



SEXUALITY

In this two-part article, **Toni Cavanagh Johnson** introduces a discussion on concerns relating to inappropriate and abusive sexual behavior amongst children and young people in care.

Understanding the Sexual behavior of Children

If one were to ask a group of teachers, school counselors, or social workers, "Do you think children today express more sexual behaviors than they did a generation ago?", most of them would probably say "Yes". Documenting such an increase, however, would be impossible, because, until recently there has been no reliable collection of data about the number and types of sexual behaviors in which children engage; even now, such research is in its infancy.

Nonetheless, all of us can point to certain sociological factors that may be contributing to changes in sexual behaviors, including children's access to wider television programming, adult videos, and communications facilities that provide on-line and telephone sexual experiences for callers. Without an established base of research, however, how are parents, teachers, and counselors able to determine when children's sexual behaviors fall within an acceptable range of sexual behaviors, or when they may require intervention and treatment?

Some professionals continue to argue that intervention around sexual issues is never required for children — that all sexual behaviors of children are, by their very nature, benign and uncomplicated. However; a growing body of research, largely based on two specific populations — children who have been sexually abused and children who have used some kind of coercion or pressure to force other children into sexual behaviors — is causing many professionals to rethink that argument.

Most professionals who work with children are aware of contemporary studies that suggest that increased sexual behaviors may be an indication that a child is being, or has been, sexually molested. Increasing evidence also points to the fact that it is important to evaluate young children who are coercing other children into unwanted sexual behaviors; research on adult offenders has revealed that many offenders began their coercive sexual behaviors in elementary school and increased the number and violence of their sexual behaviors during adolescence. Such findings indicate that there may be danger in just hoping that children will grow out of coercive sexual behaviors.

On the other hand, overreacting to children's sexual behaviors can also have negative consequences; it could cause them to feel ashamed and self-conscious about a natural and healthy interest in their bodies and sexuality.

It is also important to note that adults who work with children often assume that they "just know" whether a child's sexual behavior is natural and healthy. However, what they are generally using in making their evaluations are just sets of internal — and largely unconscious — intuitive guidelines, which have been drawn from their own sexual experiences as children, their parents' attitudes, their religious beliefs, and other aspects of their personal histories and cultures.

Such preformed guidelines may actually reveal more about the adult evaluator than the child in question. Individual standards for evaluation, not surprisingly, vary widely: some adults think that any behavior of a young child relating to sexuality is unacceptable, while others accept a wide range of sexual behaviors among children. Professionals who work with children need practical data-based guidelines to determine when a child's sexual behaviors are within acceptable limits and when they are causes for concern.

Some general guidelines

While research data on childhood sexuality is still in the pioneering stages, there is enough information to establish some important observations about the sexual behaviors of children 12 years of age and younger. In looking at the continuum of sexual behaviors presented in this article, it is important to remember that:

1. There is no single standard for determining *normal* sexual behaviors in all children, since there are individual differences due to the development level of the child and due to the amount of exposure the child has had to adult sexuality, nudity, explicit television, and videos. Parental and societal attitudes and values, as well as the child's peer group and living conditions, exert additional influences on the types and range of the child's behaviors. A set of guidelines, nonetheless, may provide a base-line by which children's sexual behaviors can be somewhat objectively evaluated at this time, and may help target potential problems.
2. The sexual behaviors of a child represent only one part of their total being. Sexual behaviors should not be used as the sole criteria for determining whether a child has a significant problem. (See section on Initial Assessment.)

A continuum of sexual behaviors

Professionals who work with children need to have perspectives on the full spectrum of childhood sexual behaviors, from the wide variety of what are perceived to be age-appropriate healthy activities to patterns that may be unhealthy or pathological and may require attention and/or treatment.

After analyzing extensive evaluations of hundreds of children, and their families, who were referred to the author due to the child's sexual behaviors, four definable clusters or groups of children have begun to emerge on a continuum of behaviors:

- *Group 1* includes children engaged in natural and healthy childhood sexual exploration;
- *Group II* is comprised of sexually-reactive children;
- *Group III* includes children who mutually engage in a full range of adult sexual behaviors; and
- *Group IV* includes children who molest other children.

This continuum of sexual behaviors applies only to boys and girls, aged 12 and under; who have intact reality testing and are not developmentally disabled.

Each group includes a broad range of children, some are on the borderline between the groups, and some move between the groups over a period of time.

