

# ATSA Fact Sheet

## Children with Sexual Behavior Problems

(<http://www.atsa.com/children-sexual-behavior-problems>)

Children under the age of 12 with sexual behavior problems have been given increasing attention in professional literature. It is difficult to determine whether greater numbers of these cases are due to an actual increase in problematic sexual behaviors in children, or an increased awareness and identification of these behaviors when they occur. Children with sexual behavior problems should not be considered “sex offenders” similar to adolescents and adults who engage in some of the same victimizing behaviors. They are different in a number of ways.

1. Normal children engage in a wide variety of sexual exploratory behaviors
2. Children with sexual behavior problems represent a diverse group
  - The range of behaviors can include children who react to victimization or trauma with compulsive, self-stimulating activity; children who engage in extensive mutual sexual interaction with other children; and sexually aggressive children who are intrusive and coercive. Behaviors categorized in the latter group are at the extreme end of a continuum of sexual behaviors. These behaviors have an aggressive quality involving use of force, coercion that may be social or physical, a pattern of inappropriate sexual acts and secrecy.
  - Studies of very young children with sexual behavior problems suggest that 49% to 80% have been sexually victimized. Sexual behavior problems in preschool children are usually found in conjunction with other behavior problems. Whereas some research suggests that the younger the child, the more likely sexual behaviors are related to a history of sexual abuse, other evidence shows a relatively low (38%) substantiation rate for preschool-aged children with severe sexual behavior problems. It is unknown whether this low substantiation rate is due to difficulties investigating sexual abuse for children in this age range, the dynamic of secrecy in this type of case, lack of physical evidence in most cases, controversy regarding memory and testimony in younger ages, or the complex process of disclosures for very young children.
3. Whereas sexual behavior is the most common behavioral indicator of child sexual abuse, the presence of sexual behavior problems should be viewed with caution as a sole indicator of sexual abuse.
  - Although the link between identified sexual abuse and sexual behavior problems has been well established, other precursors to this behavior exist but are less understood. It appears that a child’s exposure to family sexuality, nudity and sexual behavior in the media, domestic violence, physical abuse, and neglect are also related to problematic sexual behavior in children.

4. Significant differences have been found between young children with sexual behavior problems (ages 6 to 9) and older children (ages 10 to 12).
  - Preschool children with sexual behavior problems may show more frequent sexual behaviors than school-age children. Higher rates of child maltreatment, exposure to family violence, and general behavior problems have also been noted in preschool children with sexual behavior problems. This younger group of children is also less likely to live with their biological parents than school-aged children exhibiting sexual behavior problems.
5. Placement for children with sexual behavior problems is often related to their history of maltreatment.
  - Stigmatization due to sexual behavior problems, related problems in social development due to aggressive and impulsive behaviors, poor boundaries and indiscriminate friendliness make these children more vulnerable to victimization. These problems also create stress for the caregiver in caring for these children and can lead to problematic parent-child interaction. Behavior problems, including sexual behavior problems, are the primary reasons why foster parents request that children be removed, and placed in another home, putting these children at risk for further behavior problems, as well as creating attachment difficulties.
6. Social and developmental factors must be considered when comparing children with sexual behavior problems to adult or adolescent sexual offenders.
  - Children have limited cognitive development, thus they have a limited repertoire of coping strategies. Masturbation as a self-soothing strategy may occur more often in small children during times of stress. When compared to adult sex offenders, children with sexual behavior problems are more likely to engage in impulsive sexual activity rather than well-planned or rationalized acts. The failure of young children to empathize may not be pathological, but merely a product of development. Another difference between children and adolescents or adults is that the vast majority of adult and adolescent sexual offenders are male. In contrast, most preschool children with sexual behavior problems are females (65%).
7. Various criteria for levels of intervention have been proposed regarding children with sexual behavior problems.
  - Research suggests support for both cognitive behavioral and play therapy interventions. Therapists should use caution in adapting techniques developed for adults or adolescents because the same dynamics may not apply. Effective treatment should address the child within the context of family relationships and should involve the children's caregivers.