

The Spectrum of Sexual Development

Believing in Kids & Families

SPRING 2003

The Spectrum of Sexual Development

Understanding Sexual Health

The title of this newsletter has been purposefully developed because as with any area of development or health, there is a spectrum for what is "normal".

It is also important to emphasize before beginning any discussion about sexual health that it is more than the absence of sexual pathology or dysfunction. Because sexual pathology is often a religious-cultural definition which fails to consider the broad range of human sexual activity and its developmental aspects and measurable frequencies, as well as its impact on the quality of human life.

William Masters, M.D. and Virginia Johnson, MA, describe the sexual response cycle being present at birth. Masters & Johnson also indicate that there is evidence that the neurological maturation necessary to produce penile erections occurs in utero. As we know it, the erotic response consists of a complex interplay of physiological and psychological factors that are highly susceptible to familial, religious, and cul-

tural folkways, mores and attitudes (Haroian, 2000).

The styles of acceptable sexual attitude and expression fluctuate historically and culturally between generally positive and generally negative polarities. At

this time, our own restrictive culture is still preoccupied with imposing sexual constraints rather than promoting sexual competencies as a basic value system. The impacts of this often unconscious attitude on child rearing are the overt or obvious and/or covert or hidden discouragement of sexual interest, curiosity, expression and sexual behavior of children in the presence of adults and the continual confusion of the scientific answer to the question, "What is normal?"

REFERENCE: Haroian, L., Ph.D. Child Sexual Development. Electronic Journal of Human Sexuality, Volume 3, Feb. 1, 2000.



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The Impact of Sexual Expression on Children

It would appear that human sexual expression follows a logical, orderly and self regulating developmental pattern in much the same way as other aspects of human behavior and that difficulties in sexuality may be the result of the interruptions of that sequential growth process.

The benefits of free sexual expression of children can only occur in a sexually supportive society: a society in which all people have sex for sexual reasons, one in which sexual knowledge, skill and pleasure are valued for both males and females. A society that encourages sexual competency rather than constraint and in which every

person can say "yes" or "no" to sex without prejudice or coercion. To encourage children to be sexual in a sexually repressive or permissive/ambivalent culture is to exploit their healthy sexual interest, as they will be left alone to deal with a double standard and the sex-negative, self-serving attitudes of peers and adults.

How comfortable you feel, as a parent or professional who works with children, in your own sexuality sends messages through your behavior about how you feel emotionally, socially, psychologically, and physically about sexual health.

REFERENCE: Haroian, L., Ph.D. Child Sexual Development. Electronic Journal of Human Sexuality, Volume 3, Feb. 1, 2000.

Parental Modeling

Today as parents, we have access to more information about what is considered normal sexual development and health than our parents did. What was considered “normal” sexual development when we were growing up is more than likely different today for our children due to shifts in societal viewpoints about sexual health. Beliefs that a family holds about sexual health tend to be intergenerational, meaning that the values or beliefs about sexual health held by a family with children today come from past generations.

As parents we give our children sexuality information through a couple of different ways. The *first* way we give information is by modeling our attitudes and beliefs. Modeling is when children unintentionally discover our attitudes and beliefs through observing us interact with others. Preschoolers are primarily dependent upon their parent(s) for having their needs met and as a result parents become the first and foremost teachers of family attitudes and values including sexual health information. Our family attitudes and beliefs are influenced by many factors including culture and life experiences. Life experiences can include events such as childhood abuse or being raised in a single parent family.

General Guidelines for Sexual Development

Sexual development and sexual play are natural and healthy processes in children, from toddlers through childhood and into adolescence (Rich, 2003).

Ages 0-3 Years

Babies are extremely sensitive to touch, learn early on about the pleasure of touching their genitals and will explore their genitals through touch.

It is common for toddlers to masturbate during nap time.

Parents and significant others teach infants attitudes towards genital play.

Parents either encourage male or female identity.

Toddlers show interest in different postures of boys and girls when urinating and are interested in the physical differences between sexes.

Ages 3-5 Years

By age 3 most preschoolers learn that genital play or masturbation in front of others is likely to get a negative reaction.

Pre-schoolers are very interested in bathroom activities of others. Talk occurs about elimination or bowel movements.

Children verbally express interest in different postures by asking questions about urinating.

Toddlers are intensely curious of the world and will take advantage of opportunities to look at others bodies.

