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# CLINICIAN'S VIEWS ON SEXUALLY AGGRESSIVE CHILDREN AND THEIR FAMILIES: A THEORETICAL EXPLORATION

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**Abstract**—Behavioral and family characteristics of sexually aggressive children were obtained from a national convenience sample of treatment providers to gain descriptive data and to investigate the tentative use of a social learning theory model of sexual aggression of children. One hundred fifty-five professionals responded to a questionnaire of their work with a total of 287 sexually aggressive children aged 12 and under. A number of family variables may have impacted the children's sexual behavior. The average child resided in a two-parent home, and in most of these families (70%), at least one caretaker was chemically dependent; 48% have at least one parent known to have been sexually abused; and 72% of the children were sexually abused themselves (60% by a caretaker). The children with known sexual abuse histories were younger at the first sign of sexual aggression than those without known sexual abuse histories. Children under 6 years of age were more likely to perceive their sexually aggressive behavior as normal than were older children. Differences based on gender of the children were not found for sexual aggression. These results suggest the potential for use of a social learning theory with sexual aggression in children. Implications for practice and suggestions for further research are discussed. *Copyright © 1997 Elsevier Science Ltd*

*Key Words*—Sexual behavior problems, Children, Theory.

## INTRODUCTION

HISTORICALLY, MANY CLINICIANS and researchers have denied or ignored the capability of youth and children to be sexually aggressive and sexually abusive toward other children (Becker, Kaplan, Cunningham-Rathner, & Kavoussi, 1986; Davis & Leitenberg, 1987). This is not surprising given the reluctance of professionals and the public to acknowledge the broader issue of sexual abuse of children by adults. Our knowledge has progressed from the Freudian era when children's accounts of sexual abuse were assumed to be confabulated fantasies (Peters, 1976), to a recent recognition of patterns of sexual aggression in some children (Friedrich & Luecke, 1988; Johnson, 1988, 1989; Office of Children's Research, 1992).

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Documentation of child sexual offenses appeared sporadically in professional literature as early as the 1940s. Waggoner and Boyd (1941) presented 12 case studies of varying degrees of sexual inappropriateness and molestation by adolescents. Waggoner and Boyd observed sexually aggressive behaviors at very early ages, stating that, "in at least one-half of the cases the perverse practices began between the ages of 6 and 10 years" (p. 289). This study concluded that etiology of the sexually abusive behavior could be traced to ineffective parenting, poor relationships between children and parents, lack of community supports, and to the youth's disposition. Bender and Grugett (1952) also reported on the histories and experiences of children who had atypical sexual experiences. Of the 14 children they discussed, nine clearly exhibited sexually aggressive and coercive behavior towards other children. Bandura and Walters (1963) utilized cases of children with sexually inappropriate behaviors as case examples to explain social learning theory regarding sexual aggression.

Recently, recognition of children sexually abusing other children is increasing in many arenas. The popular press, current newspapers, and magazines are reporting public awareness and concern about children who sexually abuse other children (Conklin, 1993; Logg, 1990; Sowers, 1991; Terry, 1991).

At the governmental level, the severity and prevalence of the issue has also recently been elucidated. For example, the State of Washington's Department of Social and Health Services published a report identifying 691 sexually aggressive youth in state custody, 33% of whom were under the age of 12 (Office of Children's Research, 1992). As a response to this and other related findings, new state legislation propositions are being developed. One prospective bill would require police to investigate all complaints of sexual offenses by children under 12. Another response in Washington State was the approval of the Community Protection Act appropriating funds for specialized treatment for sexually aggressive youth (Conklin, 1993).

To accommodate the nationwide burgeoning of referrals for treatment, social service agencies and clinicians have been exploring various avenues of treatment and services to meet the increasing need for intervention and expertise addressing the needs of this special group of children (Cantwell, 1988; Cunningham & MacFarlane, 1991; Friedrich & Luecke, 1988; Gil & Johnson, 1994; Johnson, 1989). Consequently, some social service agencies have begun conducting pilot projects to investigate the seriousness of the issue, as can be seen in the Illinois Department of Children and Family Services (Pierce & Pierce, 1987), and by the state of Washington's Department of Social and Human Services (Office of Children's Research, 1992). Cantwell (1988) presented an overview of the management of child perpetration in Denver. She emphasized the failure of the social service system to address increasing rates of reported sexual abuse by children under the age of 10. Her data identified three to four such cases per week that entered the social service system with little assessment and no treatment. (It should be noted that recent legislation in Colorado requires investigation of reports of sexual perpetration by children under the age of 10. County departments have been supplied with information regarding definition, investigation and the reporting of these cases to the state department [Kathleen Faller, personal communication, April, 1996].) At a recent conference for the Association for Treatment of Sexual Abusers, Freeman-Longo revealed that Safer Society's most recent treatment program survey found 400 treatment programs for sexually aggressive children (Freeman-Longo, 1994).

There are two new research studies funded by the National Center on Child Abuse and Neglect (NCCAN), which are studying treatment modalities for sexually aggressive children, but their data has not yet reached a state of more than raw descriptives (Bonner, Walker, & Berliner, 1994 [Grant #90-CA-1469]; Gray & Pithers, 1994 [Grant #90-CA-1470]). In sum, the problem and treatment of sexually aggressive children is clearly one of rising contemporary concern.

