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Gender based differences in behavioral expression among sexually reactive children

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Abstract

Literature is reviewed to help define and develop a clearer understanding of research on prepubescent children with sexually reactive behaviors. In this article the differences between sexually reactive children ages 2-12 are assessed by gender, focusing primarily on differences in externalizing and internalizing behaviors through the Child Behavior Checklist (CBCL) and Trauma Symptom Checklist for Children (TSCC). Few differences were found on either instrument. Implications are offered.

Introduction

Society as a whole has maintained its focus on the victims or survivors of sexual victimization, but when it comes to children who have acted out against others sexually, further research is needed. There has been research looking at the causes and reasoning why a small percentage of children who have been sexually victimized become sexually reactive. However what are the differences between genders of sexually reactive children when looking at externalizing and internalizing behaviors between genders?

In identifying and intervening with children who exhibit sexually reactive behaviors, the primary goal is to prevent further acting out behaviors and to be able to get these children on a healthier sexual development path. A child who steals will not necessarily become a criminal when they grow-up; with education and guidance this child's behavior can change, this can be held true for children exhibiting sexually reactive behaviors (Ryan, 2000). Sexually reactive children are neither more nor less likely than those that have not been sexually victimized to become sexual offenders (unless they also have a number of additional risk factors) (Widom, 1996).

Literature Review

Sexual Development

There is no concrete way of defining healthy sexual development given the interpersonal, socially embedded, and individualized path that each person follows. Age, culture, gender and other characteristics must be also kept in mind for each child's healthy sexual development (O'Reilly, Marshall, Carr & Beckett, 2004). Nonetheless, children's (2-12 years old) sexual behaviors tend to be exploratory behaviors, which generally only involve the self (O'Reilly et al., 2004). Usually this means "touching self and others, genital play, masturbation, poking, watching, and showing interest in bathroom functions" (O'Reilly et al., 2004, p. 6). This is a time when children are mostly motivated by curiosity; however, children are influenced by their environment, and can mimic adult sexual activities if they are exposed to adult sexual behavior. Of course, sexual curiosity remains normal when children are of similar ages and participation is mutual (O'Reilly et al., 2004).

Childhood Sexual Abuse and Sequelae

The prevalence of sexual abuse amongst children is quite high, and has been reported as high as 20% for girls and 10% for boys (Burton, 1999). Yet, "There is … limited research on treatment efficacy on …populations who sexually abuse and who are treated. We need research on …females and on children…" (Burton, Smith-Darden, 2000, p. 26) who have been sexually abused.

Sexual victimization perpetrated by father figures, coercion or force, and genital contact, as well as frequency, parental reaction and age of abuse all affect

the child victim's long-term effects (Browne, Finkelhor, 1986; Beitchman, Zucker , Hood, DaCosta, Akman, & Cassavia, 1992). It has also been reported that a positive caretaker's response to the abuse and rapid placement into therapy decreases the rate of subsequent sexual reactive behaviors (Duffany & Panos, 2009).

Child sexual abuse victims do not show higher risks for arrest for non-sexually related crimes as adults when compared with victims of other forms of abuse and neglect; all children who have been victimized, regardless of type, have similar risks of becoming criminals later on in life (Widom, 1995). Furthermore, most sexually victimized children do not go on to be arrested for sexual abuse related crimes or any other crimes for that matter, with the exception of arrest for prostitution (Widom, 1995).

Sexual Reactivity and Aggression by Children

Non-normative sexual behavior in children 2-12 years of age are indicated when "sexual activities become patterned rather than isolated events and children become preoccupied or obsessed with sexual activities … these behaviors have an aggressive quality, involving use of force, coercion, and secrecy" (O'Reilly et al., 2004, p. 16). Further researchers have reported that children with sexual reactive behaviors exhibit persistently sexually intrusive behaviors. These behaviors and actions can be seen as "adult-like", and may include cunnilingus and fellatio or even intercourse (Friedrich, Davies, Fehrer, &Wright, 2003. p. 3). The term reactive is used due to the high rates of sexual victimization among these children.

