READING FOR CHILD AND YOUTH CARE WORKERS
ISSUE 31 • AUGUST 2001

SEXUALITY

In this two-part article (concluded this month) Toni Cavanagh Johnson has introduced a discussion on concerns about inappropriate and abusive sexual behaviour amongst children and young people in care.

Understanding the Sexual Behaviour of Children - II

In Part I of this article we discussed Group I (Natural and Healthy Sexual Play) and Group II (Sexually-Reactive Behaviours). This month we will continue with Groups III and IV.

Group III: Extensive Mutual Sexual Behaviours

Group III children have far more pervasive and focused sexual behaviour patterns than Group II children, and they are much less responsive to treatment. They participate in a full spectrum of adult sexual behaviours, generally with other children in the same age range, (oral and anal intercourse, for example), and they conspire together to keep their sexual behaviours secret. While these children use persuasion, they usually do not force or use physical or emotional coercion to gain other children's participation in sexual acts. Some of these children however, move between Groups III and IV, i.e. between mutually engaging in sexual behaviours and forcing or coercing other children into sexual behaviours.

One of the striking differences between Group III children and the children in other groups, is their affect or emotional level -- or more precisely, their lack of affect -- around sexuality. Group III children do not have the light-hearted spontaneity of sexually healthy children, the shame and anxiety of sexually-reactive children, or the anger and aggression typical of child perpetrators. Instead, they display a blasé, matter-of-fact attitude toward sexual behaviours with other children – as one explained, "This is just the way we play".

It might be more accurate to say that sexual interaction is the way Group III children try to relate to their peers. As for relating to grownups, most Group III children expect only abuse and abandonment from adults.

Other Group III children have been sexually abused, in a group, by one or more adults, and continue the sexual behaviours experienced with the other children after the abuse by the adults has stopped. Other children in Group III are siblings who mutually engage in extensive sexual behaviours as a way of coping in their highly dysfunctional families.

All Group III children have been sexually and/or physically abused and/or have lived in highly chaotic and sexually charged environments. Through these experiences their understanding of relationships has become skewed; distrustful of adults, chronically hurt and abandoned, and lacking in academic or social success. These boys and girls use sexuality as a way to make another child a friend – even briefly. Few of these children report any need or drive for sexual pleasure or orgasm, and although their "What s the big deal?" attitude may have the appearance of sophistication, it conceals significant emotional vulnerability. Their sexual activities appear to be their attempts to make some kind of human connection in a world which is chaotic, dangerous, and unfriendly.

Group IV: Molestation Behaviour

Many professionals involved with the care and protection of children find it difficult to believe that children 12 years and younger can molest other children. Evidence that they can, and do, is found not only in a growing group of studies and journal articles, but in FBI reports and newspaper clippings. In one recent case, a fourth grader was sexually assaulted by several students in the bathroom of her local public school. The incident occurred at a small country school in Vermont which serves just 150 children, from kindergarten through fourth grade. The perpetrators of the sexual assault against the little girl were all her age or younger. Two 10-year-old boys from the girl's class initiated the attempted rape, and three other boys watched or helped to hold the struggling victim while her attackers tried to penetrate her. One of these boys was eight years old and the other two were six years old.

This small town incident is just one example of a nationwide increase in reports of sexual offences by prepubescent children that have taken the system by surprise. Last year, in the state of New York, "juvenile court prosecutors handled 270 cases of sexual crimes involving children 12 years old and younger – more cases than in the 13- to 1 5-year-old range. Commenting on the statistics, Peter Reinharz, supervisor of the sexual crimes prosecution unit, noted that the age drop meant that the unit was dealing with "eight, nine, ten-year-olds committing rape (and) sodomy. The identified victims are usually other children.

Only a few treatment programmes have been established for these child perpetrators, but preliminary findings on children in Group IV have been published. As a group, they have behaviour problems at home, and at school, few outside interests, and almost no friends. These children lack problem-solving and coping skills, and demonstrate Little impulse control. Often, they are physically and sexually aggressive. In preliminary findings on child perpetrators, no one – parents, teachers, or peers -- described any member of the group as an average child.

The sexual behaviours of Group IV children go far beyond developmentally appropriate childhood explorations or sexual play. Like the children in Group III, their thoughts and actions are often pervaded with sexuality. Typical behaviours of these children may include (but are not limited to) oral copulation, vaginal intercourse, anal intercourse and/or forcibly penetrating vagina or anus of another child with fingers, sticks and/or other objects. These children's sexual behaviours continue and increase over time, and are part of a consistent pattern of behaviours rather than isolated incidents. Even if their activities are discovered, they do not, and cannot, stop without intensive and specialized treatment.

A distinctive aspect of Group IV children is their attitudes toward sexuality. The shared decision making and lighthearted curiosity evident in the sexual play of children in Group I is absent; instead, there s an impulsive, compulsive, and aggressive quality to their behaviours. These children often link sexual acting out to feelings of anger (or even rage), loneliness, or fear. In one case, four girls held a frightened, fighting and crying 18-month-old child while another girl felated him. The girls (all age six to eight) each took a turn. The little boy required extensive medical attention as a result of penile injuries.

While most of the case studies in this group are not physcally violent, coercion is always a factor. Child perpetrators seek out children who are easy to fool, bribe, or force into sexual activities with them. The child victim does not get to choose what the sexual behaviours will be, nor when they will end. Often the child victim is younger and sometimes the age difference is as great as 12 years, since some of these children molest infants. On the other hand, some child perpetrators molest children who are age-mates or older. In sibling incest with boy perpetrators, the victim is typically the favourite child of the parents. In other cases, the child is selected due to special vulnerabilities, including age, intellectual impairment, extreme loneliness, repression, social isolation, or emotional neediness. Child perpetrators often use social and emotional threats to keep their victims quiet: "I won t play with you ever again, if you tell"; this is a powerful reason to keep quiet if the child victim already feels lonely, isolated or even abandoned at home and at school.