Limited descriptive information regarding sexually aggressive children is available, and is usually gathered outside of an existing theoretical perspective. Johnson (1988, 1989) described

some of the behaviors of both boys ( $n = 47$ ) and girls ( $n = 13$ ) in a treatment program for sexually aggressive children. The boys sexually aggressive behaviors included: vaginal penetration with penis (8%) or finger (3%); anal penetration with penis (12%), finger (4%), or object(s) (2%); oral copulation (10%); fondling (37%); genital contact without penetration (20%); exposing of the genitals (2%); and simulated intercourse (3%). The reported sexually aggressive behaviors for girls included: vaginal penetration with finger (6%) or object(s) (6%); anal penetration with finger (8%); oral copulation (12%); fondling (13%); genital contact without penetration (13%); simulated intercourse (11%); intercourse (1%); and French kissing (1%). In Johnson's work, the mean age of the boys at the time they committed the first known act of sexual perpetration was 8 years, 9 months, while the mean age for the girls was 6 years, 7 months. Forty-nine percent of the boys and 100% of the girls were known to have been sexually abused themselves. Additionally, Johnson discovered the children who began perpetrating at age 6 or younger had a significantly higher incidence of sexual victimization themselves than children who began perpetrating between 7 and 11 years of age.

Friedrich and Luecke (1988) investigated a sample of 16 sexually aggressive children. The children's behaviors were similar to those described in Johnson's study. Thirteen (81%) of these children had been sexually abused. A pertinent point in this study is that the children all had *DSM-III* diagnoses "characterized by aggressiveness" (p. 160) including conduct and oppositional disorder. All of the school-aged children had school problems.

Family environments have also been considered in prior research on children's sexual aggression. There is little doubt that the sexual perpetrator's family life plays a significant role in the development of his or her sexual identity and understanding of appropriate sexual behavior (Groth & Freeman-Longo, 1979). For example, Pierce and Pierce (1987) studied 37 juvenile sex offenders, of whom 43% disclosed previous sexual abuse by a family member and another 5% had been sexually abused by nonrelatives.

While it is clear many sexual aggressors have themselves been sexually abused, other family issues must be examined as well. Henderson, English, and MacKenzie (1989) studied a sample of 73 juvenile sexual offenders, 34% of whom were under the age of 12 when they committed their first act of sexual aggression. While developing a social work case work practice model for this population, Henderson and colleagues (1989) explored family composition with respect to number and relation of caretakers, and in-home versus out-of-home placements of the child at the time of initial perpetration. This study illustrated a concern with family variables and their relationships to sexually aggressive behavior.

Given that sexual aggression may in part originate from a family history of sexual abuse, it is important to review information from studies of children who have been sexually abused, but have not become sexually aggressive toward others. For example, Friedrich, Grambsch, Damon, Hewitt, Koverola, Lang, Wolfe, and Broughton (1992) conducted a study with 276 children aged 2–12 years with confirmed histories of sexual abuse. The children were compared with 880 comparably aged children without sexual abuse histories. This study was conducted specifically to develop a scale of sexual behavioral norms for children. Friedrich and colleagues found that sexually abused children had significantly higher scores on the Child Sexual Behavior Inventory and exhibited significantly more sexual behaviors. While this study was specific only to sexually abused children, some of the sexual behaviors identified in the checklist could indicate sexual aggressiveness (e.g., undresses other people, touches others' sex parts, rubs body against people, shows sex parts to children). The nonabused children came from better-educated, higher income, and two-parented families. The authors emphasized a history of family distress among the children and highlighted the importance of family variables in sexual behavior of children.

Pertinent family variables include parent-child relationships, chemical dependency, and the parents' own history of abuse. Existing information about the families of sexually aggressive

children suggests that many of the parents in these families were raised in abusive homes themselves. In one study, over 80% of the parents were physically or sexually abused themselves and 73% had a history of drug and/or of alcohol abuse (Johnson, 1988). Friedrich and Luecke (1988) studied 16 sexually aggressive children, and observed that 50% of the parent-child relationships were judged as poor and that only one was rated as good. Many of the parents (mothers) were chemically dependent. Parental pathology was also assessed in some of the families using the Minnesota Multiphasic Personality Inventory (MMPI) with several positive findings indicating personality problems.

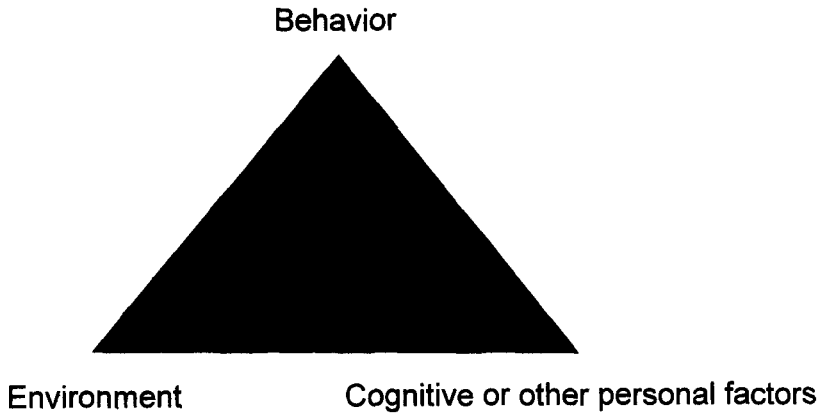
As the problem of sexual aggression in some children becomes more visible, a crucial goal for researchers will be providing empirically based directions for better understanding the problem and for designing effective treatment. First and foremost, while some theory has been developed for adult offenders (Howitt, 1995) and for adolescent offenders (National Adolescent Perpetrator Network, 1988) there is a lack of theoretical base in the research literature regarding the etiology of the behaviors by children. Aside from a clear theoretical base, definitions for research and treatment must be clear when dealing with sexual behaviors. The development of measurable definitions for sexual aggression has been undertaken for both adults (Howitt, 1995) and adolescents (National Adolescent Perpetrator Network, 1988) but for children, given similarity in size and smaller differences in age, the task becomes more complex. Therefore, a second important need in this new field of study is a consensus among researchers and clinicians of the definitions of sexually aggressive behaviors among children and operational definitions of these behaviors. The following section presents a beginning theoretical conceptualization of etiology for these behaviors. As an element in this conceptualization, a generic definition of "sexually aggressive behavior" is discussed.

