Sexual Behavior in Children: What’s Normal and What’s Not?

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Sexual behavior in children
- Introduction: relevant trends
- Definitions
- What’s normal?
  - Who’s watching the kids?
  - Age-specific behaviors
  - Moderating factors
- What’s not normal?
  - Types of behaviors
  - Contributing factors
  - Associated disorders
- Management approaches

When did concern for sexual behavior in children arise?
- Parents and clinicians noticed a correlation between sexual abuse and sexual behaviors in the late 1980’s
- Researchers began to study normative behaviors and correlation with sexual abuse in early to mid 1990’s (Friedrich et al., 1993; Kendall-Tackett, Williams & Finkelhor, 1993)
- Increase in sexual behaviors may be related to:
  - Actual increase, in conjunction with other trends
  - Change in observer patterns: parents are noticing AND reporting such behaviors to clinicians
  - Change in how behaviors are identified and defined

Relevant trends
- Numbers of validated child sexual abuse cases
- Consumption of media by children and adolescents
- Exposure and access to sexually explicit material
- Media exploitation and sexualization of children
- Sexting, sexual harassment, and on-line solicitation for sex

Sexual abuse trends
- From 1980-1986, numbers of reported cases tripled
- From 1991-1995, numbers decreased by a third
- Since 1995, numbers trending down
- Approximately 70,000 U.S. children per year validated as victims of sexual abuse
- Reasons for decline in numbers:
  - Fewer victims
  - Fewer investigations
  - Reservoir of victims who have not disclosed became smaller
  - More judicious reporting of cases; reports regarding preverbal children declined more than reports regarding older children

Media consumption by children
- 3 truths regarding children and media (Brown & Cantor, 2000)
  - The consumption of media is a dominant and influential activity of childhood
  - Children are active media consumers who choose, interpret and apply media in a variety of ways
  - Media has become increasingly interactive and multisensory
- Children spend 6-8 hours a day exposed to some form of media
- Result: a larger, younger generation of “sexually savvy” youth
- “MySpace” and “Facebook” have become “the real battlegrounds”
- Recent suicides (Phoebe Prince, South Hadley, Mass) attributed to on-line bullying and sexual harassment
Sex and the Kiddy

- Sex and violence in the media
  - Television: 8 sexual acts per hour (<2/hr in 1976)
  - Music and movies: increasingly violent and sexual
- Sexual exploitation of children in the media: Abercrombie and Fitch
  - Their clothing line for girls ages 7-14 include thong underwear with “Eye Candy” and “Wink wink” emblazoned near the crotch
  - T-shirt inscriptions include “I’m not allowed to date unless you’re hot” and “I will make you an all-star on the walk of shame”
- CEO Mike Jeffries thinks these items are “cute” not “bad”

Examples (courtesy of M. Herman-Giddens)

- “Sexual images produced and disseminated by youths”
- 3477 cases handled by US law enforcement 2008-9
- An adult was involved in 36%
- 63% of the images transmitted by cell phone only
- In a telephone survey of 1560 youth, ages 10-17, 7.1% indicated they had received nude or nearly nude images of others
  - About 1% appeared in, or created nude images or videos

Putting it all together....

- Initial increase in sexual behaviors in children likely related to changing patterns of observation and reporting, as well as greater exposure to sexual media
- Initial changes in parent observation/reporting of child sexual behaviors related to concern for sexual abuse and fewer inhibitions about sexual matters
- Patterns of current sexual behavior in children are likely related in part to mass consumption of media
- Mass consumption of media includes sexual information and misinformation
- New technology and ways to communicate have created virtual relationships (and battlegrounds) which can have devastating effects on children

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Definitions
- What is “sexual behavior?”
  - Includes solitary behaviors (e.g., touching self)
  - Behaviors that involve others
  - May involve contact or non-contact behaviors, such as talking about sexual topics or viewing nudity
- What is the purpose of the behavior?
  - Sexual gratification
  - Self-soothing
  - Curiosity
  - Imitation
  - Attention-seeking

Normative sexual behaviors
- Sexual behaviors that are observed in children who do not have risk factors for abuse, and that are developmentally appropriate and expected
  - Wide range of prevalence (<1% to 60%) and frequency for each type of behavior
- Other terms
  - “Sexualized behaviors”
  - “Sexual play”

