**Children's behavior and sexual assault**

Not all your child’s behavior will be related to the sexual assault. Children have different worlds to grown-ups. As a parent, you think you know everything in their world, but you don’t. Things are important to a child that perhaps a grown up wouldn’t register as important. This is because we have big people’s concerns. Parents need to remember the child’s world.

It is important to remember that everyone in a family will feel distress following a child’s disclosure of sexual assault, and will each react or behave differently as a result of this distress. A common reaction for parents is to suddenly place their child or children “under a microscope” where every thought, feeling and behavior is attributed solely to the sexual assault(s). Similarly, if you have read about or know of a child who had disclosed sexual abuse, you may begin to “see” such signs in your child. Perhaps you were sexually assaulted as a child, and now feel hyperaware in relation to your child’s behaviors.

**Things that impact on a child’s world**

Remember that many things might influence your child’s behavior. Take into consideration the bigger picture of the child’s world. Things like:

* having difficulties at school
* a falling out with their best friend
* the death of a pet
* arguments with siblings
* nearby people changing their behavior
* the onset of puberty or other developmental considerations

Some other examples;

**Changes in normal routines.** Perhaps your child used to love to go to the shops for you and this has suddenly stopped following the child’s disclosures. They may have liked going to the shops because the people at the local milk bar gave them a chocolate or friendly words. Now they don’t want to go because the shopkeepers have changed, or perhaps they are afraid to walk past a new dog.

**Being afraid of the dark.** Your child may always have been dubious or afraid of the dark, but you were either unaware of it or had just forgotten about it. It may not have just started when they got sexually assaulted at age seven.

**Being sad or upset.** You as parents might be arguing. This does impact on and upset children. These arguments may not be linked to the sexual assault. Parents tend to think of these incidents as minor and of little importance in the grand scheme of things, but children do not see it this way. You may not think the kids can hear you or know you are fighting. Kids have a way of going quietly about the house and hanging around the doorways without you being aware of them being there. Sometimes they might just go back to their room if you’re having an argument, and not say anything. However, all the while they will be trying to make some sense of the argument for themselves and may make misinterpretations such as “you don’t love me”, “you are fighting because of me”, or “you don’t believe/care about me.”

**Attention seeking behaviors.** Sometimes the child will be doing things just for attention. Kids get a good response when they do certain things, and when they want attention, probably subconsciously, they do the same thing that got a response last time.

**Knowing about sexualized images.** Some people say ‘my child has never seen sexual images’. Unless they blindfold them whilst out driving around to avoid seeing billboards, of course they will see them. One night you might be watching TV and the child comes out to ask for a drink of water. A program, movie or advertisement that is not suitable for children might be on and they see things or hear things that you are not really aware of. It is difficult to monitor what images your child absorbs whilst visiting at friends or family members’ homes, or indeed even at the local shopping center. So of course they are exposed to sexual images. These need to be taken account of.

**School avoidance.** If the child doesn’t want to go to school you may suspect one of the teachers of sexual abuse, but perhaps it’s a bully, missed homework or perhaps the child just doesn’t want to go to school.

**Being sad for ‘no reason’.** It could also be an anniversary, like if something happened around Christmas time, then a child might remember that. A developmental consideration would explore the onset of puberty and topsy-turvy hormones. On a general note, your child may well require more sleep.

**Separation issues vs. sexual assault**

Some parents say that a child has been sexually assaulted when they come back from an access visit with their father. You ask, “How do you know?” They then list all the symptoms that you get from a child who is distressed about separation. They are very similar to a child who has been distressed by a sexual assault. In young children you may not get the same degree of sexualized behavior, but you may get some sexualized behavior such as masturbating for comfort.

The adults are already experiencing their own pain from the separation, and they may be unable look clearly at how their child is coping or suffering. Children may well try to try to parent you as a parent, by comforting you or by not showing you the extent of their sad feelings. Very often children may tantrum, howl, regress or withdraw. As a result despairing parents may begin to doubt their decision. We all try to think that everything will be ok. This will happen on balance, but things probably won’t be ok for the first six months or year.

**What do I do?**

People need to think about what else is going on around them. You as parents see these behaviors, and you may think your child has been sexually assaulted. Don’t struggle with worries about sexual assault on your own. Telephone a trained counselor at SECASA or the Department of Human Services (Child Protection) to discuss your concerns and explore an assessment about what may be happening for your child and family. Whilst these concerning behaviors may indicate sexual assault to you, they may also be signals related to other things impacting upon your child or family.

# Aggression

Aggression in children after sexual assault tends to be related to fear and anger. It can be a direct communication that states "I am never going to be hurt again". Anger is a healthy response and a necessary part of the recovery process from any trauma. It needs to be expressed in a safe and constructive way with firm limits against hurting yourself or others. To do this, anger needs to be acknowledged and recognized by the child and the adult. A child needs opportunities to discharge their anger. If this, for whatever reason, does not happen then anger is likely to come out through aggression. This causes the child more problems as their aggression prevents other people seeing or understanding the child's needs.

Aggression also stems from fear and a need to protect themselves from further hurt. This can be evident in boys who may believe they were weak because they did not fight off the offender. Sometimes they can make themselves feel more powerful by hurting other children or animals.

Being aggressive can also cause a child to punish themselves and confirm their low self-esteem because they have no friends and are always in trouble.

