camera contains several images of their 8-year-old daughter’s genitals and the neighbor boy’s (also 8) genitals. When confronted, the girl indicates they sometimes play with each other’s privates and recently took pictures of each other when they found the camera.

Case example 4

An 11-year-old boy is discovered pulling up a 4-year-old girl’s pants in a wooded area of a park. The boy indicates he just wanted to look and that he had also touched her genitals. The boy later indicates he had recently been exposed to pornography by a babysitter and wanted to do what he had seen.

Case example 5

A 13-year-old boy has repeatedly acted out sexually with his 6-year-old brother, including lying on top of each with no pants on and engaging the younger brother in oral sex. Despite requests to stop the behavior, both boys indicate the play is mutual and that it “feels good.” The younger boy discloses that the older boy offers him toys and candy to play the game.
Consider your own values around sexuality

- What kinds of sexual behavior are acceptable and unacceptable?
- What constitutes problematic sexual behavior?
- What is wrong with the behavior being displayed?
- Are there relevant religious or cultural factors that need to be considered?

Talking about sexuality and sexual behaviors with children

- Our own discomfort around sexuality transfers onto those we try to communicate with about sexuality
- How comfortable are we talking about sexuality? What message does our discomfort send? Can we say the words ourselves?
- Children pick up on cues/messages all around them (not necessarily just overt discussions but through observation, experience, etc.)

Normal Sexual Development

<table>
<thead>
<tr>
<th>Birth – 2 years</th>
<th>3 - 4 years</th>
<th>5 - 7 years</th>
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</thead>
<tbody>
<tr>
<td>Exploration of genitals and other body parts</td>
<td>Gender identity develops</td>
<td>Exploration of adult roles (playing house)</td>
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<tr>
<td>Experience awareness of genital pleasure</td>
<td>Body exploration with peers common (playing doctor)</td>
<td>Body exploration common</td>
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<tr>
<td>Boys can get erections, girls vaginal lubrication</td>
<td>Self stimulation for pleasure – unless taught no</td>
<td>Adoption of bathroom terminology – strong influence of peers</td>
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<td></td>
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<td>Become modest about own body, privacy</td>
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Normal Sexual Development

<table>
<thead>
<tr>
<th>8 – 12 years</th>
<th>13 and beyond</th>
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<tbody>
<tr>
<td>Frequently curious (including about sexuality)</td>
<td>New significance attached to sexuality (greater interest)</td>
</tr>
<tr>
<td>Beginning of puberty and physical changes</td>
<td>Sexual fantasies as way of preparing for and understanding sexual roles. May masturbate</td>
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<tr>
<td>Peer group strong influence on self-image</td>
<td>Even greater influence by peer group. Interest in romantic relationships</td>
</tr>
<tr>
<td>May masturbate, sometimes to orgasm</td>
<td>May have sexual attraction or experience with same-sex (not necessarily indicative of same-sex orientation)</td>
</tr>
</tbody>
</table>

What children should know about sexuality and sexual development

- The basics – accurate information is a protective factor (facts about body parts, what they are used for, and how babies are made – the sooner the better)
- Needs to be developmentally appropriate
- They’re exposed to information everywhere – caregivers need to reinforce accurate, realistic information
- Silence/misunderstanding about sexual health and sexuality increases vulnerability to abuse and creates ambiguity and increased anxiety for all at times of disclosure
- Instead of “the talk,” discussions about sexuality should be ongoing and should occur throughout childhood and adolescence
Normal Sexual Behavior in Children

- Most behaviors related to sex and sexuality in children are natural and expectable
- 40-85% of children will engage in at least some sexualized behavior before the age of 13 years
- An information-gathering process wherein children explore each other’s bodies by looking and touching (e.g., playing doctor), as well as explore gender roles and behaviors (e.g., playing house)
- Interest in sex and sexuality balanced by curiosity about other aspects of life

Normal Sexual Behavior in Children (cont)

- Similar age, size, & developmental status
- Usually occurs between friends (school/playmates)
- Voluntary
- Discovery results in embarrassment but not deep anger, shame, fear, or anxiety
- If instructed to stop, behaviour diminishes (at least in view of adults)

Normal Sexual Behavior in Children (cont)

- Feelings of children usually light-hearted and spontaneous
- Children experience pleasurable sensations from touching including sexual arousal. This is a normal biological process and should not be shamed or ignored.
- Parental, cultural, societal and religious attitudes and values also influence children’s sexual behavior and attitudes
Normal Sexual Behavior in Children (cont)

- Children’s sexual behaviors, as well as their level of comfort with sexuality, is affected by amount of exposure to adult (or older child) sexuality, nudity, explicit television, videos, adult pictures, the amount of space in which a family lives, neighborhood in which a family lives, the child’s level of sexual interest.
- Parents can mediate this type of exposure in either a positive or negative way.

