

# INTERRUPTED SEXUAL DEVELOPMENT

| AGE                  | HEALTHY SEXUAL DEVELOPMENT   | DEVELOPMENT INTERRUPTED BY SEXUAL TRAUMA  | INDICATORS   | APPROPRIATE RESPONSE   |
|----------------------|--|---|--|--|
| Birth to 18 months   | <ul style="list-style-type: none"> <li>Boys have penile erection and girls lubricate shortly after birth</li> <li>Do not differentiate genitals from rest of body</li> <li>Will explore all parts of their body they can reach</li> <li>Physical touching, nurturing essential for healthy development (Holding, rocking, feeding, bathing, play)</li> </ul> | <ul style="list-style-type: none"> <li>Will be difficult to comfort due to fear of physical injuries</li> <li>Eating, sleeping, and bowel movement disturbances</li> </ul>  | <ul style="list-style-type: none"> <li>Physical Indicators: Frequent urinary tract infections from abuse. Rashes or itching on genital area. Symptoms of venereal disease. Pain in genital area. Children who have been anally penetrated may have problems with: fecal impaction, fecal retention, diarrhea, spastic colon, or constipation. Children who have been orally penetrated may engage in gagging, spitting, vomiting, nausea, and stomachaches</li> <li>Fearful of physical harm</li> <li>May reject food that resembles ejaculate: vanilla ice cream, tapioca, or cream of wheat</li> </ul> | <ul style="list-style-type: none"> <li>Healthy touching, rocking, nurturing</li> <li>Treat Injuries</li> </ul>   |
| 18 months to 3 years | <ul style="list-style-type: none"> <li>Discovers own body parts, explores genitals, other parts of body</li> <li>Shows interest in different positions of urinating between boys and girls, little modesty</li> <li>May want to show you their genitals</li> </ul>   | <ul style="list-style-type: none"> <li>Same as previous</li> <li>Also, abuse disrupts child's ability to trust that the world is safe, and that they will be protected</li> <li>Need lots of nurturing</li> </ul> | <ul style="list-style-type: none"> <li>Physical injuries as listed above</li> <li>Excessive fears</li> <li>Sleeping and eating problems</li> <li>Excessive crying</li> <li>Precocious sexual play</li> <li>Physical aggression towards others</li> </ul>   | <ul style="list-style-type: none"> <li>Treat Injuries</li> <li>Healthy touching and nurture</li> <li>Allow regression</li> <li>Encourage development of social skills</li> </ul> |

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|           | <ul style="list-style-type: none"> <li>• Physical touching, nurturing still essential for healthy development</li> <li>• Young children may be seen masturbating, but it is important to remember that this type of masturbation is done for pleasure, not for orgasm</li> </ul>   |  |  |   |
| 3-6 years | <ul style="list-style-type: none"> <li>• Begin to identify themselves as boys/girls- notice difference between themselves and others and begin to compare</li> <li>• Increased interest in body</li> <li>• Development of modesty</li> <li>• Develops social consciousness (feelings of guilt)</li> <li>• Identification with same sex parent</li> <li>• Start to determine where they fit in their gender roles, start to search for gender identity. For children who do not feel like they fit in the gender they were born into, it is a natural time for these thoughts and feelings to appear</li> </ul> | <ul style="list-style-type: none"> <li>• Basic identity is inferiority rather than competence</li> <li>• Development of shameful feelings about one’s self and body</li> <li>• Loyalty/confusion</li> <li>• Keeping “the secret” causes them to question basic trust of others to protect, care for them</li> <li>• Helplessness and depression results</li> <li>• Uses denial to repress feelings</li> <li>• Uses sexualized play to express unresolved feelings</li> </ul> | <ul style="list-style-type: none"> <li>• Injuries/diseases</li> <li>• Excessive anger or withdrawal</li> <li>• Precocious sexual knowledge and behaviors (initiating intercourse, fellatio with peers, etc.)</li> <li>• Excessive or public masturbation</li> <li>• Sleeping and eating disorders, wetting and soiling of pants</li> <li>• Fear of separation from non-offending caretakers</li> </ul> | <ul style="list-style-type: none"> <li>• Medical care</li> <li>• Touching which encourages feeling of security</li> <li>• Clear boundaries on appropriate touch and privacy in the home</li> <li>• Allow temporary regression</li> <li>• Encourage growth of appropriate social skills with peers</li> <li>• Use praise</li> <li>• Encourage independence</li> <li>• Expression of feelings</li> <li>• Begin sex education</li> </ul> |

