Normative versus Problematic Sexual Behavior among Children

When does sexual behavior in kids reflect concern?
ABUSE CYCLE

SUPPRESSION /DENIAL

EVENTS

TRIGGERS

PERSONALIZE Victim Stance

EXPECT WORSE Fight or Flight

AVOID ISOLATE or Withdrawal

Maladaptive pattern of getting needs met

GUILT and Covering Up

ABUSE Justifications and actions

FANTASY to Sexual Fantasy

POWER & CONTROL

blame others

Justifications and actions

FANTASY to Sexual Fantasy

POWER & CONTROL

blame others
Treatment Cycle

- Resolve Childhood Abuse
- Healthy Relationships and Sexuality
- Positive self esteem
- Correct Thinking Errors
- Sexual Identity
- Core Beliefs
- Accountability
- Intervention
- Empathy
- Thoughts/switch
- Emotion Management
- Social skills
Child Sexual Behavior Inventory

- CSBI researched sexual behavior among children who were screened for NOT having experienced sexual abuse
- Age 2 to Age 12
- 1114 Children were in the study and were rated by female caregivers
- Family Stress, family sexuality, social maturity of the child, maternal attitudes regarding child sexuality, and hours in day care were considered.
- Sexual behavior was related to child’s age, maternal education, family sexuality, family stress, family violence, and hours a week in day care.
- A broad range of sexual behaviors are exhibited by children.
Normative Sexual Behaviors

• Dresses like opposite sex
• Stands too close
• Wants to be opposite sex
• Touches sex parts in public
• Masturbates with hand
• Draws sex parts
• Touches breasts
• Masturbates with toy/object
• Touches other child’s sex parts
• Tries to have intercourse
Normative

• Puts mouth on sex parts
• Touches sex parts at home
• Touches adult’s sex parts
• Touches animal’s sex parts
• Makes sexual sounds
• Asks others to do sex acts
• Rubs body against people
• Puts objects in vagina/rectum
• Tries to look at people when they are nude
• Pretends toys are having sex
Normative

• Shows sex parts to adults
• Tries to look at pictures of nude people
• Talks about sex acts
• Kisses adults not known well
• Gets upset when adults kiss
• Overly friendly with men
• Kisses other children
• Talks flirtatiously
• Undresses other children
• Wants to watch TV nudity
Normative

- Puts tongue in mouth when kissing
- Hugs adults not known well
- Shows sex parts to children
- Undresses adults against their will
- Very interested in opposite sex
- Puts mouth on breasts
- Knows more about sex
- Other sexual behaviors
Dr. Toni Cavanaugh Johnson

Natural and Healthy Sexuality among children

- Intermittent, different ages, different frequency
- Intensity may be balanced, can stop and start at will
- May be giggly, light-hearted, may have guilt
- Many types of relationships that are ongoing
- Look for education/friendship history
Normative

• Engage in sex with same age peers
• May ask for, tease about, or mutually agree to sex
• May involve siblings-foster siblings
• May be friends
• Can be spontaneous or planned
• Many family arrangements are present
• If discovered may be shy, embarrassed, run and hide
• May be aroused or not
• Motivated by curiosity, exploration, mimic friends, or what is seen on media
• May need education for self and parents, clarify values
Sexually Reactive Child

- Engage in many types of behaviors, some of which may mimic their own early experience
- May present with many problem behaviors
- Intermittent to frequent behaviors
- May be out-of-balance with other aspects of life
- May be anxious, shameful, guilty, fearful, confused
- May be isolated, unsure and wary
- Assess family relationships, self-image, and impulsivity
Reactive child

• Engage with similar age playmates or living companion
• Behavior occurs without prior discussion or if discussed, lacks coercion
• Behaviors are observable
• Access children, possibly adults
• Behavior is spontaneous, impulsive, or planned
• Possible family history of sexual abuse, other abuse, liberal view about sex, little emotional support and cohesion in family
Reactive Child

• Acts surprised when discovered, if they are dissociating, or upset, confused or afraid
• May be aroused or not
Reactive Child

- Motivated to reduce anxiety, PTSD reaction, to reduce confusion, make sense of sexual experience or victimization
- May recapitulate behavior to understand, hard to control, may be overstimulated, may decrease physiological arousal
- May currently be experiencing abuse, emotional abuse, traumatic sexualization, viewing pornography, family history of sexual abuse, sexuality is overt in home
Reactive Child

• Treatment focus is for self-awareness, make sense of previous experiences with strong sexual urges, support and educate parents along with child, develop plan to modify behavior and enforce boundaries
Children who have extensive mutual behavior history

- Many types of sexual behavior
- Sex is adulterated
- Sex is ongoing
- They may need reassurance through sexual contact
- May be needy, confused, sneaky, or minimizing
- May distrust adults, expect to be hurt, may be unattached, relies on sex for emotional strength, may be re-victimized by exploitative adult
- Need to assess problem solving, coping skills, empathy
Continued