“Normal” Childhood Sexual Play and Games

- **Playing doctor**: most frequent and involves examination of bodies without clothing, especially the genitals.
- **Exposure**: you show me yours, I’ll show you mine. Absence of pretend play.
- **Kissing games**: exploration of kissing

“Normal” Childhood Sexual Play and Games

- **Experiments in stimulation**: exploration of physical contact, especially of the genitals. Often involve some physical arousal.
- **Fantasy sexual play**: rehearse adults roles of parent, lover, boss & employee. This may include pretending intercourse (but not performing the act). Fantasy is the framework for experimentation.
- **Other games**: sex between dolls, singing dirty songs, talking dirty
**Indications that Sexual Behavior is Problematic**

- Absence of a mutual play relationship
- Difference in age or developmental level between children
- Too much knowledge
- Everyday objects/situations seen as sexual
- Behaviors continue despite requests to stop/clear limits
- Child feels driven to engage in behavior
- Escalation of sexualized behavior
- Adult directed or animal directed

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**Indications that Sexual Behavior is Problematic (cont)**

- Behaviors cause pain or discomfort to child or others
- Sexual behavior is used in a hostile way
- Negative affective tone associated with behavior (especially anger or shame)
- Distorted logic used to justify behavior (i.e. she was asking for it because...)
- Use of **force, coercion, bribery, manipulation** or threats associated with behavior

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**Children with Sexual Behavior Problems (SBPs):**

- Demonstrate developmentally inappropriate or aggressive sexual behavior. This definition includes self-focused sexual behavior, such as excessive masturbation, and aggressive sexual behavior towards others that may include coercion or force.

- Some early assumptions about children with SBPs have not been supported by current research (National Centre on Sexual Behaviour of Youth - www.ncsby.org)
Current Research versus Past Assumptions: Dispelling the Myths

- **MYTH:**
  - All children with sexual behavior problems are sexual abuse victims

- **CURRENT RESEARCH:**
  - Some children with SBP have been sexually abused, but *most* have not.

Dispelling Myths (cont)

- There are many factors other than sexual abuse that can explain child SBP (i.e. such as confusion around exposure to sexual information via television or poor boundaries in the home, home environments in which aggression is paired with sexual intimacy, children used to meet emotional needs of parents as parental conflicts around sexuality/relationships may be transmitted and confusing to the child, physical or emotional abuse or neglect)
- The younger the child with sexual behavior problems, the more likely that behavior is stemming from a history of sexual victimization

Current Research versus Past Assumptions: Dispelling the Myths

- **MYTH:**
  - All children who have been sexually abused will show SBP

- **CURRENT RESEARCH:**
  - Most children who have been sexually abused will *NOT* engage in problematic sexual behavior including perpetration on others.
Dispelling the Myths (cont)

- There is no behavioral profile of a child who has been sexually abused
- Some children may present with no symptoms

Current Research versus Past Assumptions: Dispelling the Myths

- **MYTH:** Children with sexual behavior problems grow up to be adult sexual offenders.

- **CURRENT RESEARCH:** Most children with SBP do not continue to show SBPs into adulthood. Most adult sex offenders do not report a history of sexual abuse. Treatments for children with sexual behavior problems are quite successful.

