

Dynamics of Sexual Play vs. Problematic Sexual Behaviors * **Trainer's Guide to Small Group Activity**

Example 1: A mother walks into her thirteen-year-old son's bedroom and finds he is having sexual intercourse with his eight-year-old sister. In a panic, she rushes the young girl into the car and speeds to the pediatrician's office where she asks about the activity. Is the child all right? Is this normal for kids their ages?

Age Difference: The five-year age difference is a red flag. The disparity in developmental phases is great, and one would presume increased knowledge, maturity, and potential for force or persuasion in the thirteen year old. Developmentally, the thirteen-year-old has a more developed cognitive and physical interest in sexuality.

Size Difference: In this particular case, the children are similar in size as the thirteen-year-old is very small for his age. This fact may have some impact on the situation, since the thirteen-year-old may feel like an outcast in his peer group due to his small size. This feeling may have contributed to his lack of adequate social contact (and opportunity for experimentation) with youngsters his own age.

Status Difference: There is obvious inequality between the siblings, and the thirteen-year-old is often called on to babysit his sister. In addition, the eight-year-old girl has always been told to "do just what her brother says."

Types of Sexual Activity: Predicting with certainty when youngsters begin to engage in sexual intercourse is problematic, since there are so many variables that have an impact. Some youngsters claim that all their junior high school friends have had sexual intercourse. Self-report is not necessarily reliable. Some youngsters may want to be seen by others as sexually active in order to be "cool".

Most adolescents in small towns and rural settings begin to have sexual intercourse between the ages of sixteen and eighteen. It is likely that the average drops for adolescents in big cities or more sophisticated communities. Still, many adolescents continue to wait until marriage to have sexual intercourse because of ingrained family values or religious dictates. In addition, the AIDs epidemic may be having some impact on adolescent sexual activity, with more adolescents regarding abstinence as the safest sex to have.

As mentioned above, it is difficult to say for certain when most adolescents begin to have sexual intercourse, but most people would not be surprised today as they might have been twenty or thirty years ago, to find a sexually active teenager. A recent study (Flax, 1992) found more than half of all high school students in the ninth to twelfth grades had sex.

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Black students were more likely than Caucasian or Hispanic students to have had sex, and boys more likely than girls. By the time they graduate from high school, nearly three quarters of all students have had sexual intercourse.

When youngsters exhibit persistent or unusual sexual activity, several questions can be posed. Are children mimicking behavior they have seen or experienced? Have children been prematurely exposed to explicit sexual information? Why is the youngster in this example compelled to have (what was later discovered to be) forced sexual activity with his sister?

Dynamics: When the situation was assessed, the mother discovered that the young girl was frightened and ashamed of what occurred with her brother. She reported feeling trapped because he told her that if she told anyone he would never speak to her again. She idolized her brother and the thought of being rejected by him was intolerable to her. The thirteen-year-old viewed his sister as consenting because she did not resist him; she never said no to him – she also never said yes. The eight-year-old also viewed herself as consenting because she did not fight him off or tell her mother. Yet a sexual assault occurred, and the issue of consent between children is moot, since children cannot consent to things they don't know about and don't fully understand. The absence of resistance is not consent.

In this situation, the outcome is noteworthy: The pediatrician told the mother that the sexual activity was developmentally appropriate. He later called to consult with me about the situation and I was frankly happy that he chose to call. When I asked which developmental theory he was referring to when he had assessed the situation as normal, he said it had been a long time since he had reviewed child development material. I was very impressed with his calling because I recognized some uncertainty that he was willing to explore further. Obviously, the question the mother had posed perplexed him long after mother and child left his office.

After we talked, he realized that what troubled him was his unconscious knowledge that these two children were siblings and that sexual intercourse between siblings was probably not normal. I insisted that in fact this was incest and was reportable to the authorities. The report generated an investigation that revealed that the thirteen-year-old had been sexually abused by his own female baby sitter when he was about ten years old. The mother then brought both children into therapy that consisted of individual therapy, parent-child sessions, and eventually family sessions.

Example 2: A preschool teacher becomes very frustrated and concerned when one of the children refuses to take a nap and instead quietly proceeds to put his hand inside the diapers of other sleeping children. He becomes surprised and annoyed when the teacher places him back in his cot, and after several attempts to repeat this behavior he masturbates himself to sleep.

Age difference: In this example, the children are all the same age, and it bears repeating that age alone cannot be used as the differentiating criterion. Regardless of chronological age, many factors create a disparity between children.

Size difference: Not noteworthy.

Status difference: Although there is no normal difference in status, this situation involves children with a compromised ability to participate or resist. Children may be compromised in this way when they are asleep, physically ill, physically or emotionally disabled, etc.

Types of sexual activity: Preschoolers can be interested in looking or touching themselves and others, participating in bathroom activities alone or with others, and using language they regard as “bad”, particularly about bathroom activities. Still, it is more common for preschoolers to engage in this behavior sporadically, and to be responsive to limits from caretakers. It is also possible that children three to five develop a sense of privacy about sexual matters, and may not feel comfortable with public displays. Although it may be somewhat common for a preschooler to spontaneously attempt to touch another child’s private parts, it is not common for a preschooler to persist in touching other children’s genitals while they sleep, particularly when the child is reprimanded and instructed to stop the behavior.

