Sexualized Behaviors In Children And Youth

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Today’s Presenter

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Sexualized Behaviors in Children and Youth

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Sexualized Behaviors

- Children often exhibit behaviors that are deemed sexualized by the adults observing them.
- Can involve just one child or child-on-child behaviors.

The question is…

What is normal and what is concerning?
Objectives

Understand:

• Normal sexualized behaviors in children
• When sexualized behaviors are concerning and problematic
• The factors associated with sexualized behaviors
• The assessment of sexual behavior problems
• The concern for sexual abuse
Normal Sexual Behaviors

- Questionnaire – demographic information, Child Sexual Behavior Inventory (CSBI), and the Problem Behavior portion of the Child Behavior Checklist (CBCL)
Normal Sexual Behaviors

• Many children exhibit behaviors of a sexual nature

• Often associated with:
  • Exploration and curiosity - by looking and touching
  • May be part of exploring gender roles or pretend career roles

• Most frequent behaviors:
  • Self-stimulating behaviors
  • Looking at people when nude or undressing
  • Behaviors related to personal boundaries
Normal Sexual Behaviors

• Sexualized behaviors showed an inverse relationship to age
  • Peaking at year 5 and dropping off over the next 7 years.

• A child’s sexual behaviors are influenced by:
  • Age
  • Surrounding stresses
  • Living space
  • Culture/Religion
Normal Sexual Behaviors

Kids are:

- Friends
- Same age
- Same size
- Same developmental stage

Participate voluntarily
Normal Sexual Behaviors

2-5 years old

- Stands too close
- Kisses or hugs non-family members
- Touches private parts in public and at home
- Masturbates with hand
- Tries to touch breasts
- Tries to look at people undressing
- Very interested in the opposite sex
Normal Sexual Behaviors

6-12 years old

• Similar actions as 2-5 year olds, but not as high percentages

• Increase in:
  • Interest in the opposite sex
  • Knowledge about sex
  • Wanting to watch TV nudity
Concerning Sexual Behaviors

- Sexual expression is more adult than child-like
- Other children complain
- Continues, despite requests to stop
- Children sexualize nonsexual things
- Genitals are prominent and persistent in drawings
Behaviors That Are Rarely Normal

- Developmentally inappropriate behavior
- Behavior involving children more than 4 years apart in age
- Intrusive or abusive behavior
- Behaviors that result in emotional distress or physical pain
Behaviors That Are Rarely Normal

• Behaviors associated with other physically aggressive behavior
• Behaviors that involve coercion
• Behaviors that are persistent and the child becomes angry if distracted
Concerning Sexual Behaviors

Kids 2-12 years old rarely:
• Put mouth on genitals
• Ask to engage in sex acts
• Masturbate with object or insert objects in vagina
• Make sexual sounds
• Touch animal genitals
• Imitate intercourse
• French kiss
Concerning Sexual Behaviors

• Drawing sexual body part on a picture relatively uncommon

• Children less than 12 years old rarely draw sex parts.
• Girls do so slightly more than boys
Inappropriate Kid on Kid Sexual Behavior – Why Do We Care?

• Where is the child getting the behavior?

• Is there an aggressor?

• **What is the nature of the behavior?**
  • Normal childhood exploration
  • Abnormal sexual behavior
Possible Influencing Factors

- Sexual Abuse
  - This is the big one we are worried about

- Exposure to pornography
  - Magazines, movies, Internet

- Exposure to sexual material
  - Movies, Internet
  - Have seen parental sexual activity
  - Living in a highly sexualized environment
Other Factors

- Maltreatment
- Concerning parenting practices
- Parental supervision
- Family violence
- Playmates in the neighborhood
Important Considerations

• **Age**
  
  • Variety and frequency of sexual behaviors increases up to age 5 years then gradually decreases
  
  • Does not suggest the behaviors are more common when younger, but younger children are less aware of personal space and how behaviors are perceived
  
  • Be concerned with an age difference of at least 4 years – distinct developmental differences
Important Considerations

• Situational Factors
  • Preschool children are naturally inquisitive
  • Recognition of gender differences