Correlates of Sexual Behavior Problems

**Four-component model to explain SBP:**

1. Family adversity (family income, life stress)
2. Modeling of coercion (physical abuse, domestic violence)
3. Modeling of sexuality (can be sexual abuse)
4. Vulnerable/predisposed child (behavior problems, social problems, physical abuse to child)
### Typologies of SBPs

- **Sexually reactive** (largest group - no coercion or force, driven by confusion, emotional triggers)
- **Children who engage in extensive mutual sexual behavior** (adult abandonment, sex as connection, may persuade, but do not coerce)
- **Children who molest other children** (link sexuality with aggression, use coercion or force, choose vulnerable victims)

### Clarifying Intentions

- Although the term *sexual* is used, it is a description of the behavior. Intentions and motivations for sexualized behavior may be unrelated to sexual gratification.
  - Exertion of power
  - Anxiety release
  - Social connection
  - Mastery around confusion

### Managing Disclosures of Sexual Behaviors and/or Sexual Abuse: Things to Consider

- Managing disclosures around sexual abuse or behavior
  - Be prepared for your own feelings, as we are all human, but response to child should be calm and neutral
  - Provide verbal reinforcement for providing information (i.e. “You were very brave to tell me...”)
  - Do not make promises that cannot be guaranteed (i.e. perpetrator going to jail)
  - Remember that the child may have positive feelings toward the perpetrator in cases of abuse
Helping Parents/Caregivers Support Children with SBP

- Parents/caregiver attitudes important
  - Nonjudgmental and non-punitive (punishment is a last resort for addressing sexual behavior problems)
- Parents/caregivers should be familiar with normal sexual development and behavior in children
- Child sexual behavior only one part of child’s being and behavior
- Child with SBP often have low self-esteem – help to increase self-esteem (special time, value their strengths)

Intervention and Management

- Step one is to begin to stabilize the home environment and encourage models of appropriate boundaries (i.e., sexuality, physical and emotional boundaries), impulse control, and affect regulation
- Provide a healthy sexual environment (avoid inappropriate exposure to sexual content - i.e., pornography, violence, etc.)
- Education around sexuality and appropriate sexual boundaries (sexual behavior rules)

Intervention and Management continued

- Encourage general boundaries
  - Private space (bath, toilet and sleep alone)
  - Private time
  - “House rules” (e.g., everyone wears pants, everyone knocks, etc.)
  - Private conflict (parents keep conflict private)
  - Boundaries generally (e.g., kids don’t need to know everything adults know)
  - Appropriate, nurturing touch (e.g., hugs, high-fives, handshakes, etc.)
  - Appropriate dress (i.e., not overly seductive)
**Sexual Behavior Rules**
*(For Preschool Children)*

1. **NO** touching other people’s private parts (this includes kicking, hitting, biting)
2. **NO** other people touching your private parts.
3. **NO** showing private parts to other people (or keep your clothes on when other people can see you).
4. Touching your own private parts when you are alone is okay (or **NO** touching private parts in front of other people).

**Sexual Behavior Rules**
*(For School-Age Children)*

1. It is **not OK** to show your private parts to other people (or for them to show you)
2. It is **not OK** to look at other people’s private parts.
3. It is **not OK** to touch other people’s private parts (or for them to touch yours).
4. It is **OK** to touch your private parts as long as it’s in private and does not take too much time.
5. It is **not OK** to use sexual language or make other people uncomfortable with your sexual behavior.

**Intervention and Management continued**

- **Supervision, supervision, supervision**
  (i.e., never alone with other children until the problem has been resolved)
- Consistency around enforcement of boundaries, rules, etc.
- With boundaries, teaching and support, many children with less serious SBP cease the behavior
The next step if SBP continue to be a problem...(caregiver and child will likely need to work with a therapist)

Important to understand causal and maintaining factors

Intervention may need to include individual trauma focused work if abuse history and impeding trauma symptoms related to SBPs

Collaborative approach to treatment - child and caregiver buy-in is important

Pick sexual behaviors to modify

General principles of behavior management with punishment as last resort

Identify triggers of problematic behaviors (play detective)

- Identify associations between places or things, people or relationships, and feelings with desire to act in a sexual way
- Help child to self-monitor around urges and to make alternative response options

Work out plan details and implement (consistency is key - across settings, across caregivers)

- Informing the school (need supervision)
- Verbal reminders and visual cues
- Substitute behaviors (to break up the association between triggers and sexual behaviors)
  - Distraction, support seeking, leaving the situation, thought replacement, relaxation (if anxiety based)
- Teach other skills (therapist): feelings expression, impulse control, problem-solving, thought stopping, anger management, social skills, perspective taking, relaxation, etc.
Conclusions

Therapists do not heal child sexual behavior problems. Healing occurs in the context of the healthy caregivers and the stable home environment. The therapist is a guide to assist the caregivers and child to work together to heal the child.

- Cavanagh Johnson, 2007

Questions?

References

References, continued