### *A Theoretical Approach*

Sexually aggressive behaviors by children have been treated descriptively in extant literature, but to date few research studies have tested or even alluded to a theoretical explanation for such behavior. Cunningham and MacFarlane (1991) in a useful treatment text, and Gil and Johnson (1994) in an informative multi-topic text on sexually aggressive children, discussed different possible theories without settling on one. No theoretical approaches for children have been empirically tested in the literature.

Social learning theory may therefore provide a theoretical and testable base for understanding sexually aggressive behavior by children. Bandura and Walters (1963) stated that "Deviant sexual responses appear to be sometimes the result of parental encouragement and reinforcement of inappropriate sexual behaviors" (p. 154). They then presented examples of children who, as children, expressed ". . . inappropriate sexual behaviors" for their developmental ages. In later writings, Bandura posited social learning theory within a framework of ". . . interaction based on triadic responsibility" (Bandura, 1986, p. 23). Behavior, cognitive and other personal factors, and the environment are the three factors in this framework, which reciprocally determine or affect one another (Figure 1). When sexual behaviors that are aggressive and inappropriate for the child's age are paired with positive reinforcement, the child may learn to regard these behaviors as appropriate, normal, and worthwhile. The perceived rewards may be physiological, social, or psychological (Bandura, 1986; Ryan, 1989).

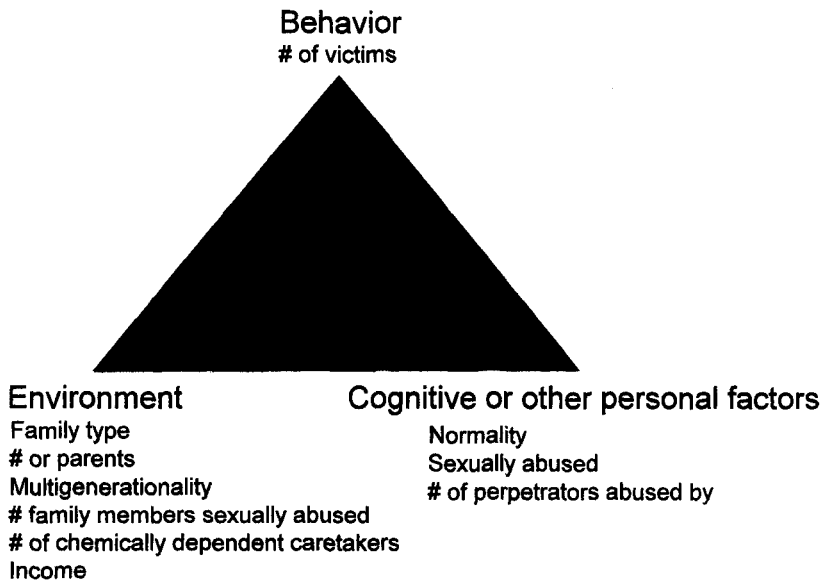
This model posits that variables from all three areas could be considered when investigating etiology for sexually aggressive behaviors. An application of Bandura's social learning model to sexually aggressive children is illustrated in Figure 2. Environmental factors include family variables which may affect the children's learning. Behavioral factors include the child's sexually aggressive behaviors and the number of victims. Lastly, cognitive and other personal factors include the child's consideration of the behavior as normal and variables that may



**Bandura's Triadic Model (adapted from Bandura, 1986)**

Figure 1. The original model.

affect the child's cognition regarding sexually aggressive behavior as implied or outlined in the literature regarding sexually aggressive adults and children (Friedrich & Luecke, 1988; Groth & Freeman-Longo, 1979). According to this model, the more a child experienced sexual aggression and the greater the degree to which sexual aggression is conceived of as normal (and/or even as rewarding), the greater the likelihood that the child is to be more sexually



**Hypothetical Triadic Model (adapted from Bandura, 1986)**

Figure 2. The experimental model.

aggressive. Measurement of degree of sexual aggression is very challenging for all researchers. In this study, number of victims and number of aggressive behaviors were selected as obtainable measures of degree of sexually aggressive behavior. An initial hurdle in conducting this research is operationalizing "sexual aggressiveness" and differentiating such behavior from the wide range of behaviors involved in normal child development.

Okami's (1992) discussion of the literature pertaining to sexually aggressive children emphasized the possible hazards of using broadly defined terminology to describe sexual offenses. Okami challenged the identification of sexual aggression among children, regarding it as loosely defined with ambiguous terminology. He was especially concerned with the misuse of the terms "force" and "coercion" commonly used to define sexually abusive behaviors, and ultimately suggested that normal child sexual behavior is at risk of being inappropriately pathologized. Okami also highlighted the necessity of establishing baseline definitions of normal sexual behavior that are clear and precise.

The current study addresses this concern of defining child sexually aggressive behavior, and supplies a table of operationalized definition used to describe both normal and abnormal sexual behavior at various age levels based upon the recent normative setting work of Friedrich and colleagues (1992). This table is used for sample selection as described in the methods section below. Any sort of normative solution is limited in that sexual behaviors cannot and are not easily observed. Yet, this is a step toward reducing the ambiguity in previously undefined behaviors.