• Situations such as the birth of a sibling, viewing another child or adult in the bathroom, or seeing their mother breastfeed can trigger or amplify sexual behaviors
  • These behaviors are transient and diminish when the child understands it isn’t appropriate in public
Important Considerations

• Kids more likely to engage in sexual behaviors if they reside in homes with:
  • Family nudity
  • Co-bathing
  • Less privacy dressing, going to bathroom, or bathing
  • Sexual activity occurs more openly
Important Considerations

• Family dysfunction and stress
  • Sexual behavior problems significantly related to homes with disruptions due to poor health, criminal activity, or violence
  • The greater the number of life stressors (domestic violence, death, incarceration, illnesses) the greater the number and frequency of sexual behaviors
  • Because child abuse and neglect are more frequent in these homes, a careful assessment of the child is warranted.
Important Considerations

• Comorbid Diagnoses
  • Often have other disorders
    • Conduct Disorder
    • ADHD
    • Oppositional Defiant Disorder
  • Most children had more than one diagnosis
Important Considerations

• Children with developmental disabilities have challenges with:
  
  • Social skills
  • Personal boundaries
  • Impulse control
  • Understanding what is hurtful or uncomfortable with others

• Have increased risk of sexual behavior problems and sexual victimization

• Have to look at developmental level of child, not chronological age
Other Research - School

• Miragoli et al, 2017, looked at school aged children in Italy and noted sexual behaviors via teacher observation – 227 children, 5-11 year olds
  • Younger children with a higher number of sexual behaviors
  • Expression of behaviors in the school context decreases with age
    • 9-10 years old with few sexual behaviors
  • Same in males and females
Other Research - School

• Males have a higher number of sexual behaviors

• Children 5-6 years old had more frequent:
  • Self-stimulation, exhibitionism, and voyeuristic behaviors, stand too close to others (10-20% plus)

• Males with more:
  • Touching sex parts in public, masturbating with a hand, touching other children’s sex parts, kissing other children, and showing sex parts to other children
Other Research - School

• Behaviors significantly decreased in 7-8 year olds
  • Most frequent behavior – general curiosity of the opposite sex (10-20%)
  • Masturbation still present in males (but 2-5%)

• The only behavior noted in 9-10 year olds was interest in the opposite sex (5-10%)

• More intrusive behaviors and those that imitate adult sexuality were not detected regardless of age or gender
Other Research - School

• Data showed that children who live in dysfunctional or violent families (particularly with DV or parental imprisonment) had a higher frequency of sexual behaviors

• Also, the presence of family sexual attitude (i.e. co-sleeping, co-bathing, liberal TV/video, witnessing intercourse, availability of pornography) was strongly correlated to increased scores on CSBI
Other Research – Welfare System

• Grossi et al, 2016, looked at sexual behaviors in a child welfare population with a history of SBP in MA.
  • 789 children (638 boys, 151 girls)
  • Large percent with physical abuse (82% boys, 84% girls), sexual abuse (63% boys, 81% girls), and psychological abuse
  • Early childhood: 2-7 years old for boys, 3-7 for girls
  • Middle childhood: 8-11 years old
  • Preadolescence/adolescence: 12-17 years old
Other Research – Welfare System

• Regarding **normal sexual behaviors**:
  • Found increase with age for normative behaviors (hugging, kissing, holding hands with age mates non-coercive penetration with age mates)
  • These behaviors were more frequent during early childhood and the older ages
  • Interest in pornography was at a low rate in girls of all ages, but increased with age in boys
Other Research – Welfare System

• **Problematic sexual behaviors:**
  
  • High incidence of violation of body space, genital touching without permission, and sexual aggression in all age groups for both sexes, but the upward trend was more significant in boys
  
  • Sexual touching of a much younger child was noted to increase with age in both sexes
Other Research – Welfare System

- **Sexual Perpetration History**
  - Looked at total number of victims and total number of separate incidents
  - Highest in early childhood and preadolescence/adolescence for both sexes
  - In early childhood, highest incidence of both variables in girls and number of incidents in boys
  - Overall, incident rates for these behaviors much lower than other behaviors
Considering Abuse

• Sexual and physical abuse are both associated with sexual behavior problems

• A meta-analysis of 13 studies showed that 28% of sexually abused children had sexual behavior problems

• Other studies show 38-48% of children with sexual behavior problems were sexually abused
  • High rates of physical abuse (32%), emotional abuse (35%) and neglect (16%) were also noted
Considering Abuse

• It is important to note that sexual behavior problems are often latent
  • Often see a lag of 2 to 4 years between sexual abuse and manifestation of sexual behavior problems.