Sexual behavior problems
- Children 12 and younger who “initiate behaviors involving sexual body parts (i.e., genitals, anus, buttocks or breasts) that are developmentally inappropriate or potentially harmful to themselves or others.” (Association for the Treatment of Sexual Abusers, 2006)
  - “Developmentally inappropriate” are sexual behaviors that
    - Occur at a greater frequency than seen in normative groups
    - Occur at a much earlier age than would be expected
    - Become a preoccupation for the child
    - Persist/reoccur after adult intervention
  - “Potentially harmful” sexual behaviors involve coercion, or cause physical injury or emotional distress
- Other terms:
  - “Sexual acting out”
  - “Sexually abusive behavior”
- Sexually abused children that develop sexual behavior problems are usually considered “sexually reactive youth”

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What’s normal depends on who’s looking
- Parent-reported sexual behaviors
  - Report a greater frequency of behaviors than day care
  - Report more solitary behaviors than other care givers
  - Education level: more years of education associated with greater frequency of reported sexual behaviors
  - Personal factors: parents who are less accepting of sexual behaviors report fewer behaviors
  - Cultural factors: Spanish parents more likely to report observing “sexual play” (78%) than Dutch or Flemish parents
  - Parent history of sexual abuse: more likely to over-report or under-report sexual behavior (Friedrich, Davies, Feher & Wright, 2003)
What’s normal depends on how you remember

- Recall studies involving young adults
- Depends on definition of “sexual experience”
- Depends on research methodology (pick behavior from list or spontaneous recall)
- Depends on memory capture
- Overall, a range of 42 to 94% of young adults report they had a sexual experience as a child
  - 26-34% showed genitals to another child
  - 16% recalled simulating intercourse with another child
  - 5% recalled inserting object into vagina or rectum of another child
  (Johnson 2007; Lamb & Coakley, 1993)

Age-specific behaviors: general trends

- Youngest age groups have the greatest number of sexual behaviors
- Sexual behaviors occur with the greatest frequency in the youngest age groups
- Changes in sexual behaviors with age parallel developmental tasks and socialization
- No significant difference in types or frequencies of sexual behaviors in girls and boys

If looks could kill....

Normative sexual behaviors: ages 2-5

- High prevalence/frequency behaviors (25-60%)
  - Touches genitals/anus at home (> in public)
  - Touches mother’s breasts
  - Viewing/Touching peer’s or new sibling’s genitals
  - Standing/sitting too close
  - Trying to view peer/adult nudity
  - Displaying genitals to other children or adults
  - Behaviors are transient, occasional, and distractable
  (Friedrich et al., 1998; Kellogg & COCAN, 2009, Hornor 2004)

Normative sexual behaviors: ages 2-5

- Low prevalence/frequency behaviors (<1.5%)
  - Asking peer/adult to engage in specific sexual act(s)
  - Actual insertion of objects into genitals
  - Oral-genital contact
  - Explicit imitation of intercourse
  - Touching animal genitals
  - Sexual behaviors that are frequently disruptive to others
  - Sexual behaviors that are resistant to parental distraction
  (Friedrich et al., 1998; Kellogg & COCAN, 2009, Hornor 2004)
### Normative sexual behaviors: ages 6-9
- **High prevalence/frequency behaviors (14-40%)**
  - Touches genitals at home
  - Tries to look at people when they are nude
  - Stands/sits too close to others
  - Touches mother’s breast
  (Friedrich et al., 1998, Hornor 2004)

- **Low prevalence/frequency behaviors (8-14%)**
  - Very interested in opposite sex
  - Knows more about sexual topics
  - Tries to look at pictures of nude people in books or on television
  - Talks about sexual topics
  - Dresses like opposite sex
  - Masturbates with hand
  (Friedrich et al., 1998, Hornor 2004)

### Normative sexual behaviors: ages 10-12
- **Higher prevalence/frequency (9-29%)**
  - VERY interested in opposite sex
  - Wants to watch/view nudity on television and other media
  - Knows more about sexual topics
  - Touches sex parts at home
  (Friedrich et al., 1998, Hornor 2004)

- **Lower prevalence/frequency (5-8%)**
  - Stands/sits too close
  - Dresses like the opposite sex
  - Tries to look at people when they are nude
  - Talks about sex acts
  - Talks flirtatiously
  (Friedrich et al., 1998, Hornor 2004)