The initial assessment

The initial assessment, to determine where on the continuum the child may fall, includes:

1. An evaluation of the number and types of sexual behaviors of the child.
2. A history of the child's sexual behaviors.

13. Whether the child engages in sexual activities alone or with others.
14. The motivations for the child's sexual behaviors.
15. Other children's descriptions, responses, and feelings in regard to the child's sexual behaviors.
16. The child's emotional, psychological, and social relationship to the other children involved.
17. Whether trickery, bribery, physical or emotional coercion is involved.
18. The affect (levels of feelings) of the child regarding sexuality.
19. A thorough developmental history of the child, including abuse and out-of-home placements.
20. Access and careful reading of protective services' reports, court reports, and probation documents (if applicable).
21. An assessment of the child's school behaviors, peer relations, behaviors at home, and behaviors when participating in out-of-home activities, such as day care or recreational programs.
22. A history of each family member; the overall family history, and an evaluation of the emotional and sexual climate of the home.

Assessment of these areas helps to determine whether the child falls into Group I, II, III, or IV.

If the child falls into Groups II, III or IV, a thorough evaluation to assess the treatment needs of the child, and the family, will be necessary. It is recommended that assessments should be completed by a mental health professional who specializes in child sexual abuse. While the child may not have been sexually abused, the sexual behaviors demonstrated in these groups may be indicative of previous or current sexual abuse.

Group I: Natural and Healthy Sexual Play

Normal childhood sexual play is an information gathering process. Children explore — visually and through touch — each other's bodies (for example, play doctor), as well as try out gender roles and behaviors (e.g., play house). Children involved in such explorations are of similar age and size, are generally of mixed gender; are friends rather than siblings, and participate on a voluntary basis ("I'll show you mine if you show me yours!"). The typical feeling level of these children, in regard to sexually-related behaviors, is light-hearted and spontaneous. In natural sexual play or exploration, children often are excited, and they feel and act silly and giggly.

While some children in Group I may feel some confusion and guilt, they do not experience feelings of shame, fear, or anxiety.

The sexual behaviors of children who are engaged in the natural process of childhood exploration are balanced with curiosity about other parts of their universe as well. They want to know how babies are made and why the sun disappears; they want to explore the physical differences between males and females and figure out how to get their homework done more quickly, so they can go out and play. If children are discovered while engaged in sexual play and are instructed to stop, their sexual behavior may, to all appearances, diminish or cease, but it generally arises again during another period of the child's sexual development.

The range of sexual behaviors in which children engage is broad; however, not all children engage in all behaviors: some may engage in none, and some may only engage in a few. The sexual behaviors engaged in may include: self-stimulation and self-exploration, kissing, hugging, peeking, touching, and/or the exposure of one's genitals to other children, and, perhaps, simulating intercourse, (a small percentage of children, 12 or younger, engage in sexual intercourse.) Because of this broad range of possible sexual behaviors, diagnosing a child on sole basis of their sexual behaviors can be misleading. Although children who have sexual problems usually manifest more varied and extensive sexual behaviors than Group I children, their behaviors may, in some cases, vary only in degree.

Group II: Sexually-Reactive behaviors

Group II children display more sexual behaviors than the same-age children in Group I; their focus on sexuality is out-of-balance in relationship to their peer group's; and they often feel shame, guilt, and anxiety about sexuality.

Many children in Group II have been sexually abused; some have been exposed to explicit sexual materials; and some have lived in households where there has been too much overt sexuality. Young children, who watch excessive amounts of soap operas or television and videos, and who live in sexually explicit environments, may display a multitude of sexual behaviors. Some parents, who themselves may have been sexually and/or physically victimized, express their sexual needs and discuss their sexual problems openly with their young children. This can over-stimulate and/or confuse their children. Some children are not able to integrate these experiences in a meaningful way. This can result in the child acting out his or her confusion in the form of more advanced or more frequent sexual behaviors, or heightened interest and/or knowledge beyond that expected for a child of that age. The sexual behaviors of these children often represent a repetition compulsion or a recapitulation (often unconscious) of previously over-stimulated sexuality or sexual victimization. The time between the sexual over-stimulation and the sexual behaviors is close, and often overlaps or is contiguous.

Behaviors of Group II children include: excessive or public masturbation, overt sexual behaviors with adults, insertion of objects into their own or other's genital, and talking about sexual acts.

Such sexualized behavior may be the way the child works through his or her confusion around sexuality. After being told that their sexual behaviors need to be altered, Group II children generally acknowledge the need to stop the behaviors and welcome help.

The sexual behaviors of this group of children are often fairly easy to stop, as they do not represent a long pattern of secret, manipulative, and highly charged behaviors, such as those seen among child perpetrators (as will be seen in Group IV).

In next month's concluding article Dr Toni Cavanagh Johnson will deal with the more worrying Group III and Group IV sexual behaviors.

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