Based on the previous review, the purposes or research questions of the present study focus on the following questions: What do these children and their families and experiences look like, and as a hypothetical model, can an application of Bandura's (1986) model (Figure 2) account statistically for the number of victims of children who are sexually aggressive?

## METHOD

### *Respondents*

Five hundred seventy-three questionnaires were sent out to each individual on a Safer Society Press national mailing list of professionals interested in children who molest children. Of the 573 surveys mailed, 23 were returned with incorrect addresses and 155 (28.2%) completed surveys were returned by the data collection deadline. Unfortunately, no data are available on nonresponders.

The respondents reported working with an average of 11.5 of the children in the last year ( $SD = 11.68$ , range = 1–70). Work setting or agency type (e.g., public versus private) was not collected. Further data was not requested about the respondents as the focus of the study was on the children with whom the respondents worked. Seven of the respondents had not worked with any of the children in the past year. Three respondents filled out the form in such a way that the data was not usable. Of the 145 (25.3%) remaining responses, 142 respondents offered data on two children, while three respondents had data on one child each. Data were thereby collected on 287 children.

### *Subjects*

Two hundred twenty-eight (79.4%) of the children were boys, and 59 (20.6%) were girls. The age data on the children was collected using ranges (Figure 3). The majority of the children were between 7–12 years of age (mean range value = 3.26, 7–10 years; mode = 4.0, 10–12 years;  $SD = .756$ ) at the time that they were seen by the respondents.

Income data indicated that many of the children's families were probably struggling finan-

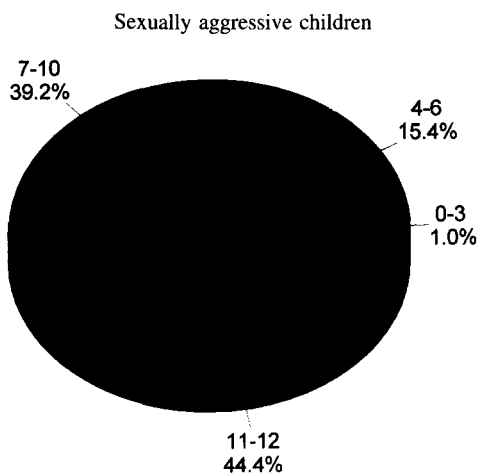


Figure 3. Age ranges (1,.3% missing).

cially, although a broad distribution was found (Figure 4). Racial and ethnic data indicated that a large majority were Caucasian, but the distribution was similar to national racial distribution (Figure 5).

#### *Questionnaire Development*

The questionnaire needed precise definitions of normal versus abnormal behavior. The work of Friedrich and colleagues (1992) and the practice experience of the researchers were combined to present respondents with operational definitions for normal and abnormal sexual behavior for children (Table 1). Once the questionnaire was developed, it was pilot-tested by six volunteer professionals who work with sexually aggressive children and who were easily accessible (geographically). After revisions were implemented, the survey was piloted again, with a different but characteristically similar group of professionals. Additionally, the questionnaire was distributed to six researchers who work with children and sexual abuse, although not with this specific area for peer evaluation. Following the final revisions, a Human Subjects Review authorization was obtained. Then the survey was distributed to the respondents.

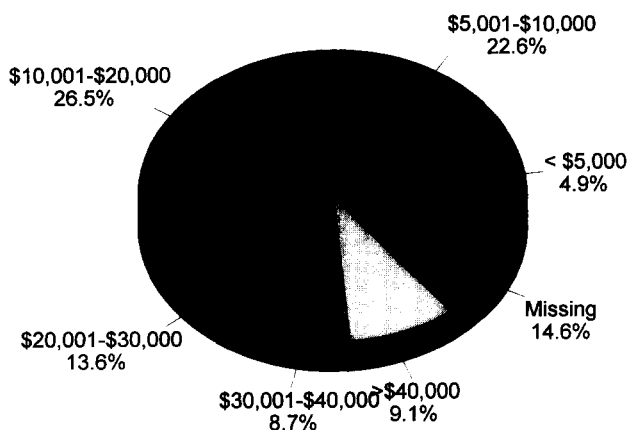


Figure 4. Family income ranges.



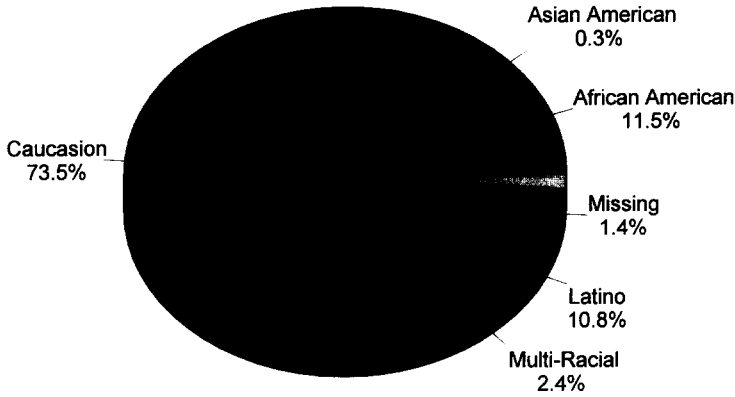


Figure 5. Racial/ethnic data.

The respondents were a convenience sample. However, instructions for randomizing a selection of the children described by each professional were given in the questionnaire to obtain as representative a sample as possible from the professional’s client pool of sexually aggressive children. The sample pool consisted of 1,591 children. The respondents selected from an average of 11.5 children each (median = 7.5, mode = 4.0, SD 11.54). This procedure involved respondents dividing their total number of cases of sexually aggressive children by 3 resulting in  $x$ , then counting every  $x$  child from the top of an alphabetical list of the cases so that each respondent provided information on 2 children. A full example of this procedure was printed in the survey.

