

Age Appropriate Sexual and Aggressive Behaviors in Early Childhood

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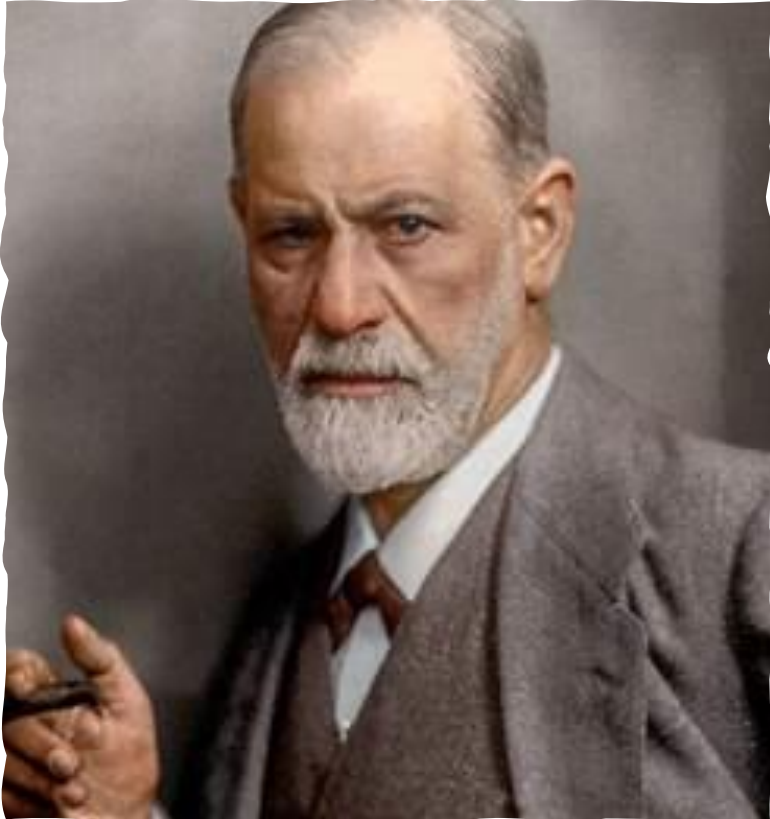
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Learning Objectives

- Identify differences between healthy sexual exploration and problematic sexual behavior.
- Develop a strategy for further evaluation of questionable sexual behavior and a level of comfort discussing safety planning
- Identify warning signs of problematic aggression in young children
- List of at least two resources that can be called upon for further evaluation of problematic behaviors or for referrals



Sigmund Freud believed that all children are born with powerful sexual and aggressive urges

- **Sexual Behaviors in Children**
 - 19th Century and earlier considered pathological
 - 20th Century better understanding and normalization of sexual behaviors in children.
- **Aggressive Behaviors in Children**
 - Complex to determine origins
 - Rooted in development
 - Many possible contributing factors



Sexual Behaviors in Children

Typically Developing or Problematic?

IT DEPENDS

Normative Sexual Behaviors: Infants

- Sexual Physiological Response is present at birth
- Sensory Motor Exploration
- Not associated with sexual pleasure



Normative Sexual Behavior: Preschool Age

- Sensory motor as well as pretend play to recreate play scenarios to gain mastery
- Understanding of gender differences
- Have not yet internalized social prohibitions about sexual play



Typical Sexual Behaviors By Age Group

Pre-school (<4 years)

- Exploring and touching parts
- Rubbing private parts
- Showing their private parts
- Trying to touch mother's or other women's breasts
- Removing clothes and wanting to be naked
- **Attempting to see/watch others naked or undressing (e.g., in bathroom)**
- Asking questions about own and others' bodies and bodily functions
- Talking to same age peers about bodily functions like "poop" and "pee"

4-6 years

- Purposefully touching private parts (masturbation), at times in presence of others
- Attempting to see others when they are naked or undressing
- **Mimicking dating behavior**
- **Talking about private parts and using "naughty" words, even when not understanding the meaning**
- Exploring private parts with kids their own age (like the doctor play and "I'll show you mine, if you show me yours," etc.)