### Moderating factors
- Developmental considerations
  - Awareness of body parts
    - Increase in curiosity behaviors among younger age groups
    - Imitative behaviors involve peers, adults, and media
  - Hand-to-genital behavior tends to occur in younger children when they are tired, stressed or have to urinate
  - Influence of social norms
    - Learning “taboos”
  - Interest in peer relationships
    - Increase with age
    - Imitative behaviors involve peers
  - Children with developmental disabilities: challenges with social skills, personal boundaries, impulse control
    - Evaluate behaviors based on cognitive rather than age-based criteria

- Situational factors
  - Parent’s view of sexuality
    - Parent reactions to behavior
    - Child’s reactions to parent’s behavior
  - Environmental access to sexual materials and/or sexual acts
    - Children in environments with family nudity are more likely to openly engage in sexual behaviors (Friedrich et al., 2001)
  - Reported number and frequency of sexual behaviors increased for children in daycare (Friedrich et al., 1998)
  - Cultural origins: variation in frequencies among high prevalence behaviors but not low prevalence behaviors
### Moderating factors: Family stressors

- **Parental separation/custody issues**
  - Increase in behavior or increase in observer interpretation of behavior?
  - Children may engage in sexual behaviors to self-soothe when stressed
- **New sibling**
  - Viewing/touching of sibling and mother’s breasts may increase due to curiosity, recognition of gender differences or variations

### When does exposure to sexual materials become supervision neglect?

- Is the child’s sexual behavior more frequent or intrusive than normal for age?
- What kind(s) of sexual material or acts is the child exposed to?
- Has the parent taken steps to limit the child’s access to sexual materials/acts/nudity?
- If the parent has not taken steps to limit the child’s access and the sexual behaviors interfere with the child’s ability to function in a social setting, then a referral to Child Protective Services for supervision neglect is appropriate

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### Examples of sexual behavior problems in children

- Any sexual behaviors that involve 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 in at least one child
- One child coerces or threatens the other child into participating
- Behaviors are persistent, resistant to adult redirection, and child becomes angry if distracted
- Explicit repetitive acts, involving actual penetration of genitals or anus, or oral-genital contact
- Asking an adult to perform a sexual act

### Factors contributing to sexual behavior problems in children

- **Family dysfunction**
  - Number and frequency of sexual behavior problems in children increases with number of family stresses involving:
    - Inter-parental violence
      - Up to 68% of children with SBPs have witnessed IPV
    - Parent incarceration
    - Deaths of family members
    - Illnesses requiring hospitalization of family members
  - Families living at or below poverty line
    (Friedrich et al., 2001; Silovsky & Niec, 2002)

### Factors contributing to sexual behavior problems in children

- **Family dysfunction: abuse and neglect**
  - Among children ages 6-12 diagnosed with sexual behavior problems
    - History of sexual abuse: 38-48%
    - History of physical abuse: 32-48%
    - History of emotional abuse: 29-39%
    - History of neglect: 16-18%
    (Silovsky & Niec, 2002; Bonner et al., 1992)
Sexual abuse and sexual behavior in children

- Sexually abused children are 2-3 times more likely to display sexual behaviors with greater frequency than children who have not been sexually abused or who have psychiatric diagnoses (Friedrich et al., 2001; Cosentino et al., 1995).
- About 28% of sexually abused children have sexual behavior problems (Kendall-Tackett et al., 1993).
  - Most common in younger children
  - Risk factors (Cosentino et al., 1995; Friedrich et al., 2001):
    - Onset of abuse at a young age (0-3 years)
    - Father figure perpetrator
    - Abuse involving penetration
    - More than one perpetrator
    - Use of force
    - Self-blame

Disorders associated with sexual behavior problems in children

- In one study, 96% of children with sexual behavior problems had additional psychiatric diagnoses (Gray et al., 1999).
  - Conduct disorder (76%)
  - ADHD (40%)
  - ODD (27%)
- Externalizing behavior problems are strongly associated with sexual behavior problems in children.
- Children with SBPs tend to have lower self-esteem and peer acceptance.

Predator or patient?

- Myth! Children with sexual behavior problems are at a greater risk of becoming sex offenders.
- Fact: if children receive a cognitive-behavioral therapy intervention, their risk of becoming a sex offender is no more than that of children with ADHD (Carpentier, Silovsky & Chaffin, 2007).
- Placing children on public sex offender registries or segregating them may offer little/no community protection and compromise their ability to recover and be socially re-integrated (ATSA, 2006).

