

# HEALTHY SEXUAL DEVELOPMENT OR HOW TO TELL IF THERE IS TROUBLE

Presentation for Child and Family  
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# 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**

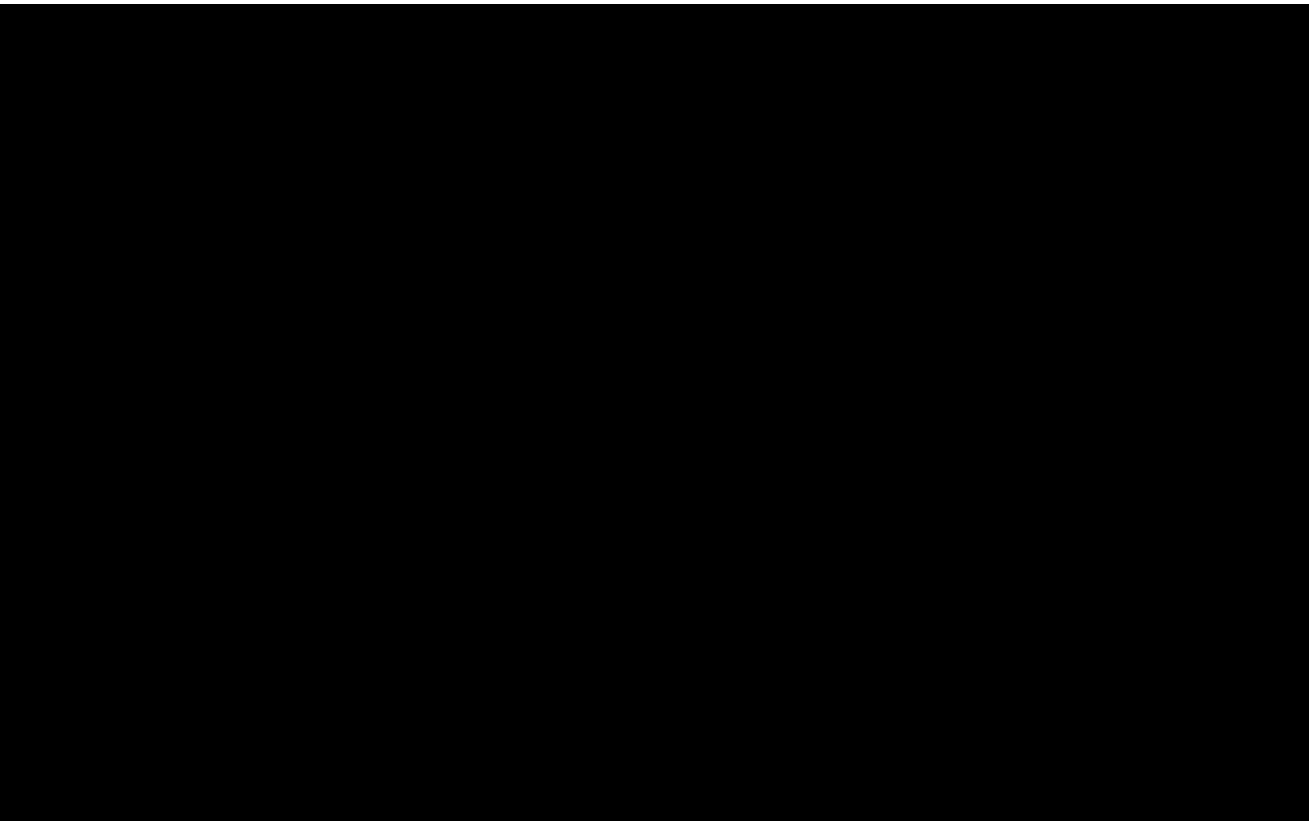
**Ken Lanning, FBI SSA (Ret.)**

**“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
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## Orgasmic Conditioning (Male)

Repair Healthy Sexuality	Self Debase	Love & Leave Use & Discard	Self-stim.& Paraphilia	BDSM Master
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## Orgasmic Conditioning (Female)

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