7-12 years

- Purposefully touching private parts (masturbation), in private
- Playing games with peers that usually involved sexual behavior
- Attempting to see others naked or undressing
- **Looking at pictures of naked or partially naked persons**
- **Viewing/listening to sexual content in media**
- Wanting more privacy and reluctance in talking to adults about sexual issues
- Starting of sexual attraction/interest in other peers

Problematic Sexual Behaviors

Engaging or re-enacting in sexual intercourse

Putting mouths on sexual body parts of others

Asking others to engage in sexual acts

Finger or object insertion into the rectum or vagina



Origins

Children with a history of sexual abuse

Exposure to Sexual Content

Poor Family Boundaries

Factors that inhibit parental guidance and supervision

Modeling of coercive behavior in the home
(physical abuse or interpersonal violence)

Characteristics Differentiating Typical vs Problematic Sexual Behaviors

Typical Sexual Behavior

- Occur in higher rates in the home vs daycare or school environments
- Not associated with shame or guilt
- Usually abated by parental intervention

Problematic Sexual Behavior

- Tends to be preoccupying
- Interferes with social development
- Sexual behaviors involving aggression, coercion, threats, force or intimidation
- Occur in secret

Normal Common Behaviors	Less Common Normal Behaviors	Uncommon Behaviors in Normal Children	Rarely Normal
Masturbating in public or private	Rubbing body against others	Asking peer/adult to engage in specific sexual acts	Any sexual behaviors involving children more than 4 years apart
Viewing/touching peer or new siblings genitals	Trying to insert tongue in mouth while kissing	Inserting objects into genitals	Variety of sexual behaviors displayed on a daily basis
Showing genitals to peers	Touching/peer adult genitals	Explicitly imitating intercourse	Sexual behavior that results in emotional distress or physical pain
Standing/sitting too close	Crude mimicking of movements associated w/ sexual acts	Touching animal genitals	Sexual behavior associated with other physically aggressive behavior
Trying to view peer/adult nudity	Sexual behaviors that are occasionally but persistently disruptive to others	Sexual behaviors that are frequently disruptive to others	Sexual behavior involving coercion
Behaviors are few, transient and distractable	Behaviors are transient and moderately responsive to distraction	Behaviors are persistent and resistant to parental distraction	Behaviors are persistent and child becomes angry if distracted

Mitigation and Treatment

- Psychoeducation for Caregivers
- Respond to trauma early
- Address externalizing behaviors with efficacious treatment for children
- Integrate body safety, boundaries and prevention efforts
- Target the family hostility, violence and conflict that have caused the externalizing behavior

Assessment of Sexualized Behaviors

- **Obtain information regarding frequency and parent management**
 - Type of Behavior:
 - Location:
 - Feelings about the behavior:
 - Response to Parent Intervention:
- **Age of children involved**
- **Level of Harm**
 - Concerns of on-going abuse
 - Parents ability to maintain the safety of the child
- **Notify Child Protective Services**
- **Refer Child to Mental Health Services** (last slide)
- **Provide Reassurance and Psychoeducation**



Aggression

- Serves a function of communication in a preverbal child
- As a result of interference of a goal-directed behavior

How We Learn and Why We Act Out Aggression

Social Learning Theory

- **Bobo doll Study (3y/o to 7y/o)**
- **Purpose**
 - Is aggressive behavior learned?





Preschool Regulation



Cognitive Development: Self Regulation

Factors That Increase Self-Regulation

- Internalizing what has been taught (implicit and explicit)
- Increased verbalization
- Drive towards positive peer relationships
- Tolerate delays in gratification



More Concerning Signs of Aggression



- Identification with the Aggressor
- Involves Coercion
- Occurs in Secret
- Targets a Specific Child
- Evidence of Torture

Assessment of the Aggression

- Age of the Child
- Frequency of the Aggression
- Level of Function/Development
- Intended Outcome of Aggression
- Social History
- Exposure to Trauma



Referrals

- Reassurance
- Safety Plan
- Child Protective Services
- Ohio Preschool Expulsion Prevention Partnership: **(844) 678-2227**
- Infant and Early Childhood Mental Health: **(614) 355-8080**
- Incredible Years
- Triple P Parenting Program: **(614) 355-8099**
- NCTSN: Development and Behavior in Children; Understanding and Coping with Sexual Behavior Problems in Children; Caring for Kids- what parents need to know about sexual abuse



Thank You

Special Thank You



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