• Tend to choose same age peers or living companion
• May agree at conscious or unconscious level, non-coercive
• Behavior is secretive
• Relationship is mutual/sibling, or blended family
• Children tend to be willing and may be stable part of relationship
• Behavior is planned
• Family may have substance abuse, caretakers may be emotionally distant and unsupportive, parents may have had affairs
• Overt and covert sex in home
• Poor boundaries
Extended Behavior

- May deny the behavior or blame other child
- May not see problem with sexual behavior
- May be aroused or not.
- Use sex as coping mechanism to decrease isolation, loneliness, or neediness.
- Sex may be to decrease boredom or depression.
- Sex may make life bearable
- Sex may stabilize a sense of self
- Sex may provide an attachment figure
- May provide a connection in a world seen as hostile
- May decrease physiological arousal
Extensive Behavior

• These youth may be prone to be victimized by an older person who takes advantage of their neediness and confusion
• May have experienced sexual, emotional, and/or physiological abuse
• May have experienced abandonment
• Parents may have had extramarital affairs
• Poor bonding with primary caretaker
• May have physiological or hormonal reactions
• Lack adult attachments
• History of out of home placement-continuous
**Extensive Sexual Behavior**

- Treatment is focused to increase attachment to adults to attempt to meet emotional and dependency needs.
- They need to learn to substitute emotional contact for sexual contact
Children Who Molest-Problematic

• Engage in many abusive behaviors
• Have history of ongoing and increasing abuse behaviors
• May have a pattern of abuse
• Tends to be preoccupied by sex, sexualizes contact with people and things
• Tends to be angry, anxious, aggressive, confused, and rageful
• In relationships may be antagonistic, limited social skills, both child and adult relationships, no reliable way to attain approval, may be detached, highly manipulative, bordering on sociopathy
Problematic Behavior

• Need to evaluate this child’s relationship to authority figures.
• Victim’s may be from wide age range
• May use threats, bribery, tricks, manipulation, or coercion
• Abuse is done in secret
• May have abused siblings, natural or step
• Targets vulnerable children or direct behavior towards adults
• May plan or spontaneously offend
• Family history involves criminogenic issues
Problematic Behavior

- Generational abuse
- Neglect/Abandonment
- Psychiatric disorders
- Poor boundaries
- Sexualized environment
- Criminal Justice problems
- Parental violence
- Many single parent households
Problematic Behavior

- After discovery they tend to be aggressive, blame the victim or the person who caught them
- May deny the behavior
- These youth may experience sexual arousal or not
- Offense motivation is to decrease anxiety, fear, loneliness, anger, abandonment fears, or other strong unpleasant internal sensations
- Acts out to reduce confusion
- May be recapitulating previous physical, sexual, or emotional over-stimulation
Problematic Behavior

• May be to decrease physiological arousal paired with early stress history
• May be to retaliate, hurt others
• May be post-trauma reaction
• May be sibling rivalry dynamic
• May be sexually compulsive
Problematic Behavior

- Wide range of etiological factors:
  - Sibling rivalry, fight for attention
  - Physiological/hormonal reactions
  - Trauma induced
  - Neurobiological changes
  - Pair up anger with sex, aggression, anxiety
  - History of sexual/emotional abuse, neglect, abandonment
Problematic Behaviors

• Inherits vulnerabilities
• Family history of violence
• Sexualized relationships
• Sexualized family environment
• Poor boundaries
• Caretaker with unmet needs
Treatment of Problematic Behavior

• Intensive treatment
• Need many skills
• Parent’s need treatment
• Client needs to learn appropriate boundaries
• Family therapy
• Safety Planning
• Violence reduction
Juvenile Sex Offender Assessment Protocol-II

• Risk Factors informing treatment:
  • Static/Historical factors:
  • Prior legally charged offenses
  • Number of victims
  • Male Victim
  • Duration of Offending
  • Sexualized Aggression
  • Sexual Preoccupation
  • Sexual Victimization
J-SOAP-II

- Caregiver Consistency
- Pervasive Anger
- School Behavior Problems
- History of Conduct Disorder
- Juvenile Antisocial Behavior
- Arrested or charged prior to age 16
- Multiple Types of Offenses
- Physical Assault History/Exposure to Family Violence
J-SOAP-II

- Dynamic Risks:
- Accepting Responsibility for Offense
- Internal Motivation for Change
- Understands Risk Factors
- Empathy
- Remorse and Guilt
- Cognitive Distortions
- Quality of Peer Relationships
J-SOAP-II

- Management of sexual urges
- Management of Anger
- Stability of Current Living Situation
- Stability in School
- Evidence of Support Systems
Relationship Differences among children