Even the bathroom games sometimes seen in Group I children are markedly different from the disturbed toileting behaviours common in Group IV. Some children who molest other children habitually urinate and defecate outside the toilet (on the floor, in their beds, outdoors, etc.) While many Group I children may mildly resist changing underwear, some children in Group IV will wear soiled underpants for more than a week or two and adamantly refuse to change. Some constantly sniff underwear. Many of the children regularly use excessive amounts of toilet paper (some relate wiping and cleaning themselves to masturbation) and stuff the toilet until it overflows day after day. The children continue these disturbed toileting patterns even if their families have severely punished them for their behaviour. While Group IV children often obsessively focus on toileting and sexual activities, the natural and healthy sexual curiosity and delight of young children in their bodies is absent. Instead, they express a great deal of anxiety and confusion about sexuality. Many Group IV children say they act out sexually when they feel jumpy, funny, mad (angry) or bad. Yet, after engaging in sexual behaviours, most report that they feel worse.

Most child perpetrators who have been studied have been victims of sexual abuse themselves, although the sexual abuse generally has occurred years before the children began molesting other children. All of the girl perpetrators (females represent about 25% of child perpetrators) and about 60% to 70% of the boy perpetrators have been molested. All of the children live in home environments marked by sexual stimulation and lack of boundaries, and almost all of the children have witnessed extreme physical violence between their primary caretakers. Most parents of Group IV children also have sexual abuse in their family histories, as well as physical and substance abuse.

This group of children is at the highest risk for continuing, and escalating, their patterns of sexually abusive behaviours, unless they receive specialized treatment specifically targeting their acting out. Unfortunately, there are only a handful of any type of treatment programmes specifically targeted for children who molest other children. A jury in New York City took just two months to convict a ten-year-old boy of raping a seven-year-old girl, but two years to find a treatment resource for him.

Even in an age of sharply limited government funds, increasing resources for children who molest other children are vital.

Gene Abel, MD, Director of the Behavioural Medicine Institute in Atlanta, and author of more than 80 articles on sexual offenders, has hypothesized that the average adolescent perpetrator could be expected to commit more than 300 sexual crimes in his lifetime. Abel noted, "We know that many adolescent perpetrators engaged in deviant sexual behaviours as early as five or six years of age. When there is a persistent and consistent pattern of sexually deviant behaviour in young children, early assessment and specific treatment affords the best opportunity to stop the behaviour.

Conclusion: The Need for Practical Guidelines on Child Sexual Behaviours

While thorough evaluation needs to be provided by an expert in child sexual behaviours, it is almost always a nonspecialist who identifies and refers a child for evaluation. The persistent and consistent pattern of problem sexual behaviours is usually first noticed by parents, caretakers, and front line professionals, including school teachers, nurses, counsellors and social workers. For this reason, all professionals who work with children or families need practical guidelines as to which child sexual behaviours are natural and healthy and which behaviours indicate a need for specialized assessment.

Research on child sexual behaviours also has immediate practical ramifications for anyone teaching sexuality education classes to youngsters.

- First, the families of children in Groups II, III and IV verbally or nonverbally communicate inaccurate information about sexuality, gender, and reproduction. Accurate information, and a forum in which to ask questions about sexuality, are essential for these children.
- Secondly, the increase in reports on child perpetrators underscores the importance of including information on child sexual abuse in sexuality education classes. Children should be aware that no other person (whether that person is an adult or another child) has the right to force or pressure them into unwanted sexual behaviours.

As sexual behaviour raises concern ...

Signals for Parents and Counsellors

1. The child focuses on sexuality to a greater extent than on other aspects of his or her environment, and/or has more sexual knowledge than similar-age children with similar backgrounds who live in the same area. A child's sexual interests should be in balance with his or her curiosity about, and exploration of, other aspects of his or her life.

2. The child has an ongoing compulsive interest in sexual, or sexually-related activities, and/or is more interested in engaging in sexual behaviours than in playing with friends, going to school, and doing other developmentally-appropriate activities.

3. The child engages in sexual behaviours with those who are much older or younger. Most school-aged children engage in sexual behaviour with children within a year or so of their age. In general, the wider the age range between children engaging in sexual behaviours, the greater the concern.

4. The child continues to ask unfamiliar children, or children who are uninterested, to engage in sexual activities. Healthy and natural sexual play usually occurs between friends and playmates.

5. The child, or a group of children, bribes or emotionally and/or physically forces another child/children of any age into sexual behaviours.

6. The child exhibits confusion or distorted ideas about the rights of others in regard to sexual acts. The child may contend: "She wanted it" or "I can touch him if I want to."

7. The child tries to manipulate children or adults into touching his or her genitals or causes physical harm to his or her own or other's genitals.

8. Other children repeatedly complain about the child's sexual behaviours – especially when the child has already been spoken to by an adult.

9. The child continues to behave in sexual ways in front of adults who say "no", or the child does not seem to comprehend admonitions to curtail overt sexual behaviours in public places.

10. The child appears anxious, tense, angry, or fearful when sexual topics arise in his or her everyday life.

11. The child manifests a number of disturbing toileting behaviours: plays with, smears faeces, urinates outside of the bathroom, uses excessive amounts of toilet paper, stuffs toilet bowls to overflow, sniffs or steals underwear.

12. The child's drawings depict genitals as the predominant feature.

13. The child manually stimulates or has oral or genital contact with animals.

14. The child has painful and/or continuous erections or vaginal discharge.

_____