

Inappropriate Sexual Behavior Scale

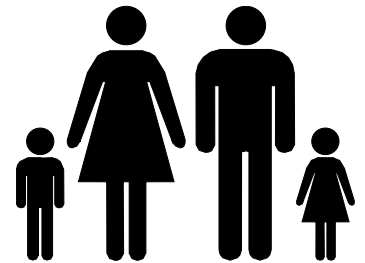
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Abstract

In the early 1980's, there was a startling realization that children are often sexually victimized by other children. With this understanding has come a serious confusion as to what constitutes normative sexual expression and what is sexual exploitation. This article discusses the two stances that have been prevalent: 1) discourage or ignore sexual behavior in children and hope that it goes away, or 2) persistent sexual behavior, particularly with other children, is either pathological or a definitive sign of emerging pathology. The disparity and myopic nature of both positions makes them unacceptable. How do we then take a more balanced and accurate view of childhood sexual expression, given our new sensitivity to children exhibiting sexually offending behavior? The Inappropriate Sexual Behavior Scale is presented as a tool to take into consideration normative sexual themes and behavior in children and the possibility of developing sexual pathology.

The Discovery that Children are Sexual Beings

Historically, it is difficult to determine just when the realization occurred that children, as well as adults, are sexual creatures with all the resulting ramifications. From a sociological perspective, it is clear that what our culture still considers part of childhood (11 to 18 years of age) in many cultures would have already undergone the rite of passage to adulthood. With this passage comes the responsibilities and privileges associated with adulthood--work, conscription into the army, leaving home, taking a partner, and freedom to be sexually active. Presently, in third-world nations, large percentages of their armed forces are younger than the legal age to view rated movies in the United States. It is ironic to the point of absurdity what children in our culture are exposed to, concerning sexuality and the restrictions we place on their response to this exposure. Television, movies, magazines and even comic books frequently depict mild-to-strong sexual themes such as nudity, sexual suggestiveness, sexual behavior and sexualized dominance and violence. Yet, about the only culturally agreed upon sexual behavior of children is to ask a biology question or two. When it comes to sexuality, the disparity between the physical or hormonal clock and the cultural clock exacerbates the difficulty.



But, even with younger children under eleven, the presence of sexual themes and issues was given credible scrutiny by Freud. In theory at least, all human beings have sexual feelings, drives and motivations including children.

Pushing Sex Underground

With an emerging complex society, the age of maturation has been driven higher and higher. For adults over fifty, it was not unusual that children of twelve contribute to the family income in the 1940 and 1950's. Child labor laws and other mechanistic changes have pushed children out of the work force and further from the rites of passage to adulthood. The puritan answer to young people ready to experience sexual expression, but considered by the culture as too young, was a rigid good-and-evil construct. Sexual behavior, and even sexual thoughts, were wrong and punishable by possible insanity here and eternal damnation in the hereafter; while abstinence was virtue with rewards one-hundred-fold--later on. This state of affairs has produced a cultural protocol to punish sexual behavior and to ignore sexuality in children with the hope that it will somehow go away.

While the prevailing strategy is still to pretend that children are not sexual beings, the inescapable fact is that the average first-grader witnesses more sexual behavior in a year of viewing prime-time television than Sigmund Freud dealt with in his career. The most that can be said about our culture's position on sexuality is that we know it isn't working--teenage pregnancies and adolescent sexual offenders are two of the many indicators of this.

Our Eyes are Opened to Sexual Abuse

Twenty years ago, few professionals questioned the presence of sexual abuse among children and as a 1975 psychiatric text stated, it could be found in one in every million homes [1]. In the last twenty years, we have come to realize that sexual abuse may be in one in every four-to-ten homes. A more recent realization is that sexual abuse is often perpetrated by another child. Children's sex games are no longer viewed with attitudes like "boys will be boys" or "they are only kids." In the state of Oregon during 1985, over 1,000 arrests of children under the age of 18 were made for sexual offenses. A surprise finding was that the majority of children arrested for sex crimes were under the age of 14 [2].

National media has helped our society understand the prevalence of sexual abuse. Stories abound of the school teachers, police officers and ministers who have lived a secret life of harming children. It is now clear that, for incarcerated pedophiles, their disturbance began to manifest in their early teens. "Sex play" can no longer be ignored or merely punished and pushed underground. It must be exposed, understood, and effectively responded to.

But, in our new awareness of sexual pathology, the pendulum has swung to the dark side. In the last three years, sexual expression by children is being treated and referred to by many professionals as pathological or pre-pathological. Certainly our culture has learned that children are sexual beings and will present sexual themes and behaviors

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which are normative by definition and not signs of disturbance. Understanding sexual expression has now become extremely difficult.