Criteria for determining if a problem exists

• Sexual Activity Compared to Developmental Level
• Oral-genital intercourse is beyond the behaviors expected from children under age five
• Any sexual behavior based on threats
• Preoccupation with abusive sexuality
Criteria for Problematic Behavior

• Children 6-10 who attempt genital or anal penetration, genital kissing, or oral-genital intercourse have a problem

• A child age 10-12 who engages in sex plan with much younger children or who forces someone to engage in sex
Relative Power of Children

• If one child participating in sexual activity has more power than the other it is more likely that the sexual behavior is problematic.
• Is one child older? 10 versus 5?
• What is a child capable of at age 5 and 10
• Developmental delay vs. normal intelligence
• A child who is a leader vs. child who is follower
• A child who is larger in size vs. smaller child
• The five elements of consent
Interventions for Normative Behavior

• Parent’s observing sexual behavior in children may:
• Freak Out!
• Instead we have learned to:
• Redirect the child to a private location
• Speak to the child about sexualized behavior
• Ask another adult, “Is this normal?”
• Alter their perception of their child.
• Establish boundaries for self and others.
Continued

• Communicate observations to Pediatrician
• Place blame onto other parent of other kids, etc.
• Speak to a spiritual advisor
• Read about child sexual behavior
• Recall their own experience, good or bad, and make a judgment
• Discuss their attachment and bonding experience
Perspective

• Children are curious about sexual behavior
• They see multiple images a week of sexual behavior
• Many images have no context for them
• Children associate what they see in media with what their parent’s/caregivers do
Perspective

• Children compare their experience with other children
• Many children lose interest and enter latency
• Hormonal reactions begin at a wide range of ages
• Girls tend to mature sexually earlier than boys
• Centers for Disease Control suggests children as young as 7 or eight learn proper names for body parts
Social Media

• Sex sells
• Sexual language, behavior, jokes, images appears to target younger children
• Clothes, movies, and other media offer overt and/or covert messages about sex
• Subliminal messages in advertisement, anime, etc. are not quantified
• Pornography: can you define this term?
• Adult pornography does teach a child lessons on sex, not on relationships and is becoming more aggressive
Continued

- Judgment may end the conversation
- Consultation: Therapists, other parents, family
- Education: Growing and Changing
- Morality: Family, church, cultural values
- Peer Pressure
- Cyberbullying
- Sexting
- Boundaries, boundaries, boundaries
New Sexual Values

• Sexual Identity now has eighteen examples:
  Assigned Sex
  Bisexual
  Cisgender
  Gender Expression
  Gender Fluidity
  Gender Identity
  Gender Normative
  Gender Queer
Intersex/ Androgyny
Pansexual
Questioning-99%
Transgender
Transsexual
Transman
Transvestite
Transwomen
Neurochemistry of Sex

- Dopamine-reward hormone
- Oxytocin-cuddle hormone
- Prolactin-satiations hormone
- Cortisol-Stress Hormones
- Androgen receptors-mood-perceptions-addictions
- Serotonin
- Adrenaline
## Chemical Imbalance
### Dopamine

<table>
<thead>
<tr>
<th>Excess</th>
<th>Deficient</th>
<th>“Normal”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addictions</td>
<td>Addictions</td>
<td>Motivated</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Depression</td>
<td>Feelings of well-being, satisfaction</td>
</tr>
<tr>
<td>Compulsions</td>
<td>Anhedonia- no pleasure, world looks colorless</td>
<td>Pleasure, reward in accomplishing tasks</td>
</tr>
<tr>
<td>Sexual fetishes</td>
<td>Lack of ambition and drive</td>
<td>Healthy libido</td>
</tr>
<tr>
<td>Sexual addiction</td>
<td>Inability to “love”</td>
<td>Good feelings toward others</td>
</tr>
<tr>
<td>Unhealthy risk- taking</td>
<td>Low libido</td>
<td>Healthy bonding</td>
</tr>
<tr>
<td>Gambling</td>
<td>Erectile dysfunction</td>
<td>Healthy risk taking</td>
</tr>
<tr>
<td>Compulsive activities</td>
<td>No remorse about personal behavior</td>
<td>Sound Choices</td>
</tr>
<tr>
<td>Aggression</td>
<td>ADD/ADHD</td>
<td>Realistic expectations</td>
</tr>
<tr>
<td>Psychosis</td>
<td>Social anxiety behavior</td>
<td>Maternal/ Paternal love</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>Antisocial behavior</td>
<td></td>
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</tbody>
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## Excess Prolactin