Each respondent received the following: a questionnaire, a request letter explaining the questionnaire, instructions for requesting results, and a stamped and addressed envelope to simplify the return.

## RESULTS

### Descriptive Data

On average, the children were in the 4 to 6 year age range when the first evidence of sexual offending was discovered (mean range value = 2.70, 4–6 years; mode = 3.0, 7–10 years,

Table 1. An Operational Definition of Sexually Abnormal Behaviors

Age	Normal	Abnormal <sup>a</sup>
0–6	Touching own genitals Discussing bodily functions Interest in looking at other’s bathroom activities Touching another’s genitalia, but quickly responding to re-direction	Genital kissing Oral-genital sex Simulated intercourse Penetration with finger, object, or penis into mouth, anus, or vagina of another
6–10	Showing genitals to peers Touching own genitals Masturbating Interest in viewing other’s bodies Using sex words, sex jokes	Genital kissing Oral-genital sex Simulated intercourse Penetration with finger, object, or penis into mouth, anus, or vagina of another
10–12	Seeking information about sex Masturbating With peers, consensual: kissing, fondling, sexual penetration and/or same sex activity	Sexual activity with children 2 or more years younger than subject

<sup>a</sup> Abnormal for all age groups: Verbal threats and/or use of force and/or physical restraint . . . when used to solicit sexual interaction and/or when offering a misleading or tempting gift or promise in exchange for sexual interaction.

$SD = .843$ ). Generally, the children were in the 11–12 year age range when seen by the clinician respondents. The children had an average of two to three known victims each (mean range value = 2.0, 2–3 victims; mode = 2.0, 2–3 victims;  $SD = .982$ ). In response to a dichotomous Y/N question, it was reported that most of the children (72.1%) were sexually abused. In response to the question “Did the children feel upon entering treatment that their behaviors, as described above, were OK or normal?” 68.6% of the children reported upon were assessed as not feeling that their sexually abusive behaviors were normal or OK. The children’s behaviors are described in Figure 6.

Notable family characteristics found that most of the children did not reside with their two parent biological family when the first sexually offensive behavior was discovered. Most of the children (62.5%) were in a two parent or parent-figure (many of these were foster, adoptive, or step parents) household that was not multigenerational in composition (87.8%) (Table 2). According to the opinion of the clinicians, the children had an average of 1.5 chemically dependent caretakers. Of those responding to this question, 70% indicated at least one chemically dependent caretaker. Forty-nine percent of the children’s families incomes were between \$5,001 and \$20,000 per year. Forty-four percent of the children were sexually abused by their father, foster father, or father figure; 16% were abused by their mother, foster mother, or mother figure. Forty-eight percent of the children had at least one parent who was known to have been sexually abused, usually their mother (30%). The racial and ethnic backgrounds of the children were generally representative of the nation’s demographics (United States Department of Commerce, 1990).

### Group Differences

Four other sets of analyses were utilized to acquire a more distinct picture of the children. These analyses examined differences between groups of children within the sample; boys and girls, sexually abused versus nonsexually abused children, children who felt their behaviors were normal versus those who did not, and children under 6 years of age and over 6 years of age. All four sets of analyses use the Man-Whitney  $U$  test for non-normal distributions (Table 3). Initially, tests were used to see if there were any differences between the boys and the girls. Analysis indicated that the girls were younger at the time they were seen ( $u = 5,455$ ,  $p$  value = .0173), and that the girls were younger at the time that their first sexually abusive

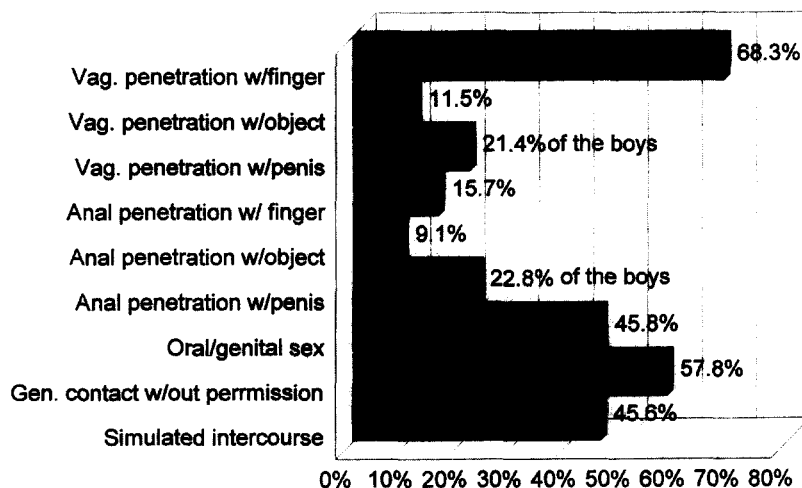


Figure 6. Sexually aggressive behaviors (total greater than 100%).

**Table 2. Family Composition**

Relation/Number of Parental Figures	One Parental Figure	Two Parental Figures	Other (Aunts, Uncles)
Biological	28.4%	34.8%	2.3
Biological Plus Step	N/A	20.1%	
Foster	3.0	3.8	
Adopted	.8	3.8	

behavior was discovered ( $u = 5,032.5, p \text{ value} = .0022$ ). There were no significant differences in the following variables pertaining to the children: the numbers of victims, their perception of normality about the sexually abusive behavior, the number of boys and girls who had been sexually abused, the number of possible behaviors (this score was based on the number of behaviors possible for each gender on the list), nor in the number of people who had sexually abused the boys and girls.