The Inappropriate Sexual Behavior Scale

The challenge that faces us is to sift through the complex continuum of normative behavior to sexually exploitive abuse. The following Scale is a tool to help with the analysis of childhood sexual expression:

1	2	3	4	5
<i>Sexualized Expression</i>	<i>Cooperative Sexualized Expression</i>	<i>Emotional abuse of a Sexualized Nature</i>	<i>Emotionally coercive Sexual Abuse</i>	<i>Physically coercive Sexual Abuse</i>
<i>Sex writing Sex drawing "Dirty" talk Masturbation Childish sex calls</i>	<i>Mutually consenting sex games/ Curious Exploration</i>	<i>Exhibitionism Voyeurism Obscene calls Frottage</i>	<i>Premeditated genital contact with Narcissism Manipulation Thinking errors</i>	<i>Forcible demeaning and/or brutal Sexual contact</i>

Not all the behaviors in the first two categories are necessarily inappropriate in themselves. However, it is a given for the Scale that the mentioned behaviors have become problematic in a specific setting. The Scale allows any inappropriate sexual behavior to appear somewhere on the point scale. The higher the point scale, the more serious the behavior and the greater the potential or presence of pathology. Point scores of 3.5 and higher indicate issues best treated in the context of a specific sex offender program (3.5 would indicate behaviors in this category that are frequent or habitual). Scores above 3.0 are reportable to police agencies as delinquent sexual behavior. Scores above 4.0 are reportable to the proper authorities as sexual abuse.

To best understand the categories within the scale, it is important to recognize that each has corresponding behaviors and attitudes. The same behaviors can have a completely different quality depending upon the attitude behind it. In the following list, the behaviors and attitudes are neither all-inclusive nor will all attitudinal states necessarily be present.

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Category	Attitudes	Behaviors
<p style="text-align: center;">1</p> <p style="text-align: center;">Sexualized expression</p>	<p>Unsophisticated Curious Naïve Spontaneous Explorative Fascinated Scared/excited</p>	<p>Masturbation Sexual graffiti Sexual notes Sexual "dirty talk" Sexual phone calls Looking at underwear ads Staring at body parts</p>
<p style="text-align: center;">2</p> <p style="text-align: center;">Cooperative sexualized expression</p>	<p>Impulsive Inquisitive Opportunistic Curious Mutuality Secretive Consenting Experimentation</p>	<p>Sex games Mutual touching Visual exploration Observing eliminations Sexual mimicry of adults Generalized sex play</p>
<p style="text-align: center;">3</p> <p style="text-align: center;">Emotional abuse of a sexual nature</p>	<p>Anxious Fixated Lacking self-control Obsessive Preoccupied Purient interest Premeditation Isolation</p>	<p>Exhibitionism Frottage Voyeurism Sexual harassment Fetish theft Obscene phone calls</p>
<p style="text-align: center;">4</p> <p style="text-align: center;">Emotionally coercive sexual abuse</p>	<p>Narcissism Premeditation Manipulation/trickery Lacks remorse Thinking errors</p>	<p>Genital contact that is: Chronic/progressive Progressively intrusive Threatening words or acts Exploitative Multiple victims</p>
<p style="text-align: center;">5</p> <p style="text-align: center;">Physically coercive sexual abuse</p>	<p>Antisocial Domination Generalized anger Character disorder Poor impulse control Psycho social-dysfunction</p>	<p>Genital contact that is: Aggressive Demeaning/humiliating Violent Use of weapon Causing injury Nonsexual serious antisocial behavior</p>

Attitudes and Behaviors

As with all problematic behavior, inappropriate sexual behavior in children needs attention. The type of attention depends upon the facts of the incident. The who, what, when and why of the situation must be carefully considered. It is critical to identify the early signs of a developing sexual disorder, particularly potential sexually offending attitudes and behaviors. The population of sexually abused children is a significant group to watch.

Although the Inappropriate Sexual Behavior Scale can be a useful tool in understanding a specific sexual incident or pattern of incidents, it is not in itself a predictor of future sexual behavior. However, the earlier sexual pathology is identified, the better the chance of successful treatment. Of equal importance is not attempting to "desexualize" children. To respond in punitive or even corrective interventions to normative sexual themes and behaviors gives an unhealthy message to children about sex; particularly those with moderate-to-severe distortions to begin with (resulting from abuse). Treating sexual abuse victims requires identification and treatment of pathology, as well as an environment with sensitivity and understanding of normative sexual expression. Controlling behavior is not a sufficient long-term justification for further distortions of the healthy role of sexuality in growing up. In treating sexually abused children, great care must be taken to resocialize healthy viewpoints while avoiding new, however subtle, distorted messages concerning sexuality.

References

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