<table>
<thead>
<tr>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of libido</td>
<td>Loss of libido</td>
</tr>
<tr>
<td>Mood changes/ depression</td>
<td>Mood changes/ depression</td>
</tr>
<tr>
<td>Hostility, anxiety</td>
<td>Impotence</td>
</tr>
<tr>
<td>Headache</td>
<td>Headache</td>
</tr>
<tr>
<td>Menopausal symptoms, even when estrogen is sufficient</td>
<td>Infertility</td>
</tr>
<tr>
<td>Signs of increased testosterone levels</td>
<td>Decreased testosterone levels</td>
</tr>
<tr>
<td>Weight gain</td>
<td>Weight gain</td>
</tr>
<tr>
<td>Intercourse may become painful because of vaginal dryness</td>
<td></td>
</tr>
</tbody>
</table>

- **Women** exhibit symptoms such as loss of libido, mood changes or depression, hostility, anxiety, headache, and menopausal symptoms, even when estrogen is sufficient. They may also experience intercourse pain due to vaginal dryness.
- **Men** experience symptoms like loss of libido, mood changes or depression, impotence, headache, infertility, and decreased testosterone levels. They also may suffer from weight gain.
<table>
<thead>
<tr>
<th>Fear- Cortisol</th>
<th>Love- Oxytocin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggression</td>
<td>Anti- stress hormone</td>
</tr>
<tr>
<td>Arousal, Anxiety, Feeling stressed- out</td>
<td>Feeling calm and connected, Increased curiosity</td>
</tr>
<tr>
<td>Activates addictions</td>
<td>Lessens cravings &amp; addictions</td>
</tr>
<tr>
<td>Suppresses libido</td>
<td>Increases sexual receptivity</td>
</tr>
<tr>
<td>Associated with depression</td>
<td>Positive feelings</td>
</tr>
<tr>
<td>Can be toxic to brain cells</td>
<td>Facilitates learning</td>
</tr>
<tr>
<td>Breaks down muscles, bones and joints</td>
<td>Repairs, heals and restores</td>
</tr>
<tr>
<td>Weakens immune system</td>
<td>Faster wound healing</td>
</tr>
<tr>
<td>Increases pain</td>
<td>Diminishes sense of pain</td>
</tr>
<tr>
<td>Clogs arteries, Promotes heart disease and high blood pressure</td>
<td>Lowers blood pressure, Protects against heart disease</td>
</tr>
<tr>
<td>Obesity, Diabetes, Osteoporosis</td>
<td></td>
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</tbody>
</table>
Neurological Considerations for Problematic Behavior

- ADHD
- Impulsivity
- Social Anxiety
- Autism Spectrum
- Genetic abnormality
- Epigenetics
- Pollution
- Toxins
Personality Disorders

- Conduct Disorder
- Narcissistic Disorder
- Borderline Personality Disorder
- ADHD
- Bipolar Disorder
- Mood disorder
- Antisocial Personality Disorder
- Depressive
- Atypical Sexual Interests
Etiological Factors

- Fetal Alcohol Syndrome
- Cocaine-heroin
- Lead poisoning
- Attachment
- Brain injury
- Victimization
- Substance Use/Abuse
- Hypersexuality
Community Response

- Education
- Boundaries Treatment
- Informal Adjustment
- Deferred Adjudication
- Adjudication
- Level of Care
- MDT’s
- Human Services
- Probation
- Parole
Evaluation

- Developmental History
- Social History
- Evaluation of Self
- Medical Issues
- Mental Health Issues
- Substance Abuse
- Sexual beliefs and practice
- Boundaries
- Offense Specific
Adolescent Typologies

- Psychosocial Deficit
- Delinquent Lifestyle
- Pedophilic Interests
  - Antisocial
  - Non Antisocial
- Co-occurring Mental Disordered
- Sexually Reactive Child
- Traumatic Sexualization
Resources

- Child Sexual Behavior Inventory-CSBI
  American Academy of Pediatrics
  *Normative Behavior in Children: A Contemporary Sample*
- www.pediatrics.org
- Dr. Toni Cavanagh Johnson, PH.D.
  *Understanding Children’s Sexual Behaviors*
- Healing with Sexual Energy
  The Neurochemistry of Sex
- Juvenile Sex Offender Assessment Protocol-II
- Juvenile Typologies- John Hunter/University of Virginia
• Children exhibiting with sexual behavior come from a wide range of family systems and evince a wide range of behaviors. Causal factors for inappropriate behavior continue to be discovered and interventions continue to be implemented into treatment plans.

• Developing an open honest relationship with children and caregiver’s offers the best hope to develop treatment interventions that are effective.
Resources

- Sex Offender Management Board
- Kempe Center
- Ralston House
- Victim Compensation Board list of Providers
Future

• How does the interaction in treatment effect the outcome of the offender treatment and also the victim treatment? Can the awareness that interventions triggering cortisol or stress hormones cause harm, allow us to use techniques that help release oxytocin which may help regulate dopamine and other hormones?