

Indian Country Child Trauma Center

Honoring Children, Respectful Ways

Fact Sheet

Children with Sexual Behavior Problems: Common Misunderstandings vs. Current Findings

Part I of IV

Children with sexual behavior problems are children 12 years and under who demonstrate developmentally inappropriate or aggressive sexual behavior. This definition includes self-focused sexual behavior, such as excessive masturbation, and aggressive sexual behavior towards others such as that may include coercion or force. Recognizing these children and understanding the causes, impact, and treatment of the sexual behavior problems is a relatively new area of research and clinical practice. Some early assumptions about children with sexual behavior problems continue to exist which have not been supported by current research. This Fact Sheet will examine common misconceptions of children with sexual behavior problems along with the most recent findings.

Misunderstandings vs. Current Findings about Sexual Behavior

COMMON MISUNDERSTANDINGS ABOUT SEXUAL BEHAVIOR	CURRENT FINDINGS ABOUT SEXUAL BEHAVIOR
1. All sexual behavior between children is normal, acceptable play.	<p>Some sexual behavior between children is not appropriate.</p> <p>Sexual behavior between children is considered problematic when the sexual behavior: a) occurs at a high frequency; b) interferes with child's social or cognitive development; c) occurs under pressure, threat, or use of force; d) is associated with emotional suffering; e) occurs between children of significantly different ages and/or developmental abilities; or f) repeatedly reoccurs in secrecy after intervention by parent/caregivers .</p>
2. Sexual acts between children are not harmful.	<p>Sexual acts between children can be significantly harmful.</p> <p>Some sexual play between young children close in age, such as playing doctor or looking at private parts, is not considered to be harmful. However, some children display persistent, aggressive, or forceful sexual behaviors which are potentially or likely to be harmful to the other children involved.</p>

Part I – Misunderstandings vs. Current Findings about Sexual Behavior
Part II – Misunderstandings vs. Current Findings about Origin/Descriptions
Part III – Misunderstandings vs. Current Findings about Recommendations
Part IV- Misunderstandings s vs. Current Findings about Outcomes

Additional information and references about adolescent sex offenders and children with sexual behavior problems is available from the **National Center on Sexual Behavior of Youth**, www.ncsby.org and www.icctc.org.

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Common Misunderstandings vs. Current Findings about Origin/Description

COMMON MISUNDERSTANDINGS ABOUT ORIGIN/DESCRIPTION	CURRENT FINDINGS ABOUT ORIGINS/DESCRIPTION
1. All children with sexual behavior problems have been sexually abused.	<p>Many children with sexual behavior problems have not been sexually abused.</p> <p>Research on children with sexual behavior problems has shown that highly inappropriate or aggressive sexual behavior is not always an indicator that a child has been sexually abused. It appears that sexual behavior problems in children have multiple origins. Family sexuality patterns, exposure to sexual material (such as on television, movies, and music videos), other non-sexual behavior problems, exposure to family violence, and physical abuse can be important contributors to childhood sexual behavior problems.</p>
2. Children who have been sexually abused later act out sexually with other children.	<p>Most children who have been sexually abused do <u>not</u> have sexual behavior problems.</p> <p>Children who have been sexually abused have been found to exhibit more frequent and intrusive sexual behaviors than children with no history of sexual abuse. However, most children who have been sexually abused do not have sexual behavior problems.</p>
3. Girls rarely have sexual behavior problems.	<p>Many children with sexual behavior problems are female.</p> <p>In research on school-age children with sexual behavior problems, about one-third were female, while a recent study on preschool children found that a majority were girls (65%).</p>

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Common Misunderstandings vs. Current Findings about Recommendations

COMMON MISUNDERSTANDINGS ABOUT RECOMMENDATIONS	CURRENT FINDINGS ABOUT RECOMMENDATIONS
1. Children with sexual behavior problems should not live in a home with other children.	<p>With appropriate treatment and careful supervision, most children with sexual behavior problems can live safely with other children.</p> <p>Although research has not directly dealt with this issue to date, clinical experience indicates that many children with sexual behavior problems can remain in their home or a foster home with other children without problematic sexual behavior. However, children who continue to exhibit highly intrusive or aggressive sexual behavior despite treatment and close supervision should not live with other young children until this behavior is resolved.</p>
2. Children with sexual behavior problems should be placed in specialized inpatient or residential treatment facilities.	<p>Outpatient treatment can be successful for most children with sexual behavior problems.</p> <p>Most children can be successfully treated and managed on an outpatient basis while living at home. Inpatient treatment should be reserved for unusually severe and serious cases, such as a child with other psychiatric disorders and/or highly aggressive sexual behavior which recurs despite appropriate outpatient treatment and close supervision.</p>
3. Children with sexual behavior problems should not attend public schools.	<p>Most children with sexual behavior problems can safely attend public schools.</p> <p>Most children can attend public schools and participate in school activities without jeopardizing the safety of other students. Children with serious, aggressive sexual behaviors may need a more restrictive educational environment.</p>

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Common Misunderstandings vs. Current Findings about Treatment

COMMON MISUNDERSTANDINGS ABOUT TREATMENT	CURRENT FINDINGS ABOUT TREATMENT
1. Without long-term intensive therapy, children with sexual behavior problems will continue to have sexual behavior problems.	<p>Most children do not continue to have sexual behavior problems.</p> <p>Treatment outcome research has demonstrated that most children show significantly lower sexual behavior problems after short-term outpatient treatment (12 – 32 weeks). The recidivism rates for children 6-12 were approximately 2-10% ten years after treatment.</p>
2. Children with sexual behavior problems grow up to be adult sexual offenders.	<p>Most children with sexual behavior problems do not demonstrate continued sexual behavior problems into adolescence and adulthood.</p> <p>Rates of future sexual behavior problems by children appears to be low. Further, most adult sexual offenders do not report a childhood onset for their behavior. The relationship between childhood sexual behavior problems and adult sexual offending has not been documented in the research to date.</p>

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