The sexually aggressive children with sexual abuse histories were compared with children who had not been sexually abused. Using the Mann-Whitney  $U$  test, the abused children were found to be younger at the time of discovery of their sexually abusive behaviors ( $u = 2,951, p \text{ value} = .0118$ ), had more known victims ( $u = 3,112.5, p \text{ value} = .0334$ ) and exhibited more of the possible (by gender) sexually aggressive behaviors ( $u = 2,850, p \text{ value} = .0064$ ). There were no significant differences between the groups in the perceived normality of their behavior.

Analyses were then conducted to investigate differences between children who felt that their behaviors were normal and children who felt that they were abnormal. Children who felt that their behaviors were normal were younger at the time their sexually abusive behaviors were discovered and exhibited more of the possible behaviors. No other differences were found.

The final analyses of this type investigated possible differences between children under 6 and over 6 years of age. The younger children were more likely to be male ( $u = 4,715, p \text{ value} = .0131$ ), were (obviously) younger at the time that their sexually abusive behaviors began ( $u = 1,185, p \text{ value} = .0000$ ), had fewer victims (due to a "floor effect:" the fact that they were younger would, due to less opportunity over time and shorter possible length of offending behavior, necessarily limit their number of victims), ( $u = 4,335, p \text{ value} = .0237$ ), and were more likely to perceive their behaviors as normal ( $u = 3,220, p \text{ value} = .0002$ ). There were no differences between the two age groups in their own abuse history, the number of possible behaviors, nor in the number of people who had sexually abused them.

**Table 3. Significant Mann-Whitney U Analyses**

Variable	Gender	Sexually Abused/ Nonsexually Abused	"Normality" Perception	Under/Over 6
Gender	N/A			4715**
Current age	5455**			N/A
Age behavior started	5032.5**	2951**	2965*	1185**** <sup>a</sup>
# Victims		3112.5*		4335**
"Normality"			N/A	3220***
Sexual victimization		N/A		
# of Behaviors		2850**	3211*	
# of Perpetrators				

\*  $p < 0.5$ ; \*\* =  $p < .01$ ; \*\*\* =  $p < .001$ ; \*\*\*\* $p < .0001$ .

<sup>a</sup> = These are expected by group definition due to a floor effect of age.

### *Hypothesis Test*

The analysis method chosen to test the model hypothesized was hierarchical multiple regression. This test was to evaluate whether the family variables and the cognition variables could account statistically for some of variation in the behavioral variables of number of victims. The family variables and the cognitive variables were analyzed for modeling power with the behavioral dependent variable, the number of victims the child had (Figure 2).

It was necessary to analyze the impact of both the child's age and the child's age at the onset of sexually aggressive behavior on the number of victims, as the older a child is, or the younger the child began behaving in a sexually abusive manner allows for more time to abuse a greater number of people. Therefore, these two variables were examined first. Gender was also entered and retained, but was not significant in any of these analyses. When the remainder of the variables were added to the model, the variables in total were found to be statistically significant, accounting for 47% of the variation in the number of victims ( $F = 4.083, p = .0003$ ). An  $R$  change test was used to investigate the contribution of the variables in the second block, after controlling for the first three variables. This resulted in an  $R$  change value of .22794 with a significant ( $p = .0148$ )  $F$  of 2.70478 indicating that the theorized block of variables does indeed contribute significantly to the number of victims, supporting the hypothesis.

## DISCUSSION

The results assist in providing a better understanding of the children, their behaviors, and their families. They essentially agree with previous results pertaining to the variables of age at the first offense, number of victims, race and ethnic background, and percentages of the children's parents who are chemically dependent. There are two important differences between the current and previous studies discussed. While a large percent of the parents have been abused, the current study discovered a much lower percentage than previous studies, and the current study found a larger percent of sexual abuse of the children as compared to the other studies.

The possibility of applying Bandura's social learning theory model to sexually aggressive children is supported. Other permutations or interpretations of this model and a greater depth (i.e., a larger  $n$  and more variables) of data might indicate further opportunities to conclusively test this model which seems so prevalent in the thinking and writing of those working with sexual aggression of adults and adolescents. Preliminary treatment implications may be drawn in using social learning theory models of therapy with the children and their families. A learning model points to learning and to cognitive behavioral interventions. One example of this might be to address cognitive distortions the children may have regarding normal and healthy sexuality. Another example might be working with the children to help them understand their thinking and behavioral processes that lead to offending as a method of interrupting the inappropriate sexual behaviors (e.g., relapse prevention). These examples are insufficient in addressing the family variables critical to the model. Interventions must be focused on the children and the families (the reader is referred to the following sources: Cunningham & MacFarlane, 1991; Gil & Johnson, 1994; and Johnson & Berry, 1989 regarding sexually aggressive children and to Kendall & Braswell, 1993 regarding a cognitive behavioral model which includes an environmental approach).

This research is still preliminary and developmental. Yet, in addition to supporting some of the models in place, some salient questions arise from the research for treatment providers. Are girls seen differently than boys in their behavior; are there actual differences in that sexually aggressive girls start their abusive behavior at a younger age? Or perhaps girls are

monitored more closely than boys? Or perhaps their sexual behavior is seen differently by society. Are children under the age of 6 more likely to understand their sexually aggressive behaviors as normal due to developmental issues? Is perception of normality an issue in treatment? Is this one of the thought distortions actually found in sexually aggressive children? Additionally there is the question of the role of such a high level of substance abuse in the families. Does this high level of alcohol use and abuse result in neglect, poor parenting practices, or an increase in family sexual behaviors? Is substance abuse, for these families, related to the intrafamily sexual abuse that characterizes many of them?

