

HEALTHY SEXUAL DEVELOPMENT OR HOW TO TELL IF THERE IS TROUBLE

Presentation for Child and Family
Services, July 4, 2012

Hamilton, Bermuda

Ann Dell Duncan-Hively, Ph.D., J.D.
and Wells Hively, Ph.D.

GOALS FOR THIS WORKSHOP

- Clarify possible misunderstandings about alleged events about sexual misbehaviors
- Consider alternate hypotheses
 - Normal, healthy, appropriate
 - Bizarre, distorted, harmful
- Conduct a fair and thorough investigation without getting trapped by myth or emotion

Be aware of your language because it shapes your viewpoint

- Common terms
 - Victim
 - Perpetrator
 - Disclosure
 - Incident
 - Trauma

- Consider instead
 - Complainant
 - Accused
 - Description
 - Episode
 - Impact

STATISTICAL REALITIES

- One-third of sexual assaults in USA against children under 12 are committed by accused under age 18 (Snyder & Sickmund, 1999)
- In USA juveniles account for 16 % of all forcible rapes and 17 % other sex offenses (Greenfield, 1996) Similar statistics for Canada and UK
- Early exposure to domestic violence highly correlated with youth who become sexually abusive (Pithers & Gray, 1998)
- Most adult exhibitionists report onset before 18 (Abel & Ronleau, 1990)
- Higher impulsiveness distinguishes between non-serial offenders (1 victim) or serial (3 or more) especially when accompanied by poly substance abuse (Baltieri & de Andrade, 2008)

Healthy Sexual Development

- **Preschool children less than 4 years old**
 - Table 1: Common Sexual Behaviors in Childhood 2012
 - Exploring & touching private parts, in public/ private
 - Rubbing private parts (with hand or against objects)
 - Showing private parts to others
 - Trying to touch mother's or other women's breasts
 - Removing clothes and wanting to be naked
 - Attempting to see other people when they are naked or undressing (such as in the bathroom)
 - Asking questions about their own—and others'—bodies and bodily functions
 - Talking to children their own age about bodily functions such as “poop” and “pee”

Young Children (Approximately 4 to 6 years)

- Purposefully touching private parts (masturbation), occasionally in the presence of others
- Attempting to see other people when they are naked or undressing
- Mimicking dating behavior (such as kissing, or holding hands)
- Talking about private parts and using “naughty” words, even when they don’t understand the meaning
- Exploring private parts with children their own age (such as “playing doctor”, “I’ll show you mine if you show me yours,” etc.)

■ Young Children 7 to 12 years

Purposefully touching private parts (masturbation), usually in private

■ Playing games with children their own age that involve sexual behavior (such as “truth or dare”, “playing family,” or “boyfriend/girlfriend”)

■ Attempting to see other people naked or undressing

■ Looking at pictures of naked or partially naked people

■ Viewing/listening to sexual content in media (television, movies, games, the Internet, music, etc.)

■ Wanting more privacy (for example, not wanting to undress in front of other people) and being reluctant to talk to adults about sexual issues