• No one specific behavior is indicative of sexual abuse
Considering Abuse

• Sexually abused children display a variety of sexual behaviors with increased frequency

• In sexually abused children, sexual behavior problems correlate with:
  • Severity of abuse
  • Number of perpetrators
  • Family member perpetrators
  • Use of force
What Should You Do?

• Approach the children and inquire about the behavior
  • Why they are doing that?
  • Where did they learn that?

• Use open ended questions

• You have to decide if there are concerns regarding the behavior
  • Normal versus abnormal
Is the Behavior Normal Childhood Exploration?

• Are the children acting out adult roles within normal childhood development?
  • Not beyond development level
  • Not too sexual in nature (adult like)
  • Playing house or doctor

• Are the children showing curiosity?
  • Simple “I will show you mine if you show me yours”
Is the Behavior Abnormal?

• Is there aggression, force, or coercion?

• Is the sexual behavior developmentally appropriate for age?

• Is the play between same age peers with same developmental level?
If this is not innocent play.....

- Make calls to the **appropriate authorities** – FAP, CPS, military investigators/civilian law enforcement to initiate a proper investigation

- Know your **resources**
  - Do not attempt to interview children beyond your capabilities – leave forensic interviewing to those who are trained

- Employ **increased supervision** and address **safety concerns**
Talk to Parents

• Ask if they know where the behavior may have come from

• Ask about sexual material in the home – computer, movies, TV, gaming systems, other electronics
ATSA Task Force on Children with Sexual Behavior Problems (SBP) – May 2008

• Looked at multiple factors related to SBP
  • Definition
  • Incidence and Prevalence
  • Etiology
  • Assessment Qualifications of Experts
  • Assessment Contextual Factors
  • Mandatory reporting
  • Placement policies – removing a child

http://www.thebluediamondgallery.com/wooden-tile/reporting.html
(ATSA) Definition of SBP

• Children < 12 years who initiate behaviors involving sexual body parts that are developmentally inappropriate or potentially harmful to themselves or others.

DoD Instruction Policy 6400.01 defines problematic sexual behavior in children and youth as behaviors initiated by children and youth under the age of 18.
Incidence & Prevalence

• No population-based data

• **Recent increase** in cases referred to CPS, juvenile services, and treatment settings (inpatient and outpatient)

• Why the increase?
  • Increased incidence?
  • Changing definitions of SBP?
  • Increased awareness and reporting?
  • Combination of factors?
Assessment

• Those assessing SBP should have knowledge about:
  • Child development
  • **Differential Diagnosis** – mental health and other confounding behavior problems
    • Should have specific knowledge of common problems – ADHD, Bi-polar, etc.
  • **Understand related factors**
    • Environment – Parenting – Family – Social Factors
Assessment Factors

• Quality of caregiver-child relationship
• Caregiver capacity to monitor and supervise behavior
• Presence of positive/negative role models and peers
• Types of discipline used – limits, structure, consistency, and child’s response
• Emotional, physical, and sexual boundary violations in the home
Assessment Factors

• Extent and degree of sexual and/or violent stimulation
• Exposure to and protection from traumatic situations
• Cultural factors – racial, ethnic, religious, socioeconomic, etc.
• Other factors – resilience, strengths, resources
Assessment Issues

- Decisions on a case by case basis
- Respond well and quickly to treatment
- These children at low risk to commit future acts if properly treated
- Use less restrictive means for child
  - Long term residential treatment should be a last resort
    - Other efforts have failed
    - Extreme circumstances – risk of harm
Assessment Issues

• This task force emphasized the importance of identifying sexual behavior problems and getting treatment for a child before the age of 12
  • If treatment was obtained before age 12, these children had a very low risk to commit future sex offenses
  • Children with SBP respond well and quickly to treatment
  • Children with SBP are a different population than adult sex offenders
Sexual Behavior & Knowledge