New additions to the field include data from a large sample. If the random procedure was successful, this group should represent approximately 1,600 children who are in treatment for sexually abusing other children. The differences between groups of the children among the three dimensions of normal versus nonnormal perception, gender, and sexual abuse history of the sexually aggressive children, are also new knowledge.

The current study has addressed objections as previously discussed by providing operationalized definitions of child sexual behavior based upon the normative research. These definitions may require further revisions, including the probable dropping of simulated intercourse from the list (based on all of the feedback from the respondents and from several experts in the field), and an addition of an overlay of a continuum relating to control or perceivable motive of the perpetrators (Johnson—personal communication, December 10, 1993). Gil and Johnson (1994) offer a chapter in their text delineating this continuum of sexually aggressive behavior for children with four categories of sexual behavior for children ranging from normal sexual behavior to aggressive and coercive behavior. This may prove very useful in future research and developing conceptualizations of sexually aggressive children. These concepts are relatively new and not fully developed, but may be of value in distinguishing between children who are sexually aggressive and coercive, and those who are unusually sexually active for their age but not coercive. The current study likely has both of these groups through its sole focus on normal versus abnormal sexual behavior.

There are several cautions to consider in interpreting this study. The data came from the professionals rather than the subjects, and may suffer from threats to internal validity including possible subject selection bias (the respondents may not have used the randomization procedure). The respondents, while national in scope, are still limited to professionals who work with this population and who have contacted Safer Society Press, resulting in another sample bias. These concerns may cause some of the differences with earlier studies; although the directions of the findings tend to agree with prior findings, the percentages are indeed different on a few variables.

The domain of cognitive and other personal areas as a whole may suffer from validity problems. Knowledge about the child's own victimization history can rarely be confirmed; similarly, the number of perpetrators who may have abused a child. The concept of perception of normality is questionable. It is not clear that the respondents would have this knowledge and in the accompanying text, many respondents indicated that they were not the first service providers to see the children, and indicated that other providers may have given a negative or abnormal label to the behavior for the children. Frequently CPS, the Police, or school staff were the first to discuss the issues at hand (as indicated by notes in the margins, systematic data on this issue was, unfortunately, not collected). Alternatively, as one reviewer suggests, children saying that they did not do anything wrong might indicate defensiveness as opposed to thought distortion. Yet the results of comparisons between the two groups on this issue remain thought provoking. Although limited in size and struggling with definitions, the study is intended as a beginning point from which to build further research to understand this population.

This study adds several new pieces of knowledge to the field at hand regarding sexually aggressive children, their families, and their behaviors using a social learning theory model

for the behaviors. Within this study, the social learning theory hypothesis as outlined by these variables, was supported. Limitations of the study should be carefully considered in understanding its results. Several research implications and questions naturally arise from such information including the following: How can these behaviors be best defined? Are there other personal or cognitive factors that are so far unmeasured and that might assist in understanding sexually aggressive behavior in children? What specifically is being offered in terms of treatment types, modalities, content, process, and effectiveness? How would data from children who have been abused but who are not sexually aggressive compare? Or data of sexually aggressive children who are known to have been sexually abused compare to those who have are not known to have been sexually abused? Future research has endless important venues to explore.

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## REFERENCES

- Bandura, A., & Walters, R. (1963). *Social learning and personality development*. New York: Holt, Rhinehart & Winston.
- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice-Hall.
- Becker, J., Kaplan, M. S., Cunningham-Rathner, J., & Kavoussi, R. (1986). Characteristics of adolescent incest sexual perpetrators: Preliminary findings. *Journal of Family Violence*, *1*, 85–97.
- Bender, L., & Grugett, A. (1952). A followup report on children who had atypical sexual experience. *American Journal of Orthopsychiatry*, *22*, 825–837.
- Bonner, B., Walker, C., & Berliner, L. (1994). *Children with sexual behavior problems*. Unpublished handout for the 13th Annual Association for the Treatment of Sexual Abusers, November 9–12, 1994. San Francisco, CA.
- Cantwell, H. (1988). Child sexual abuse: Very young perpetrators. *Child Abuse & Neglect*, *12*, 579–582.
- Conklin, E. (1993). *Child welfare failing sexually aggressive youths*. Seattle Post-Intelligencer, February 24, B3.
- Cunningham, C., & MacFarlane, K. (1991). *When children molest children*. Orwell, VT: The Safer Society Press.
- Davis, G., & Leitenberg, H. (1987). Adolescent sex offenders. *Psychological Bulletin*, *101*, 417–427.
- Freeman-Longo, R. (1994). *The 1994 Safer Society Press Treatment survey*. Unpublished data presented at the 13th Annual Association for the Treatment of Sexual Abusers, November 9–12, 1994. San Francisco, CA.
- Friedrich, W., Grambsch, P., Damon, L., Hewitt, S., Koverola, C., Lang, R., Wolfe, V., & Broughton, D. (1992). Child sexual behavior inventory: Normative and clinical comparisons. *Psychological Assessment*, *4*, 303–311.
- Friedrich, W., & Luecke, W. (1988). Young school-age sexually aggressive children. *Professional Psychology: Research and Practice*, *19*, 155–164.
- Gil, E., & Johnson, T. (1994). *Sexualized children assessment and treatment of sexualized children and children who molest*. Rockville, MD: Launch Press.
- Gray, A., & Pithers, W. (1994). *Children with sexual behavior problems: The STEP program in Vermont*. Unpublished handout for the 13th Annual Association for the Treatment of Sexual Abusers, November 9–12, 1994. San Francisco, CA.
- Groth, N., & Freeman-Longo, R. (1979). *Men who rape: The psychology of the offender*. New York: Plenum.
- Henderson, J., English, D., & MacKenzie, W. (1989). Family centered casework practice with sexually aggressive children. *Journal of Social Work and Human Sexuality*, *13*(2), 89–108.
- Howitt, D. (1995). *Paedophiles and sexual offenses against children*. West Sussex, England: Wiley.
- Johnson, T. (1988). Child perpetrators—children who molest other children: Preliminary findings. *Child Abuse & Neglect*, *12*, 219–229.
- Johnson, T. (1989). Female child perpetrators: Children who molest other children. *Child Abuse & Neglect*, *13*, 571–584.
- Johnson, T., & Berry, C. (1989). Children who molest: A treatment program. *Journal of Interpersonal Violence*, *4*, 185–203.
- Kendall, P., & Braswell, L. (1993). *Cognitive-behavioral therapy for impulsive children*. New York: The Guilford Press.
- Logg, C. (1990). Boy, 9, can stay in B.C.; pleads innocent to rape. *Bellingham Herald*, July 20, A1–A2.
- Logg, C. (1990). Boy suspected of sex offenses out on bond. *Bellingham Herald*, July 21, A4.
- National Adolescent Perpetrator Network. (1988). Preliminary report from the National Task Force on Juvenile Sexual Offending. *Juvenile and Family Court Journal*, *44*(4), 1–55.
- Office of Children's Research. (1992). *A comparison of sexually aggressive youth on open/active DCFS caseloads, comparing youth under and over the age of 12*. Olympia, WA: Department of Social and Health Services.
- Okami, P. (1992). Adversaria. *The Journal of Sex Research*, *29*, 109–130.