Dynamics: Two factors are worth consideration: The child was approaching other children while they were sleeping, making the circumstances unique. The child was approaching children who were in a vulnerable state, so the power dynamics were definitely an issue. In addition, the child could go to sleep only while masturbating, and although this may not be unusual for a child this age, it is a little less unusual in a public setting, and may warrant exploration.

Outcome: The child was referred for a medical examination to rule out any organic reason for excessive masturbation and was found to have chlamydia infection, which is sexually transmitted. As a result of the medical finding, an investigation ensued and incest by an older brother was uncovered.

Example 3: A six-year-old boy who plays unsupervised in his apartment complex after school is observed taking smaller children behind bushes, pulling them to the ground, turning them over, and attempting to insert a stick or a finger in the children's anuses.

Age difference: The child was approaching smaller children, although some of these children were his age.

Size difference: As state previously, this six-year-old was particularly interested in smaller children.

Status difference: No specific status difference existed between the children except that inherent is the occasional age dissimilarity.

Type of sexual activity: For a six-year-old child, the sexual activity appeared sophisticated and extreme. Attempting to penetrate other children's anuses is definitely an alarming behavior for a child of his age.

Dynamics: One of the most distinctive features of this case was the child's aggression. He wanted to dominate younger children, and he physically secluded them and forced them to the ground. The child merged aggression and sexuality and presented an unequivocal danger to other children.

Outcome: The child was placed in a residential treatment center because his behavior could not be curtailed otherwise. He required twenty-four hour supervision and an in-depth therapy program. His treatment revealed a severe history of child sexual abuse beginning when he was three years old. His treatment plan necessitated long term and comprehensive therapy, with a focus on child sexual abuse.

Example 4: A nine-year-old girl causes great alarm when several of her girlfriends report that when they go to the bathroom with her, she shows them her breasts and wants everyone to show theirs. Sometimes she offers one or two dollars if friends will let her touch their breasts.

Age difference: She approached peers.

Size difference: She approached friends of all sizes.

Status difference: None

Type of sexual activity: Wanting to see or touch genitals is not unusual for children this age. Depending on the child, there may be more or less inhibition about nudity.

Dynamics: There are a couple of factors to consider. First is that the child approached children in the school bathroom as opposed to in more public settings. The child probably had some sense that her behavior was not appropriate, and she may even have felt ashamed of herself. The second factor is the child's attempt to coerce other children to engage in this behavior by bribing them to do so. Her preoccupation with sexuality was excessive, and from reports, was not as a result of rejection from peers. Further exploration would be appropriate.

Outcome: This nine year old child had been exposed to explicit sexual information by an older sister who had engaged in sexual intercourse on the bottom bunk bed they shared. She had done this many times and paid her younger sister to keep quiet. The nine year old eventually stated that her sister's boyfriend had fondled her breasts several times while her older sister slept.

Example 5: Two four-year-olds are playing doctor, and when mother enters the room they yell at her to leave, saying they are doing "private things." The mother notices both children have disrobed down to their underwear.

Age difference: None

Size difference: None

Status difference: None. The children were friends and neighbors.

Type of sexual activity: Children customarily play doctor. They may mimic physical examinations and practice with peers. For example, young children may initiate a game in which one is the doctor and another child is the patient. Children may take turns doing examinations and usually are having fun while they play together.

When children report they are playing doctor or when parents observe this type of play, it is useful to pay attention and make sure that both children are safe, and that the play has not escalated into something harmful or painful to either child.

Outcome: In this situation, the parent simply asked the children to keep playing while she picked up some things in the room. She observed the children using the medical toys to listen to each other's heartbeat, giving each other pretend shots, and prescribing M&M medicine. Obviously, this was age-appropriate doctor play and the parent responded in a most suitable way.

It would be of concern if children who are playing doctor were inserting fingers or objects into genitals or if they were using the game as a way to encourage or coerce unwilling friends into compliance.

Example 6: A fourteen-year-old boy masturbates to orgasm in the presence of a six-year-old boy he is babysitting. The scared six-year-old talks to his mother when the teenager insists that the boy watch him ejaculate.

Age difference: Significant. There is both a chronological difference and a developmental one. Even though these two children may be at the same emotional maturity level, the teenager was obviously more knowledgeable about sexuality and was more physically mature.

Size difference: Significant.

Status difference: There was an inherent disparity in power between these two children. The teenager was in a position of authority over the youngster in his care. The six-year-old child had been told to obey the babysitter. There is an implicit delegation of power from parent to babysitter.

Type of sexual activity: It is not unusual for a fourteen-year-old to masturbate to ejaculation. What is unusual is that the adolescent chose to masturbate in front of a much younger child for whom he was babysitting. This was highly inappropriate behavior for the adolescent and would certainly require further scrutiny.

Dynamics: There are certain disconcerting dynamics in this case. The adolescent chose to engage in sexual activity while babysitting. He used his position of authority to have a much younger child observe him while he masturbated. The adolescent might have been aroused by the younger child, or by having the younger child's compliant observation. In either case, the dynamics suggest an adolescent with a problem around abusive sexuality.

Outcome: The adolescent had been reported to the authorities for molesting younger children when he was twelve. He had been in therapy for six months and claimed he would not fondle other children again. When the police investigated, the adolescent was outraged that the six-year-old had told his mother and appeared angry and potentially violent. When confronted with his masturbatory behavior, he stated, "The kid shouldn't have been watching me," and did not recognize his behavior as unusual or abusive in any way. The adolescent was referred back into treatment, this time with a therapist who specialized in the treatment of adolescent sex offenders.

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