These behaviors have been linked to an array of potential causes and correlates including "ineffective parenting, poor relationships between children and parents, lack of community supports, and … the youth's disposition" (Burton, Nesmith, & Badten, 1997, p. 158). In exploring children who molest children through a theoretical approach, 79.4% of the children participating in one study were boys and 20.9% were girls 4-12 years of age (Burton, Nesmith, & Badten, 1997). In this study the first evidence of sexual offending occurred between the ages of 4 - 6 and it wasn't until the children were 11-12 years of age that they were involved in treatment (Burton et al., 2004). The children, on average, had two or three known victims, and it was found that a majority of the children (72.1%) were sexually abused. But, clearly sexual abuse is neither a necessary nor sufficient variable to create sexually reactive or sexually aggressive behaviors by children.

In a study conducted by Friedrich, Beilke and Urquiza (1988), 31 sexually abused boys and their behavior problems were assessed with the CBCL. The authors reported that the "sexually abused children in this sample are significantly more sexualized as a group…and 4 of the 31 sexually abused boys in this sample had molested younger children" (p.27). This is a fairly old article that only looks at males, but still illustrates that some male victims of sexual victimization may be prone to externalize their experiences through their behaviors. If sexually reactive children, by definition, externalize their behaviors, is there a difference between genders? Are males who have been sexually abused and are sexually reactive more aggressive than females from the same population?

In another study, Johnson (1988) found that prior to boys' sexual reactive behaviors, 49% of these boys had been sexually abused and 19% had been physically abused. In addition, in 47% of these cases, a sibling committed the sexual abuse. Johnson (1988) also found that age was a factor that contributed to why the child perpetrated. Seventy-two percent of children who were 6 years old or younger with sexually reactive behavior were sexually abused, compared to the 42% who were sexually reactive between ages 7-11 who were also victims of sexual abuse. Johnson opens up the discussion about the complexity of understanding the underlying precipitators of sexually reactive behaviors.

In a study involving both males and females, all of whom were sexually aggressive, 100% of the females in the study had previous sexual abuse histories, where only 85% of the males in the study had sexual abuse history (Friedrich & Luecke, 1988). However, the sample was comprised of only 16 children with sexually aggressive behaviors, two of which are female. Thus, this study cannot be generalized to the whole population of female children who are sexually aggressive in correlation with sexual abuse victimization (Friedrich & Luecke, 1988). However, in another study looking at 13 female child perpetrators found that "of these child perpetrators 100% had been previously sexually abused: 31% had been physically abused; 85% were molested by family members" (Johnson, 1989, p. 571). Although a small sample, it seems once again all females in the study were victims of sexual abuse. They were also externalizing their behaviors by being sexually reactive.

Across theses papers females have higher rates of sexual victimization than males. Yet few gender comparisons are reported.

Sexual Abuse and CBCL

The CBCL is a commonly used paper and pencil self-report instrument that examines emotional and behavioral difficulties in children, and whether or not a child internalizes (Social Withdraw, Somatic Complaints, and Anxiety/Depression scales) or externalizes problems (Delinquent behavior, Aggressive behavior) (Achenbach, 1991, p.1) and assesses social competencies (school, social, and activities) (Briere, & Elliott, 1997). The CBCL also measures children around eight constructs or syndromes: "Social Withdrawal, Somatic Complaints, Anxiety/Depression, Social Problems, Thought Problems, Attention Problems, Delinquent Behavior, and Aggressive Behavior (Achenbach, 1991, p. 1)." After scoring the eight primary scales, and two-second order scales (internalizing and externalizing) the CBCL then gives a total problem score (Aebi, Metzke, & Steinhausen, 2010). Generally males have higher rates of externalizing and females of internalizing (D. L. Burton, personal communication, June 15, 2010). Since children who are sexually reactive are already externalizing problems by definition, is there still a difference between genders on externalizing and internalizing behaviors?

Researchers have reported that children with sexual abuse histories display greater external behavior problems than do normal children (Friedrich, Beilke, & Urquiza (1987). Some researchers have also looked at sexual victimization through the CBCL, but none have pulled analyzed differences by gender when

looking at a sample of sexually reactive, sexually victimized children. Researchers have found that when evaluating sexually victimized children with the CBCL, sexually victimized children were more behaviorally deviant than with norms associated with the CBCL (Friedrich, Urquiza, Beilke (1986), and that sexually aggressive boys externalized their behavior more than internalized (Burton, 1999).