- Peters, J. (1976). Children who are victims of sexual assault and the psychology of offenders. *American Journal of Psychotherapy*, **July**, 398–421.
- Pierce, L., & Pierce, R. (1987). Incestuous victimization by juvenile sex offenders. *Journal of Family Violence*, **2**, 351–364.
- Ryan, G. (1989). Victim to victimizer: Rethinking victim treatment. *Journal of Interpersonal Violence*, **4**, 325–341.
- Sowers, L. (1991). What happens when one child sexually molests another? *Houston Chronicle*, April 12, D3–D6.
- Terry, S. (1991). Sins of the innocent. *Rolling Stone* (October 31), 67–71.
- United States Department of Commerce. (1990). *Census of population*. Washington, DC: Author.
- Waggoner, R., & Boyd, D. (1941). Juvenile aberrant sexual behavior. *The American Journal of Orthopsychiatry*, **11**, 275–291.

**Résumé**—Les caractéristiques familiales et comportementales d'enfants sexuellement agressifs ont été obtenues à partir d'un échantillon national de dispensateurs de soins pour accumuler des données descriptives et pour étudier une tentative d'application d'un modèle de théorie d'apprentissage social de l'agression sexuelle des enfants. Cent cinquante cinq professionnels ont répondu à un questionnaire portant sur leur travail avec 287 enfants sexuellement agressifs âgés au maximum de 12 ans. Un nombre de variables familiales pouvaient avoir influencé le comportement sexuel des enfants. la plupart des enfants étaient élevés par leurs deux parents et dans la plupart de ces familles (70%) l'un des parents était dépendant d'une substance chimique, 48% avaient au moins un parent connu pour avoir été abusé sexuellement et 72% de ces enfants étaient eux-mêmes sexuellement abusés (60% par une personne prenant soin d'eux). Les enfants avec une histoire d'abus sexuel étaient signalés pour un comportement d'agression sexuelle à un âge plus jeune que ceux sans histoire connue d'abus sexuel. Les enfants de moins de 6 ans considéraient plus souvent leur comportement sexuel agressif comme normal que les enfants plus âgés. On a pas observé de différences dans l'agression sexuelle en fonction du sexe des enfants. Ces résultats suggèrent des potentialités d'utilisation d'une théorie de l'apprentissage social dans l'agression sexuelle des enfants. Les implications pour la pratique et des suggestions pour des recherches futures sont discutées.

**Resumen**—El objetivo de la investigación es obtener datos descriptivos e investigar la utilización provisional de un modelo de la teoría del aprendizaje social en la agresión sexual de niños. Para ello, se analizaron las características familiares y comportamentales de niños sexualmente agresivos a partir de la información proporcionada por una muestra norteamericana de conveniencia de profesionales del tratamiento. Ciento cincuenta y cinco profesionales respondieron a un cuestionario acerca de su trabajo con un total de 287 niños sexualmente agresivos y de una edad inferior a los 13 años. Un cierto número de variables familiares pueden haber tenido un impacto en la conducta sexual de los niños. La mayoría de los niños residían en un hogar con dos padres, y en la mayoría de esas familias (70%), al menos uno de los cuidadores sufría una dependencia de sustancias químicas. El 48% tenían al menos uno de los padres que reconocía que había sido víctima de abuso sexual; y el 72% de los niños habían sido ellos mismos víctimas de abuso sexual (60% de ellos, por parte de uno de sus cuidadores). Los niños con una historia de abuso sexual reconocida eran más jóvenes en el momento en el que se aprecian los primeros signos de su conducta sexualmente agresiva que los niños sin una historia reconocida de abuso sexual. Los niños con edades inferiores a los 6 años tenían una mayor tendencia que los niños mayores a percibir su conducta sexual agresiva como normal. No se observaron diferencias de género en relación con la conducta sexual agresiva. Estos datos sugieren la potencialidad de utilización de la teoría del aprendizaje social con los casos de agresión sexual realizada por niños. En el artículo se comentan las implicaciones para la actividad práctica y se presentan sugerencias para futuras investigaciones.