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

Children with sexual behavior problems (SBPs) 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 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 SBPs have not been supported by current research. This Fact Sheet will examine common misconceptions of children with SBPs along with the most recent findings.

COMMON MISCONCEPTIONS	CURRENT FINDINGS
1. All sexual behavior between children is normal, acceptable play.	**Some sexual behavior between children is not appropriate.** 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 with coercion, intimidation, or force; d) is associated with emotional distress; e) occurs between children of significantly different ages and/or developmental abilities; or f) repeatedly reoccurs in secrecy after intervention by caregivers .[1,2]
2. Sexual acts between children are not harmful.	**Sexual acts between children can be significantly harmful.** Some sexual play between young children close in age, such as playing doctor or looking at private parts, is not considered to be harmful.[3,4] However, some children display intrusive, aggressive, or coercive sexual behaviors which are potentially harmful to the other children involved.[5,6,10,12]

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COMMON MISCONCEPTIONS	CURRENT FINDINGS
3. Children with SBPs have been sexually abused.	**Many children with SBPs have not been sexually abused.** Research on children with SBPs has shown that highly inappropriate or aggressive sexual behavior is not always an indicator that a child has been sexually abused. In separate groups of children with SBPs, between 4% and 62% have no known history of sexual abuse.[7,8,9] It appears that sexual behavior problems in children have multiple origins. Family sexuality patterns, exposure to sexual material, other non-sexual behavior problems, exposure to family violence, and physical abuse can be important contributors to childhood sexual behavior problems.[13,14]
4. Children who have been sexually abused later act out sexually with other children.	**Most children who have been sexually abused do <u>not</u> have sexual behavior problems.** 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.[12,15,21] However, research suggests that most children who have been sexually abused do not have sexual behavior problems.[12,15]
5. Girls rarely have sexual behavior problems.	**Many children with SBPs are female.** In research on school-age children with SBPs, about one-third were female,[7,8] while a recent study on preschool children found that a majority were girls (65%).[9]
6. Children with SBPs should not live in a home with other children.	**With appropriate treatment and careful supervision, most children with SBPs can live safely with other children.** Although research has not directly dealt with this issue to date, clinical experience indicates that many children with SBPs 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.[6,16]
7. Children with SBPs should be placed in specialized inpatient or residential treatment facilities.	**Outpatient treatment can be successful for most children with SBPs.** Most children can be successfully treated and managed on an outpatient basis while living at home.[6] 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.[16]

COMMON MISCONCEPTIONS	CURRENT FINDINGS
8. Children with SBPs should not attend public schools.	**Most children with SBPs can safely attend public schools.** Most children can attend public schools and participate in school activities without jeopardizing the safety of other students.[17,18] Children with serious, aggressive sexual behaviors may need a more restrictive educational environment.[18]
9. Without long-term intensive therapy, children with SBPs will continue to have sexual behavior problems.	**Most children do not continue to have SBPs.** Treatment outcome research has demonstrated that most children show significantly lower sexual behavior problems after short-term outpatient treatment (12 – 32 weeks).[7,14] The recidivism rates for children 6-12 were approximately 15% two years after treatment.[7]
10. Children with SBPs grow up to be adult sexual offenders.	**Most children with SBPs do not demonstrate continued SBPs into adolescence and adulthood.** Future SBPs by children appears to be low.[7,14] Further, most adult sexual offenders do not report a childhood onset for their behavior.[16,19,20] The relationship between childhood sexual behavior problems and adult sexual offending has not been documented in the research to date.

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

References:

[1]Hall, D. K., Mathews, F., Pearce, J., Sarlo-McGarvey, N., & Gavin, D. (1996). *The development of sexual behavior problems in children and youth*. Toronto: Canada Youth Services 416.929.2100.

[2]Johnson, T. C. (1998). *Understanding children's sexual behaviors: What is natural and healthy*. South Pasadena, CA: Author.