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|            | <ul style="list-style-type: none"> <li>• Will continue to explore their own bodies and will be curious about the bodies of others. It is not uncommon to see children of this age attempt to explore another child’s body parts</li> </ul>   |   |  |   |
| 7-12 years | <ul style="list-style-type: none"> <li>• Social expectations become more important</li> <li>• Conforms to expectations of others, concerned with fairness and rules</li> <li>• Develops self-esteem through accomplishments and positive relationships with adults</li> <li>• Sexual experimentation increases, also curiosity about body may lead to looking at pictures, mutual touching of genitals</li> <li>• Some children go through puberty and may start to have concerns about their body image</li> <li>• Sexual attraction may intensify, and children might</li> </ul> | <ul style="list-style-type: none"> <li>• Conflict around divided family loyalty more intense than at earlier ages</li> <li>• Feelings of guilt and need to keep “the secret” intensify</li> <li>• Child believes they are “different”</li> <li>• Feels unworthy of other’s friendships</li> <li>• Withdraws from peer relationships</li> <li>• Has negative feelings about his/her own body</li> <li>• Sexual overstimulation maybe frightening or it may cause child to seek further sexual experiences</li> </ul> | <ul style="list-style-type: none"> <li>• Earlier indicators still apply</li> <li>• May act “seductive” toward adults</li> <li>• Social withdrawal, quarreling with siblings and peers, depression, phobic repression, phobic reactions in new situations including school</li> <li>• Antisocial behavior</li> <li>• Over compliant</li> <li>• May begin to sexually abuse other children</li> <li>• Frequent fears of illness/body injury</li> <li>• Distorted body image</li> </ul> | <ul style="list-style-type: none"> <li>• Teach age-appropriate social skills: assertiveness, expression of feelings, appropriate expression of anger, ask for help</li> <li>• Privacy is good, but not secrecy</li> <li>• Encourage healthy body image: good hygiene, sex education, physical recreation</li> <li>• Family therapy</li> </ul> |

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|                    | <p>start leaning toward a certain sexual orientation</p> <ul style="list-style-type: none"> <li>• Gender identity will begin to solidify</li> </ul>  | <ul style="list-style-type: none"> <li>• Uses body to get social approval</li> </ul>  |  | <ul style="list-style-type: none"> <li>• Provide frequent, specific praise</li> </ul>  |
| <p>13-18 years</p> | <ul style="list-style-type: none"> <li>• Children who have not gone through puberty earlier will go through puberty now</li> <li>• Increased concern about physical appearance</li> <li>• Uneven emotional growth, impulse control varies</li> <li>• Peers more important than family</li> <li>• Conflict with parents to test authority, independence</li> <li>• Begins exploring sexual intimacy with sex partner (age for this varies with social/cultural norms)</li> <li>• Begins development of own value system</li> </ul> <p>Learn about biological sex roles and those that society has created, in order find where they fit along these lines</p> | <ul style="list-style-type: none"> <li>• Anxiety may produce sleeping/eating disorders, self-mutilation, physical complaints, and aggressive or anti-social behaviors</li> <li>• High threshold for pain</li> <li>• Suicide threats and gestures</li> <li>• May take risk of disclosing abuse to trusted peer or adult</li> <li>• May use sexuality to gain friends – promiscuous</li> <li>• Uses sexuality to be valued or gain acceptance within foster family</li> </ul> | <ul style="list-style-type: none"> <li>• Feels worthless, like a failure in social, academic settings</li> <li>• Trouble thinking about future</li> <li>• Poor problem-solving skills</li> <li>• Running away, early marriage, over-achieving</li> <li>• Socially isolated</li> <li>• Chemical dependency problems</li> <li>• Aggressive behaviors</li> <li>• Vulnerable to exploitation, early pregnancy, diseases, victimization</li> <li>• May attempt to control social relationships within foster family to reestablish social role as sexual partner and caretaker</li> </ul> | <ul style="list-style-type: none"> <li>• Same as others listed above</li> <li>• Long-term intervention</li> <li>• Teach: Assertiveness and problem solving</li> <li>• Assist with the development of long-term goals</li> <li>• Stress management skills</li> <li>• Family therapy and individual therapy</li> </ul> |