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Anticipatory guidance

- Review anticipated sexual behaviors during health maintenance visits
- Gauge parent’s comfort level with topic
- Reminders about Internet safety, overseeing access to violent and sexual media, respectful communication with cell phones, MySpace, etc.
- Let parent know you are available as a resource for questions that arise.
When the parent is concerned about sexual behaviors

• Ensure that the genital touching is not due to some medical, infectious or dermatologic condition
  – Atopic dermatitis
  – Insect bites, especially chiggers
  – Pinworms
  – Hygiene
  – Balanitis

When the parent is concerned about sexual behaviors

• Gather a history about the type(s) of behavior and frequency
  – Age-appropriate?
  – Age of other children, if involved?
  – Intrusive? To children? To caregivers? Both?
  – Changes or progression over time?
  – Child's emotions during behavior and when parent attempts to distract child from behavior

When the parent is concerned about sexual behaviors

• If behavior is
  – A common, normal behavior with abnormal frequency, or
  – An uncommon “normative” behavior that is persistent or intrusive
• Then assess situational factors:
  – Family nudity
  – Access to sexually explicit materials or acts
  – Change in child care arrangements
  – Change in family composition

When the parent is concerned about sexual behaviors

• If sexual behaviors are:
  – Persistently intrusive despite assessment of situational factors and parent attempts to distract, or
  – Age in-appropriate, or
  – Involves coercion or threats of others, or
  – Emotionally distressing, or
  – Potentially painful
• Then further assessment of additional factors is warranted
  – Family dysfunction, violence, abuse
  – Externalizing behavior problems, conduct disorders

Principles of management for sexual behavioral problems

• Gathering information about the behavior from multiple sources is best
• Focus on what current factors are maintaining current behavior rather than the initial causes or past behavior
• Cognitive-behavioral and psycho-educational interventions involving children, parents, teachers, and caretakers are very effective (even short term therapy)
• Do NOT push the sexual abuse agenda if a child does not disclose abuse!

Examples of successful intervention approaches

• Attend/reinforce positive behavior
• Use of specific labeled praise for desired behavior
• Use of time-out for younger children
• Promoting parental consistency, warmth and sensitivity
• Close adult presence during risk times or situations: naps, changing areas, bathrooms, computer use
• Use of concrete rules (Don't touch other people's private parts) with younger children
• Modeling/demonstrating appropriate behaviors
Useful screening tools

- **Child Sexual Behavior Inventory – III** (Friedrich, 1997, 2002)
  - Measures frequency of common and atypical behaviors
  - Incorporates age and gender norms
  - Useful for explaining behaviors to parents
- **Child Sexual Behavior Checklist (2nd revision)**
  - 150 behaviors
  - Identifies environmental and contributing factors that may increase sexual behavior problems
  - Can be used for assessment and treatment planning
- **Weekly Behavior Report**
  - Shorter, tracks weekly changes

Reporting suspected abuse and neglect

- **Report suspected abuse if:**
  - Child gives a history that they have been sexually or physically abused, OR
  - Child gives a history that they have had sexual contact with a child 4 or more years older or younger, or contact is otherwise abusive, OR
  - Child has injuries that are suspicious for sexual or physical abuse
- **Report suspected neglect if:**
  - Parent intentionally exposes child to harmful pornographic material, OR
  - Parent fails to modify environment to reduce child's access to sexually explicit material despite medical or mental health advice

When children with SBP are reported as perpetrators...

- State laws vary on age cutoff for when children can be found legally culpable for behavior
- Texas: age 10, but if behavior involves two children ages 10-14, then both are culpable
- Legal proceedings may be undertaken to ensure that child is receiving needed mental health treatment
- Registering children with SBP as sexual offenders is usually counter-productive to effective treatment
- Reporting to child protective services should be considered on a case-by-case basis

When should a child with SBP be removed from a home or placement?

- Behavior causes repetitive, significant distress in other children, OR
- Behavior is persistently aggressive despite less restrictive interventions
- Caretaker is unable or unwilling to provide a minimally sufficient intervention recommended by professionals
- Behavior is extreme and potential for harm to self or others is great

Conclusions

- Sexual behavior in children can be “normal”
- Sexual behaviors change in nature, type, and frequency as the child develops
- Not all normative sexual behaviors are “normal”
- Sexually abused children are more likely to develop sexual behaviors than children who are not sexually abused
- Most sexually abused children do not develop sexual behavior problems
- Not all sexual behavior problems have identifiable causes
- Many children diagnosed with sexual behavior problems have been physically, sexually, emotionally abused or neglected


**November American Academy of Family Physicians article:**