• Vrolijk-Bosschaart et al, 2019, looked at 125 children (61% male, age 0-11) who were possible victims of sexual abuse by one perpetrator in Amsterdam

  • 43% were confirmed abuse

  • 38% of children with parental report of sexual behaviors or knowledge
    • Behaviors were age appropriate in 27%, somewhat worrisome in 36%, and very worrisome in 4%
Sexual Behavior & Knowledge

• Identified 6 categories of sexual behavior:
  • Self-stimulating behaviors
  • Touching other people
  • Imitation of oral sexual contact
  • Provocative behaviors (showing genitals, posing)
  • Defecation related behaviors (resistance to diaper changes, playing with feces)
  • Other sexually related behaviors (suddenly more prudish, sexual utterances, sexual slang)
Sexual Behavior & Knowledge

• Noted that sexual knowledge can come from a variety of sources and differs between children

• Children need a certain level of speech development to express sexual knowledge

• Age inappropriate behavior in abused and non-abused children often related to life stressors (including sexual abuse)
Sexual Behavior Problems – Characteristics and Maltreatment

• Allen, 2016, used data from the Longitudinal Studies in Child Abuse and Neglect (LONGSCAN) to exam children with interpersonal forms of sexual behavior problems (SBP)

• Data included:
  • 245 children with SBP
  • 77 children with interpersonal SBP (ISBP)
    • i.e. sexually touching other children
Sexual Behavior Problems – Characteristics and Maltreatment

• Finklehor and Browne proposed traumatic sexualization as an etiology of SBP
  • Child sexual abuse (CSA) provides a social learning experience and unhealthy belief that sexual behavior is a tool to achieve a desired goal (i.e. attention or rewards)
  • A posttraumatic stress pathway where children with CSA experiences have intrusive thoughts and hyper arousal prompting commission of sexual acts

• Other studies, Drach et al, do not support a relationship between sexual abuse history and SBP

Sexual Behavior Problems – Characteristics and Maltreatment

• **Allen’s Findings**
  
  • Children with a history of sexual abuse had more general SBP (21.6%)
  
  • But sexual abuse was present in only a minority of children with SBP
  
  • Physical abuse and neglect were more common in children with SBP.
  
  • Findings for emotional abuse were mixed.
Sexual Behavior Problems – Characteristics and Maltreatment

• Physical abuse was more common in children with ISBP

• Also supported that post-traumatic stress is associated with general SBP, but not ISBP

• Opined that ISBP is related to modeling of coercive behavior. Physical abuse is a form of “power assertive intrusion on the physical space of another.”
  • Coercive violation of personal space

• Study also noted that teacher and child observations not always correlated with parental observations
  • Children reported more anger and teachers more social problems
Persistent & Transitory SBP in Children

• Ensink et al, 2018, looked at SBP over a 2 year follow-up period in Canada
  • 104 children, 3-12 years old, 65% female, 60% were victims of child sexual abuse. 60 children had significant SBP at baseline.

• Definitions:
  • **SBP** – problematic behaviors that mimic adult sexuality (i.e. penetration, oral contact) or are performed with force or intimidation. Also don’t respond to limit setting.
  • **Internalizing behaviors** – depressive or anxiety symptoms
  • **Externalizing behaviors** – opposition, anger
Persistent & Transitory SBP in Children

• Findings
  • In the group with clinically significant SBP at baseline, **56.7%** had persistent behaviors at 2 years
  • In children with sexual abuse:
    • **48.4%** had persistent symptoms, **27.4%** transitory SBP, and **19.4%** had no SBP at either time
    • **Risk factors** for persistent SBPs include penetration, intra-familial abuse with paternal figure
    • Risk increased with presence of **externalizing behaviors**
Persistence of SBP

• Levesque et al, 2012, looked at 49 children, 4-11 years old referred to CPS in Quebec with SBP followed for 1 year
  • 43% had persistent SBP at 1 year

• Children with persistent SBP
  • Were more exposed to sexualized behavior in the family
  • Had more thought problems, delinquency, and aggression. These factors were associated, but did not predict SBP
Juvenile Sex Offenders