Friedrich & Luecke (1988) reported that 100% of the females who were sexually aggressive had sexual victimization histories, compared to the males where only 85% had sexual abuse histories; this may indicate that in order for girls to exhibit sexually reactive behaviors, severe trauma must take place (i.e., sexual abuse). Other externalizing behaviors in the CBCL should be examined because no other researchers have looked.

It is important to note that one of the complexities involved with the CBCL is it's…

> Assumption that norms are the same for children throughout the four-to 1-year-age range. It is likely that there is a higher prevalence of behaviors categorized as delinquent amount 11-year-old children then those 4 years of age. Conversely, aggressive behaviors may be seen at a much higher rate among 4-year olds than children at age 11 (Briere, & Elliott, 1997, p. 359).

Relying on the parent's report can also be an issue in research since it has been found that if a caregiver was supportive of the child this impacted their scores pretty significantly in the CBCL (Briere, & Elliott, 1997). With this in mind it may be important to note that the caretaker's report may explain differences by gender as well.

Sexual Abuse and Trauma Symptom Checklist for Children (TSCC)

Although the CBCL is a tool frequently used to assess a child who has experienced a trauma, the TSCC "assess more directly related outcomes such as posttraumatic stress, dissociation, and reactive sexual behavior (Lanktree et al., 2008, p. 622)." That being said, even when there is distinct evidence that a child has been sexually abused, children use their defense mechanisms (i.e., denial) to function day to day, and can result in significantly lower scores than non-abused children on the TSCC (Briere, & Elliott, 1997).

The Current Study

There has been evidence that there is a difference between genders when looking at sexually reactive children who have been sexually victimized. Are there differences on the Child Behavioral Checklist (CBCL) between genders of children who were sexually victimized and have sexually reactive behaviors; are boys more likely than girls to externalize their behaviors? Given the review of literature above, the genders may not differ. Since trauma is a correlate (if not a partial cause) for sexually reactive behaviors, are their differences by gender on the TSCC? Given the literature above, females may have higher rates on the TSCC than males.

Methods

Sample

The sample was obtained through a one-day initial assessment at an outpatient therapy facility focused on treating victims of sexual abuse and offenders in a city on the mid-eastern coast of the United States. Children are referred to the agency through a variety of social services, court orders, parents or schools. Once referred, children, adolescents and caregivers go through a biopsychosexual evaluation and a series of psychological tests in a 6-8 hour assessment to assess whether or not they are in need for outpatient therapy services.

There were 300 subjects; 43.7% of them were males, 50.6% females. Racially 73.0% were African American, 8.8% Hispanic/Latino, 5.7% Caucasian, 4.1% biracial, 2.2% other and 6.3% did not report race. On average the sample was 9.68 years of age, the males 8.58 years of age and the females 10.63 years or age.

Measures

Multiple measures were used and administered in this evaluation but for the purposes of this study only two are reported. The Trauma Symptom Checklist for Children (TSCC) is a 54 item self-report instrument assesses posttraumatic symptoms with two validity scales: under response and hyper response, as well as, clinical scales which include: anxiety, post-traumatic stress disorder, sexual concerns, anger, dissociation and depression (Friedrich, 1994).

The Child Behavioral Checklist – Parent version (CBCL), was also used. The CBCL looks at a spectrum of childhood symptomatology and obtains T-scores for the internalizing and externalizing symptoms, and individual symptom clusters (Achenbach, 1991; Achenbach, Howell, McConaughy, & Stanger, 1998). Parents rate the child's behavior portrayed on a 3-point scale. After the three levels of scoring (eight primary scales, two second-order scales, and total problem score) a t-score is given (Aebi, Metzke, & Steinhausen, 2010). Each t-score of 50 shows average functioning in comparison to same-age peers, and every 10 points indicates one standard deviation (Biederman, Ball, Monuteaux, Kaiser, & Faraone, 2008). All of these measurements were administered to the children and families by clinicians and psychologists.

Administration and Data Handling

The agency identifies inappropriate sexual behaviors through a comprehensive evaluation and an interview process with the child and their caregiver(s) (Public Health Management Corporation (PHMC), 2009). During this time, the interviewer obtains information on sexual history and assessment of sexual attitudes. Psychiatrists and psychologists evaluate whether or not the child's behaviors should be considered sexually inappropriate or sexually reactive through psychological measures that assess psychological and sexual functioning, and also analyze the child's referral offense (PHMC, 2009).