If they are not intimidated, toddlers will take advantage of opportunities to touch other's bodies.

Sex play of preschoolers increases to include undressing in front of play mates and genital fondling or playing games of “show”.

The family continues to reinforce male or female identity and children begin to develop attitudes towards the same and opposite sex.

Preschoolers are conscious of the navel or “belly button”. When under social stress, boys in particular may grasp their genitals and may need to urinate.

Children of this age primarily play in same sex groups and are interested in playing marriage.

The second way we give children sexuality information is by making a choice to thoughtfully and purposefully do so. Making this choice is the beginning of sexual abuse prevention and includes learning about what we know today as, “normal” sexual development.

The parent-child relationship begins the process of your child's understanding of intimacy and attachment to others, so how you show affection and intimacy with your child has a significant and potentially longstanding impact upon your child's sexual development and future relationships.

REFERENCE: Coordinated Community Response for Sexual Assault of Wisconsin (2003). [Http://www.danenet.wicp.org](http://www.danenet.wicp.org) [online].



Children begin to understand intimacy and attachment to others through the parent-child relationship.

Ages 5-7 Years

By this age gender identity is fixed.

Masturbation continues but is more discreet and secret.

Children begin to show modesty and may verbally express the need for privacy while bathing, dressing, and undressing.

School-aged children create opportunities to look at other's bodies, hiding and peeking.

Mutual touching and exploration can occur with same-age peers and consists of rubbing and stroking.

Children engage in games of exposing and comparing genitals in order to gain knowledge.

Children have a clearer awareness and understanding of differences between male and female body structure and are able to discriminate between gender on the basis of genitals.

Children of this age can feel self conscious about asking questions about sexual matters, therefore it is important for parent(s) to continue talking about sexuality, values, encouraging sexual behavior so that you can provide them feedback and sexual information (CCCR reference). Some sexual play may begin, and concepts of love and affection begin to take on additional meanings, evolving into behaviors and questions that continue developing into later childhood (8-9 years old).

Pre-adolescence & Puberty

Pre-adolescent children (ages 10-12) are more focused on social relationships and expectations, and begin to experience clearer sexual feelings. Children touch, fondle, and rub their own genitals throughout childhood, but they begin to more clearly masturbate during this time, developing clearer patterns into and beyond puberty (ages 12/13 and up). By puberty and adolescence, body parts and sexual organs are clearly developing, and puberty brings the onset of menstruation in girls and more routine masturbation for both boys and girls.

REFERENCES: Coordinated Community Response for Sexual Assault of Wisconsin (2003). [Http://www.danenet.wicp.org](http://www.danenet.wicp.org) [online].

Rich, P. (2003). Recognizing Healthy and Unhealthy Sexual Development in Children. [Http://www.shpm.com](http://www.shpm.com). [on-line].

“Parents either encourage male or female identity.”

What is Child Sexual Abuse?

Child sexual abuse occurs when a child is used for sexual purposes by an adult or adolescent. It involves exposing a child to any sexual activity or behavior. Sexual abuse most often involves fondling and may include inviting a child to touch or be touched sexually. Other forms of sexual abuse include sexual intercourse, juvenile prostitution, and sexual exploitation through child pornography. Sexual abuse is inherently emotionally abusive and is often accompanied by other forms of mistreatment. It is a betrayal of trust and an abuse of power over the child. (Canada National Clearinghouse on Family Violence Publication).

Children who have physical and/or developmental difficulties are more vulnerable and likely to be sexually abused. Also, children who receive little affection and self-esteem building from parent(s) are also more likely to be sexually abused (what perpetrators are looking for). This becomes a self-defeating cycle because parent(s) without even realizing it may view their child as afflicted with a problem that they don't know how to solve. It is at this time that a child needs their parent(s) most, a child needs the appropriate, boundary-respecting affection shown through such nurturing behav-

iors as hugs, foot massages, and kisses.

Sexual abuse often carries shame and self-blaming by the victim and usually someone who is sexually abusive to one child has been to other children. Research shows that the perpetrator of sexual abuse is usually not a random stranger but someone that is known to the child such as a relative, trusted family friend, or an older juvenile (Kempe Center). This is another reason why children often don't tell about the abuse because of the association to the perpetrator.