■ Beginnings of sexual attraction to/interest in peers



YOUNG ONES LEARN WHAT THEY SEE/HEAR

**WHY DOES IT SOMETIMES GO
SO WRONG AS ADULTS?**

Child Molesters From the Prosecutor's Viewpoint

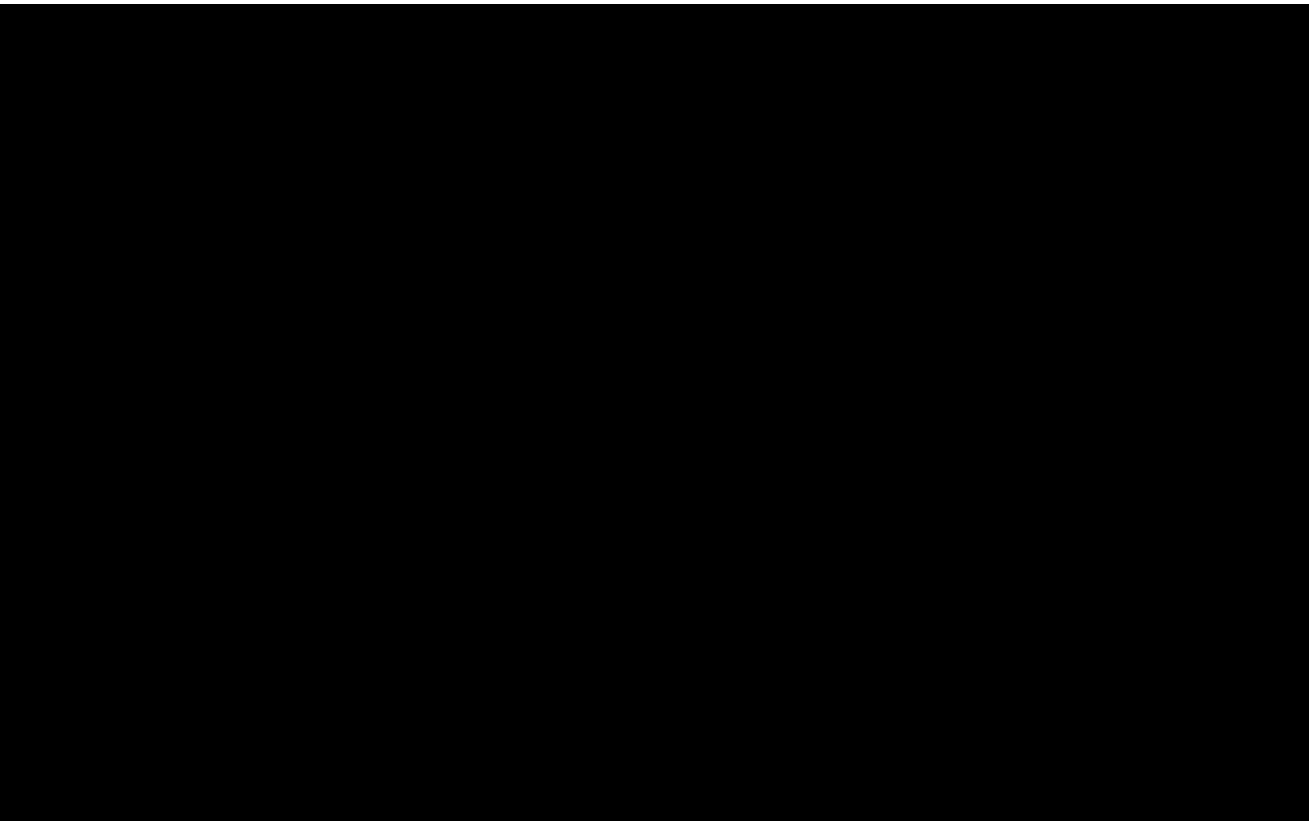
Ken Lanning, FBI SSA (Ret.)

“Child Molesters: A Behavioral Analysis,” 2010

download from

<http://www.missingkids.com>

- **One man's logical analysis, based on FBI Behavioral Analysis Unit experience**
- **Comprehensive and complicated**
- **Reference point for most prosecutors**
- **Prosecutors use it as:**
 - **Guide to investigation**
 - **Guide to arguing the case to the jury**



Situational-Impulsive

Rarely plans or collects souvenirs

Situational- Impulsive

- **Regressed:** low self esteem, poor coping ability, stressed,
- **Morally Indiscriminate:** Impulsive, no conscience
- **Inadequate:** Handicapped, not understand the norms, “exploring sexual interests.”



- **Preferential-Compulsive**
 - Always collects souvenirs

Preferential – Compulsive

- **Seductive:** groom their targeted victims
- **Inadequate:** hang around playground
- **Sadistic:** aroused by pain
- **Diverse:** “try-sexual”



SOCIOPATH

"a person, as a psychopathic personality, whose behavior is antisocial and who lacks a sense of moral responsibility or social conscience"

Sociopaths

A special case

Ages and Stages

- By age 15 the adult categories tend to apply
 - Preferential/Planful in particular
- By age 8-9 the shaping process is in full swing based on early attachment successes or failures
- Shaping experiences may not be reported as traumatic (right brain always remembers)
- Currently children are deluged with age/emotionally inappropriate images from internet/TV that require separation of event from modeling
- Sex without Intimacy
 - Self pleasure
 - Video game history (age start and level of violence)
 - Internet contamination of pornography
 - Picture sharing of inappropriate images
 - Model of power and conquering others
 - Fantasies gone amuck
 - Objectifying relationships
 - Lusting instead of loving
 - Entitled arrogance
 - Over-valuation of body parts
 - Usually involves misuse of power and control

The source of the pathology?