Parents/Guardians sign consent to release the information given at assessment for research and are ensured anonymity. The scores are then tabulated and recorded, and placed anonymously in a SPSS database where children are

divided by age, gender, race, religion, sexual abuse history, sexual reactive behavior, attention difficulties, etc. From here the data was simplified to focus primarily on children (aged 3-12) that have been sexually abuse and are exhibiting sexually reactive behaviors. Data entry was accomplished with SPSS version 14 and analysis with SPPS version 16. Student's t-tests and other group comparison methods were used.

Findings

As the study is a simple two-group comparison the results are reported in tabular format (see Table 1).

TSCC

Briere (1996) suggests that any t-score above 65 is clinically concerning. On average the youth, while high on some of the scales, are not above this level. Given the standard deviations, clearly many of the youth are above this range. Girls were higher on both sexual concerns scales.

CBCL

Achenbach (1991) suggests that below 60 is the normal range for the Total, Internalizing and Externalizing scales, with 60-63 being borderline and over 63 concerning. The Total score for both genders is over 60, but under 63. The Externalizing scale is over 63 for the females, and nearly 63 for the males. Whereas the Internalizing scale is on average below the concerning ranges for both genders.

Overall and on average, with 67-70 as a benchmark for clinical concern on the syndrome scales and over 70 as an indicator of need for greater concern, as suggested by Achenbach (1991), the children do not reach either level. However given the high standard deviations, clearly many of the children in this sample are in the very concerning range on the CBCL on most scales. Girls were higher on the somatic complains scale of the CBCL (an Internalizing scale). Girls were lower on the CBCL Total competence scale. There was not a significant difference on CBCL composite Internalizing or Externalizing scales.

Table 1: Gender Comparisons on two measures T scores

	Sex	Mean T score	Std. Deviation	t test
TSCC				
Anxiety	Boy	50.80	11.768	
Depression	Boy	50.28	14.077	
	Girl	51.54	13.852	.55
Anger	Boy	52.52	14.296	
	Girl	51.21	12.991	.57
Posttraumatic stress	Boy	53.84	13.864	
	Girl	53.64	14.033	.09
Dissociate	Boy	52.69	11.467	
	Girl	52.98	14.098	.14
Dissociation – Overt	Boy	50.47	9.723	
	Girl	51.31	11.854	.43
Dissociation - Fantasy	Boy	49.14	8.703	
	Girl	52.39	12.097	1.08
Sexual concerns	Boy	57.81	17.948	
	Girl	60.27	19.596	.79
Sexual Concerns - Preoccupation	Boy	50.33	11.244	
	Girl	56.62	18.898	2.27*
Sexual Concerns – Distress	Boy	50.57	11.966	
	Girl	61.62	21.449	3.59**
CBCL				
Activities	Boy	43.89	9.464	
	Girl	43.21	9.859	.42
Social	Boy	39.33	9.220	
	Girl	37.81	8.453	1.99
Total Competence *	Boy	38.53	8.481	
	Girl	34.48	11.136	2.24*
Total Behavior Problems	Boy	60.24	13.386	
	Girl	62.13	13.915	1.09
Externalizing Problems	Boy	61.58	12.266	
	Girl	63.26	13.557	1.02
Internalizing Problems	Boy	55.81	13.519	
	Girl	57.97	13.338	1.26
Anxious/Depressed	Boy	58.08	9.785	
	Girl	58.96	10.384	.68

Withdrawn/Depressed	Boy	60.68	11.576	
	Girl	61.38	10.306	.49
Somatic Complaints	Boy	56.28	8.056	
	Girl	58.54	8.884	2.07*
Social Problems	Boy	60.84	11.081	
	Girl	60.58	13.776	.156
Thought Problems	Boy	60.61	12.139	
	Girl	60.09	14.455	.29
Attention Problems	Boy	63.09	10.925	
	Girl	64.87	12.490	1.18
Rule Breaking Behavior	Boy	63.03	11.723	
	Girl	63.29	14.043	.15
Aggressive Behavior	Boy	62.62	11.034	
	Girl	64.18	12.018	1.04

* p< .05, ** p < .01

Discussion

On average the children in this sample did not reach a clinically concerning level on the TSCC or CBCL. In addition, there were only a few significant differences on both measures between genders. These findings coincide with the literature-based hypotheses stated above. In short, boys did not externalize more than girls, and boys and girls were (on average) high but not at the clinical level on the CBCL Internalizing scale. Both genders also averaged high on the Externalizing scale of the CBCL (indicating a need for help). The girls did average slightly higher than the boys (and crossed into the clinical range) on the externalizing scale, but not significantly so. This finding does not fit with previous researcher's efforts that boys tend to externalize more, and girls tend to internalize more (Burton, 1999; D. L. Burton, personal communication, June 15, 2010).