[3]Friedrich, W. N., Grambsch, P., Broughton, D., Kuiper, J., & Beilke, R. L. (1991). Normative sexual behavior in children. *Pediatrics, 88,* 456-464.

[4]Gordon B. B., & Schroeder, C. S. (1995). *Sexuality: A developmental approach to problems.* New York, NY: Plenum Press.

[5]Araji, S. K. (1997). *Sexually aggressive children: Coming to understand them*. Thousand Oaks, CA: Sage.

[6]Johnson, T. C. (1991). Children who molest children: Identification and treatment approaches for children who molest other children. *APSAC Advisor, 4,* 9-11, 23.

[7]Bonner, B. L., Walker, C. E., & Berliner, L. (1999). *Children with sexual behavior problems: Assessment and treatment* (Final Report, Grant No. 90-CA-1469). Washington, DC: Administration of Children, Youth, and Families, Department of Health and Human Services. Retrieved from http://www.calib.com/nccanch/pubs/otherpubs/childassessment/index.cfm

[8]Gray, A. S., Pithers, W. D., Busconi, A., & Houchens, P. (1999). Developmental and etiological characteristics of children with sexual behavior problems: Treatment implications. *Child Abuse & Neglect, 23*, 601-621.

[9]Silovsky, J. F., & Niec, L. (2002). Characteristics of young children with sexual behavior problems: A pilot study. *Child Maltreatment, 7,* 187-197.
[10]Friedrich, W. N., & Luecke,W.J. (1988). Young school-age sexually aggressive children. *Professional Psychology: Research and Practice, 19,* 155-164.
[11]Johnson, T.C. (1989). Female child perpetrators: Children who molest other children. *Child Abuse & Neglect, 13*, 571-585.
[12]Friedrich, W. N. (1993). Sexual victimization and sexual behavior in children: A review of recent literature. *Child Abuse & Neglect*, *17*, 59-66.
[13]Friedrich, W.N. (2002). *Psychological assessment of sexually abused children and their families.* Thousand Oaks, CA: Sage.
[14]Pithers, W. D., Gray, A., Busconi, A., & Houchens, P. (1998). Children with sexual behavior problems: Identification of five distinct child types and related treatment considerations. *Child Maltreatment, 3*, 384-406.
[15]Kendall-Tackett, K. A., Williams, L. M., & Finkelhor, D. (1993). Impact of sexual abuse on children: A review and synthesis of recent empirical studies. *Psychological Bulletin*, *113*, 164-180.
[16]Chaffin, M., Letrourneau, E., & Silovsky, J. F. (2002). Adults, adolescents, and children who sexually abuse children: A developmental perspective. In J. E. B. Myers, L. Berliner, J. Briere, C. T. Hendrix, C. Jenny, & T. A. Reid (Eds.), *The APSAC handbook on child maltreatment* (2nd ed., pp. 205-232). Thousand Oaks, CA: Sage.
[17]Becker, J. V. (personal communication, February 7, 2002).
[18]Horton, C. B. (1996). Children who molest other children: The school psychologist's response to the sexually aggressive child. *School Psychology Review, 25*, 540-557.
[19]Abel, G., Becker, J. V., Mittleman, M., Cunningham-Rathner,J., Rouleau, J. L., & Murphy, W.D. (1987). Self-reported sex crimes of nonincarcerated paraphiliacs. *Journal of Interpersonal Violence, 2*, 3-25.
[20]Marshall,W. L., Barbaree, H. E., & Eccles, A. (1991). Early onset and deviant sexuality in child molesters. *Journal of Interpersonal Violence, 6*, 323-335.
[21]Friedrich, W., Fisher, J., Dittner, C., Acton, R., Berliner, L., Butler, J., et al. (2001). Child Sexual Behavior Inventory: Normative, psychiatric, and sexual abuse comparisons. *Child Maltreatment, 6*, 37-49.

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