## How to help

Provide safe ways of being angry through a punching bag or a dart board, smashing old saucers or throwing things. Explain the child's behavior to them "I think you keep hitting kids in the playground because it makes you feel that Uncle John can never hurt you again - we need to think of other things that will help you feel strong." Help your child be strong with their mind not their hands. Self-defense/tai chi can assist children to direct their aggression in a more positive way.

Try to see behind the aggression and recognize it as a communication. Talk about the feelings associated with the behavior. Try and develop your child's understanding of how it feels to be a victim.

**When children's sexual behaviors raise concern**

**Signals for parents and counselors**

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 aged 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 behaviors than in playing with friends, going to school, and doing other developmentally appropriate activities.
3. The child engages in sexual behaviors with those who are much older or younger. Most school-aged children engage in sexual behaviors with children within a year or so of their age. In general, the wider the age range between children engaging in sexual behaviors, 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 behaviors.
6. The child exhibits confusion or distorted ideas about the rights of others in regard to sexual behaviors. 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 behaviors - 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 behaviors 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 behaviors: s/he plays with or 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.

# Childhood sexual behavior

Children are capable of what appear to be sexual responses even in earliest years.

## Masturbation

Most infants probably explore and fondle their own genitals. Not goal directed or systematic play in the same casual way that they do with their ears, noses, fingers and toes. As a child grows older, masturbation to orgasm becomes more and more likely. Most have the biological capacity to derive pleasure from self-stimulation.

In societies permissive about childhood masturbation most masturbate by 6-8 years.

## Sexual play

### *0-3 Years*

Children egocentric and are not interested in, nor capable of any sort of social give or take.

### *3 - 4 Years*

Boys and girls may hug and kiss and say they plan to marry when they grow up. The meaning is not clear.

### *4 Years*

Awareness of genital differences around urinating. Play at school is more organized. Children act out sex roles by playing house. May show one another their genitals playing doctor. Sometimes there can be a physiological response.

### *5 - 11 Years*

Conventional rules of modesty take hold. Games like doctors decrease but kissing, touching and showing continue, interest in sex is apparent. Boys and girls profess hatred for each other. Teasing occurs.

### *Pre-adolescence*

Tell jokes, write and whisper sexual words, talk about sex with same sex friends. Send notes. Some sort of coitus or attempt.

### *Adolescence:*

Date, attend mix-sex parties, dances, play kissing games, go steady, exchange letters and gifts, premarital sex, fondling of breasts and genitals, oral-genital contact, intercourse.

# Child and adolescent sexuality

Some and probably all children are capable of what appear to be sexual responses even in earliest years. Most infants probably explore and fondle their own genitals, but not in a goal directed way. As a child grows, masturbation to orgasm becomes more and more likely. Researchers and experts disagree on how many children masturbate before adolescence. Most children seem to have the biological capacity to derive pleasure from self-stimulation.

Sexual experiences with the other sex are common during childhood. Children often kiss, touch and play doctor. Sexual contacts with the same sex are more common than opposite sex contacts. Like adults, children appear to have sexual thoughts. It is not clear how common sexual themes are in children's fantasies.

Many theorists believe that sexual desires and behaviors are innate. However, sociologists argue that sexual behavior is not determined but learned according to cultural scripts. Because children lack sexual scripts they experience genital activity differently than do adults. Children learn certain values related to sexuality that lay a foundation for later sexual development. The most important determinants of sexual patterns, expectations and responses occur during adolescence.

For most children the primary source of information about sex is friends.

Most males learn to masturbate during adolescence (approximately 20% masturbate before 13); fewer females do. Some sex therapists believe that girls who do not masturbate miss an important step in their sexual development, since masturbation provides an opportunity to learn how one's body responds to erotic stimulation.

Because boys usually masturbate and girls often do not (not true in the United States), boys are more likely to learn a sexuality that is genitally focused. Boys learn their sexuality in a context that is homosocial. The audience bestows a sense of esteem on the boy. Girls who masturbate almost always discover it on their own. Girls generally talk among themselves about masturbation and do not perform in front of others. There is no peer support for sexual exploration or reward for reaching orgasm.

Boys emerge from adolescence both sexually advantaged and disadvantaged. They are practiced at having orgasms and comfortable with the physical aspects of sex. They are less adept at handling emotional relationships with girls.

Girls in the United States have orgasms from masturbation - significantly more before the age of 13.

## Normal sexual exploration during childhood

Normal sexual exploration during childhood is an information gathering process wherein children explore each other's bodies, visually and tactually, (e.g. playing doctor) as well as explore gender roles and behaviors (e.g. playing house). Children involved in normal sex play are of similar age, size and developmental status and participate on a voluntary basis. While siblings engage in mutual sexual exploration, most sex play is between children who have an ongoing mutually enjoyable play and/or school friendship. The sexual behaviors are limited in type and frequency and occur in several periods of the child's life. The child's interest in sex and sexuality is balanced by curiosity about other aspects of his or her life. Normal sexual exploration may result in embarrassment but does not usually leave children with deep feelings of anger, shame, fear or anxiety. If the children are discovered in sexual exploration and instructed to stop, the behavior generally diminishes, at least in the view of adults. The affect of the children regarding the sexual behavior is generally lighthearted and spontaneous. The types of behaviors engaged in may include kissing, hugging, peeking, touching and/or exposing of genitals, and perhaps simulating intercourse. Less than 4% of children engage in or attempt to engage in oral sex, sodomy or vaginal intercourse.