- **Cognitive Theories:**
 - Distorted concepts and poor information system
- **Behavioral Theories**
 - Classical/Operant Conditioning
- **Social Learning Theories**
 - Modeling and imitation
- **Personality Theories**
 - Concept of self and ego construction
- **Evolutionary Theory**
 - Ruptured or disrupted attachment

GENETIC PROGRAMMING OF EARLY CARETAKING



GENETICALLY DETERMINED PERSONALITY TRAITS



BASIC LEARNING PROCESSES: REINFORCEMENT, PUNISHMENT AND EXTINCTION



ATTACHMENT OUTCOMES

- **Healthy attachment** – self-confident, trustful, empathetic, loyal
- **Anxious attachment** – uncertain, dependent, preoccupied, submissive
- **Narcissistic detachment** (withdrawal) – dismissing, avoidant, resistant, callous, sociopathic
- **Ambivalent attachment** - (swinging between anxious attachment and narcissistic detachment)
- **Disorganized attachment** – post-traumatic characteristics

ATTACHMENT AND SEXUAL EXPERIENCE

**Healthy attachment –
connected sex:**

**Empathy, trust and
mutual comfort**

**Unhealthy attachment –
kinky sex:**

**Dependency,
Detachment, distrust and
self-centeredness**



When things go wrong regardless of age or gender

- According to Ward and Siegert (2002)
Symptom Clusters:
 - Deficits in intimacy and social skills
 - Distorted sexual scripts
 - Emotional dysregulation
 - Cognitive distortions

Pathways Model

- 5 Paths possible (not exclusive)
 1. **Insecure attachment** leads to intimacy deficits
 2. **Confused sexual messages** become deviant sexual scripts
 3. **Emotional dysregulation** leads to using sex to restore balance (self soothing response)
 4. **Entitlement** and **lack of empathy** from antisocial cognitions
 5. Multiple dysfunctions from **distortions** (such as BDSM)

BIRD'S EYE VIEW

ETIOLOGY OF SEXUAL MISBEHAVIOR

Genetic Endowment

(Hormones and predispositions)

Attachment Types

Healthy Anxious Ambivalent Withdrawn Disorganized

Early Childhood Disruptive Experiences

(Disaster, Divorce, Neglect, Abandonment
Emotional-Physical-Sexual Abuse)

Resilient Dependent Borderline Narcissistic

Psychopathic

Traits

Traits

Traits

Traits

Traits

BIRD'S EYE VIEW CONT'D

Resilient Traits (empathy & trust are Maintained)	Dependent Traits (trust is broken)	Borderline Traits	Narcissistic Traits (empathy and trust are both broken) (continuum of assertiveness -----)	Psychopathic Traits
---	--	----------------------	---	------------------------

Orgasmic Conditioning (Male)

Repair Healthy Sexuality	Self Debase	Love & Leave Use & Discard	Self-stim.& Paraphilia	BDSM Master
--------------------------------	----------------	-------------------------------	---------------------------	----------------

Orgasmic Conditioning (Female)

Ditto	Ditto	Collect & Reject	Self-stim.& Display	BDSM Mistress
-------	-------	---------------------	------------------------	------------------

Contextual Realities: Information You Need to Know

- Pregnancy and family history
- Cultural norms
- Attachment and birth order
- Disruptions and care-giver absences
- Stress factors and soothing options
- Historical reporting of dysregulation
- Hormones (Tanner stages)
- Illnesses, diagnoses, medications

Sexualized behaviors



Investigation of Event(s)

- Was it developmentally appropriate
- Number of children involved (2 versus group)
- Age/gender/ male to male; male to female; female to female
- Age difference (5 years)
- Size of children
- Location of event(s)
- Repetitive pattern
- Estimate of power differential
- Use of coercion, threats or bribes
- Complicating factors:
 - Divorce
 - Trauma
 - Death/loss
 - Separation
 - Current conflict
- Substance abuse



Understanding Paraphelias

Obsessive Pre-occupation with
Weird Stuff

Paraphelias

Pedophilia

Exhibitionism

Voyeurism

Frottage

Masochism

Sadism

Fetishists

Zoophilia

- These are specialized sexual fantasies with intense urges
- Behavior is repetitive and isolating
- Young children sample the behaviors and go on
- Others get caught by the reinforcement
- Peaks between 15 and 25 years of age

Fair Investigations Rely on Best Interest of All the Children

- Start with the children who are complaining and others who may be accused
- Find the key people in each of their lives
- Open ended questions before anything is discussed about the incident
- Construct a time line of events
- Generate a list of hypothesis including mistakes, motivations and misunderstandings
- List possible sources of misinformation
- Then you get to interview the children



**At the end of the day....
Make a Garden Grow**