In the prior literature sexually reactive boys were reported to externalize their behavior without necessarily having sexual victimization histories, whereas girls typically experienced sexual victimization (Friedrich &Luecke, 1988). With this in mind it would seem that boys would externalize their behaviors even more if they were sexually victimized. However, this wasn't the case. It was interesting to find that there were only slight and not significant differences in externalization between genders, and that girls (not boys) were higher than the boys

Differences in the TSCC

The girls were higher on both sexual concern scales (distress and preoccupation) on the TSCC than the boys in this sample. In interpreting these results it may fit the hypothesis that girls have higher sexual trauma than the boys. This coincides with what the literature reported above that girls would have to experience extreme trauma to reach a point of externalizing behavior (i.e. being sexually reactive) (Friedrich & Luecke, 1988; Johnson, 1989). If this is true, clinicians may have to tailor treatment for sexually reactive girls to address trauma and sexual concerns differently than they would for sexually reactive boys.

Differences in the CBCL

The boys were higher on the total competence score (school, social and activities) on the CBCL. In interpreting this, boys' histories and subsequent sexually reactive behavior could impact their overall functioning more than girls. Whether this is due to a lower amount of support systems for boys, difficulties in school performance or behaviors or other co-morbid diagnoses, researchers should examine why boys tend to struggle more than girls in day-to-day activities.

Practice Implications

As a whole this sample of children did not, on average, reach clinical concern on the CBCL but it is important to note that in looking at the standard deviation, children were high on many scales. In looking at these results many of these children need help. Clinicians should keep this in mind when working with sexually reactive children, and perhaps tailor treatment specifically around children reaching the higher levels on the CBCL. Given that the girls had higher

sexual concerns scales than the boys, it may be even more important for clinicians to note that there is a difference between genders, and clinicians may want to provide more trauma treatment for girls. In turn, girls can obtain mastery over their trauma. This research could interpret that a larger amount of trauma must occur for a girl than a boy to become sexually reactive. If this is the case, boys and girls who are sexually reactive with sexual abuse histories should possibly seek separate, gender based treatment.

If boys are struggling more on social competency, clinicians may want to tailor treatment with teachers and caregivers and provide interventions and psychoeducation on sexually reactive behaviors, as well as, working on social skills and self-esteem with sexually reactive sexually abused boys.

Research Implications & Limits

A goal for future researchers may be to explain why certain children scored higher/lower than other children and if that has any relationship to the child's treatment needs, other past abuse histories or their aggression. It may also be useful to see how trauma is associated to a child's scores, and its influence on a child's score. All of this can help future clinicians in working with sexually reactive sexually abused children.

It is important to note that the issues of diversity and whether or not there are differences in sexual reactive children based on not only gender, but also race have not been researched. There are also possible biases that might arise due to the nature of the questions, how they are asked, and biases in samples (especially since the data is retrieved through an agency and treatment facility in this current

study). This could provide different results compared to a data sample that was collected outside of a clinic or treatment facility.

There were limits to this study in terms of exploring why children were high in many scales on the CBCL. As stated above, although the children on average did not reach a clinical concern in the CBCL, children were high on many scales and this study did not address those specifically.

Lastly, the results from the CBCL were obtained only through the caregiver's report of the child's behaviors, emotions, and moods. It was stated above that if a caregiver is supportive, then that impact's their scores in the CBCL, and researchers have stressed the importance of getting cross reports (from teachers, etc.) to get a clearer report of the child's behavior (Briere, & Elliott, 1997). This may directly impact the scores reported in this sample since it was obtained from a treatment facility where caretakers alone filled out the CBCL. Further research should also be done in looking at whether or not caregivers were more likely to rate higher externalization scores for girls who are sexually reactive than they would to sexually reactive boys. Due to social standards and expectations for girls, caregivers may rate a female child's sexually reactive behaviors higher than they would if they had a male child. References

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