Sexual abuse of children is not particular to one socioeconomic group. Sexual abuse transcends all cultures, socioeconomic groups, and races. Sexual abuse is a hidden problem and a silent crime-meaning that there is rarely another eyewitness, that medical evidence when available cannot always be relied upon, the chance of admission by a perpetrator is even more remote, and that victims are often reluctant and fearful to disclose their abuse because of fear of harm or shame. REFERENCES: Canada National Clearinghouse on Family Violence Publication, 2003. http://www.hc-sc.gc.ca/hppb/family_violence/html; Kempe Center Website (2003). <http://www.kempecenter.org> [on-line].

Safety Tips from a Convicted Child Molester

First of all, know where your child or children are and who they are with.

As mentioned previously, abuse transcends generations and is more likely to occur repeatedly throughout a family system versus a "one-time" occurrence. Don't believe that just because you know someone that he or she would not abuse your child. Research supports that the perpetrator is usually known to the family. (Kempe Center).

Give quality love, time and attention to your child so that he or she won't look for it elsewhere.

Know the people who are involved with your child who are in a position of trust, even a relative or close friend.

Be aware of an adult or older child who spends a large amount of time with your child, or seems to be focused on your child.

Be aware if your child is avoiding a particular person that they used

to be comfortable with.

Be aware of your child spending a lot of time with or talking about an adult or someone older who is not a parent or guardian.

If you suspect that your child has been abused, ask him or her in a caring, non-threatening way. Do not accuse.

Let your child know that he or she does not have to keep secrets. Many times shame will keep children silent.

Believe your child when he or she says there has been abuse, no matter who it is.

If you believe abuse is going on with your child, act on that belief.

If someone breaks one boundary with you or your child, he or she is likely to break other boundaries, such as abusing your child.

REFERENCE: Colorado Convicted Sex Offender Site (2003). <http://www.sor.state.co.us> [on-line]. Kempe Center Website (2003). <http://www.kempecenter.org> [on-line].

Behavioral and Physical Warning Signs that a Child has been Abused

Child sexual abuse suggests that a child has experienced sexual contact that has been extensive, excessive, or over stimulating. There are warning signs, however just because any one sign occurs does not necessarily mean that the child was abused. One needs to take into consideration what is occurring in the child's life, as well as what is the norm for how a particular child behaves (baseline of behavior).

The American Academy of Child & Adolescent Psychiatry identify that sexually abused children may develop the following:

Unusual interest in or avoidance of all things of a sexual nature * sleep problems or nightmare * depression or withdrawal from friends or family * seductiveness * statements that their bodies are

dirty or damaged, or fear that there is something wrong with them in the genital area * refusal to go to school * delinquency/conduct problems * secretiveness * aspects of sexual molestation in drawings, games, fantasies * unusual aggressiveness * or suicidal or self-harming behavior.

If your child displays any of the above identified behaviors then it is a good precautionary measure to have your child seen and evaluated by a mental health professional who has training and experience in addressing sexual abuse with children.

REFERENCE: American Academy of Child & Adolescent Psychiatry (1998). <http://www.aacap.org/publications/factsfam/sexabuse.html>. [on-line].



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WE CAN HELP.

About Believing in Kids & Families

Believing in Kids & Families is a private practice that provides counseling services, psycho-educational classes, parenting classes, support group services, and a quarterly newsletter. These services are provided to children, teens, and their families.

The mission of Believing in Kids & Families is to ensure that each client is treated with a sense of worth, dignity, and respect, in an effort to assist people in moving towards a more fulfilling life.

Believing in kids & Families was established by Sue E. Coffey, LCSW in Spring 2001.



Sue E. Coffey is a Licensed Clinical Social Worker in the State of Colorado. Sue earned her Master of Social Work in 1993 and her Master of Psychology in 1999. She has worked with women, men, teenagers, and children in direct care and counseling capacities. Sue's experience in helping people spans thirteen years in such settings as schools, residential, and outpatient programs. Sue's unique combination of diverse experiences with multicultural groups of people from varying life stages permits her to conceptualize situations and circumstances in a variety of ways, as well as assist people in accessing resources.

Believing in Kids & Families was established approximately two years ago with the vision of helping kids and families lead more peaceful lives. We believe that people possess the abilities to resolve challenges they face in their lives.

Fees for services can be discussed with staff over the telephone based upon the service to be offered.

HELPING PEOPLE LEAD PEACEFUL LIVES.



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