• Ryan & Otonichar, 2016, reviewed literature on juvenile sexual offenders (JSO), 12-18 years old charged with or convicted of a sexual offense
  • There is no one profile of a typical offender
  • As a group, JSOs are far more likely to go on to commit nonsexual versus sexual offenses
    • Christiansen looked at 39,248 offenders and found 4.2% with a sexual re-offense and 41% with nonsexual crimes
Juvenile Sex Offenders

- Most JSOs do not have paraphilic disorders nor do they develop one
  - It is important to identify those at risk as they have a higher risk of multiple victims and perpetuation into adulthood

- DeLisi found that of 2,520 incarcerated juvenile males, those with childhood sexual abuse had a 467% increase in later sexual offenses

- A meta-analysis of 10 studies of female juvenile sexual offenders found <3% reoffended sexually with an average of 6.5 years of follow-up
Juvenile Sex Offenders

• Comparison to other juvenile offenders
  • Seto’s meta-analysis of 59 studies with 3,855 male teen sex offenders and 13,393 nonsexual offenders
  • No differences in antisocial traits, early conduct problems, intelligence, social problems, or general psychopathology
  • JSOs had less extensive criminal histories, less substance abuse, and fewer delinquent friends
  • JSOs more likely to have been physically and emotionally abused and much more likely to have been sexually abused.
  • More likely to have early exposure to sex or pornography, sexual violence in the family, and atypical sexual interests (i.e. younger children)
Juvenile Sex Offenders

- **Sex-plus offenders** were less likely to have victimized children compared to sex only offenders.

- **JSOs with child victims** had more atypical sexual interests versus JSO who offended against peers and adults.
The Impact of Sexual Abuse

• Kendall-Tackett et al, 1993, looked at 45 studies regarding the impact of sexual abuse
  • Child victims 18 years and younger, many with control groups, and most published in last 5 years

• Findings:
  • A wide range of symptom outcomes is seen in abused children.
  • Studies vary on symptoms studied and include anxiety, fear, PTSD, nightmares, depression, suicidal, poor self-esteem, somatic complaints, mental illness, aggression, delinquency, sexualized behaviors, promiscuity, school problems, hyperactivity, regression, running away, substance abuse, self-injurious behavior, internalizing and externalizing symptoms
The Impact of Sexual Abuse

• Sexually abused children often less symptomatic than the clinical, non-abused groups.

• Sexually abused children showed 2 symptoms consistently more than non-abused children
  • PTSD and sexualized behaviors

• Across all studies 20-30% had a particular symptom – except PTSD no symptom was seen in a majority of children

• Depression common across all age groups. Also school and learning problems fairly prominent across age groups
The Impact of Sexual Abuse

• Sexualized behaviors more prominent in preschool-age children (35%), decreased during school age, and reemerge in adolescence as promiscuity, prostitution, and sexual aggression.

• Children who were older at the time of assessment were more symptomatic.

• Children with a greater number of symptoms commonly had molestations with a close perpetrator, high frequency of abuse, a long duration of abuse, and acts including penetration.

• A lack of maternal support and negative coping strategies also increased symptoms.
The Impact of Sexual Abuse

• 1/2 to 2/3 of all children become less symptomatic in the first year to year and a half
  • 10-24% became more symptomatic

• There is no specific behaviors or set of behaviors for sexually abuse children
  • Sexualized behavior and PTSD occur in high frequency
  • The presence of symptoms does not confirm abuse and the absence of symptoms does not rule it out
How Can We Help Parents

- **Computer safety**
  - Keep computer in an open area
  - Monitor children’s use
  - Use parental controls
  - Don’t allow potentially dangerous activities (like chat rooms)
  - Teach kids to never give out personal information
  - Do not send pictures over the internet
How Can We Help Parents

• Encourage parents to provide education appropriate for age
  • Teach preschool children appropriate names for body parts and private parts
  • Teach preschool children about who can and cannot touch private parts
  • Advance sexual knowledge as children get older
  • Repeat safety education
  • Maintain open communication with your child
How Can We Help Parents

• Know who your children play with
  • What ages, what games are being played

• Don’t be afraid to be involved and monitor your children
References


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- Thank you -

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