

Understanding and Coping with Sexual Behavior Problems in Children



Information for Parents and Caregivers

Sexual exploration and play are a natural part of childhood sexual development, and help children not only to learn about their own bodies, but about the social and cultural rules that govern sexual behavior. (For more on this topic, see the National Child Traumatic Stress Network's factsheet, *Sexual Development and Behavior in Children: Information for Parents and Caregivers* at http://nctsn.org/nctsn_assets/pdfs/caring/sexualdevelopmentandbehavior.pdf.)

Some childhood sexual behaviors, however, indicate more than harmless curiosity. In some cases, sexual behaviors pose a risk to the safety and well-being of the child and other children in his or her world. These *sexual behavior problems* tend to continue even after the child has been told to stop or limit the behavior, and usually have one or more of the following characteristics:¹⁻³

- Are clearly beyond the child's developmental stage (for example, a three-year-old attempting to kiss an adult's genitals)
- Involve threats, force, or aggression
- Involve inappropriate or harmful use of sexual body parts (for example, inserting objects into the rectum or vagina)
- Involve children of widely different ages or abilities (such as a 12-year-old "playing doctor" with a four-year-old)
- Are associated with strong emotional reactions in a child—such as anger or anxiety
- Interfere with typical childhood interests and activities

Sexual behavior problems frequently involve other children, including younger children, siblings, and friends. No one knows how many children develop sexual behavior problems during their lives. Although the number of cases being referred to child protective services and the juvenile justice system has risen over the last two decades, it is not clear if these referrals represent a true increase in the number of children with sexual behavior problems, increased public recognition of the problem, or a combination of both.

It is known, however, that sexual behavior problems:

- Are not limited to any particular group of children
- Occur in children across all age ranges, socioeconomic levels, cultures, living circumstances, and family structures
- Are not related to children's sexual orientation

Some children with sexual behavior problems have married parents, some have divorced parents. Some have abuse histories, while others have no history of abuse or other trauma. But children with sexual behavior problems are all children first. And with proper treatment, children with sexual behavior problems can learn to have respect for themselves and others, and to demonstrate healthy boundaries and behaviors.

Causes of Sexual Behavior Problems

There are many possible reasons why children may show sexual behaviors that are inappropriate or unexpected for their age. In general, children's sexual behavior problems are rarely about sexual pleasure. In fact, these behaviors are much more likely to be related to anxiety, traumatic experiences, curiosity, poor impulse control, or other factors.

Some of the factors that have been linked to the development of sexual behavior problems include:

- Exposure to traumatic experiences, such as abuse, natural disasters, or accidents
- Exposure to violence in the home
- Excessive exposure to adult sexual activity or nudity in the home (including media exposure through television or the Internet)
- Inadequate rules about modesty or privacy in the home
- Inadequate supervision in the home, often as a result of parental factors such as depression, substance abuse, or frequent absences due to work

Children with sexual behavior problems often show other behavioral and social difficulties, including:

- Impulsiveness and a tendency to act before they think
- Difficulties following rules and listening to authority figures at home, in school and in the community
- Problems making friends their own age and a tendency to play with much younger children
- A limited ability to self soothe (calm themselves down), so they may touch their own genitals (masturbate) as a way to release stress and calm down



Although some children who have sexual behavior problems have a history of being sexually abused, many children who act out sexually have NOT been sexually abused. Sexual abuse may be suspected when a child:

- Reports that another person has touched his or her private parts
- Has had contact with a known sexual abuser

If you know or suspect sexual abuse of a child who is displaying sexual behavior problems, contact your state's child welfare authorities immediately to conduct an investigation. If you are not sure who to contact, contact the ChildHelp® National Child Abuse Hotline at 1.800.4.A.CHILD (1800.422.4453; also online at http://www.childhelp.org/get_help). You can also visit the website of the federally funded Child Welfare Information Gateway at <http://www.childwelfare.gov/responding/how.cfm>.

For additional information on recognizing and preventing sexual abuse, visit Stop it Now! (<http://www.stopitnow.org>) and the National Child Traumatic Stress Network (http://www.nctsn.org/nccts/nav.do?pid=typ_sa_prom).



When Your Child Has Sexual Behavior Problems

One of the most stressful situations a parent or caregiver can face is finding out that their child has acted out in a sexual way. It can be difficult to know what to do. If you discover that your child has a sexual behavior problem, you may experience a range of reactions, including:

- Difficulty believing that the sexual behavior really happened
- Anger—at your child, at the other children involved, at yourself, and at the world in general
- Feeling upset with or withdrawing from your child
- Sadness and depression
- Guilt and shame
- Isolation
- Disappointment, in your child and yourself
- Confusion and uncertainty, especially if it is unclear why your child is sexually acting out
- Nightmares and other traumatic stress reactions, particularly if you were sexually abused as a child

Whatever your reaction, know that—with support—you and your child can move beyond this stressful time. You are not alone—many other parents have had to cope with children's sexual behavior problems and have experienced similar emotions and reactions. Problem sexual behaviors in children are quite responsive to treatment—particularly when caregivers are actively involved in treatment—and future sexual behavior problems can be prevented.

Even though children with sexual behavior problems are much like children with other types of behavioral problems, people may react more strongly to these problems because they are sexual in nature. As you move forward in getting help for your child, keep in mind that children with sexual behavior problems are—first and foremost—children. Your child may have made a poor decision, but he or she can learn to make good decisions.

Treatment Options for Children with Sexual Behavior Problems

Active involvement of parents or other caregivers is essential to maximize the benefits of treatment for children with sexual behavior problems. Treatment should be conducted by a licensed mental health professional with specific knowledge of:

- Child development (including sexual development)
- Childhood mental health issues, including attention deficit hyperactivity disorder (ADHD), posttraumatic stress disorder (PTSD), and other reactions to child trauma
- The relationship between social environment and sexual behaviors
- Scientific research on treatment for childhood mental health disorders and sexual behavior problems
- Cultural variations in parenting and attitudes toward sexuality



Children with sexual behavior problems are—first and foremost—children.

Once you have chosen a therapist, he or she will do an evaluation to decide how to best help your child and your family. This evaluation will typically include:

- Talking to the you, other caregivers, and other adults involved in your child's life
- Talking to your child (particularly if the child is six years of age or older)
- Asking caregivers, and perhaps teachers, to fill out information checklists about your child
- Psychological testing of your child

The therapist should talk with you about what he or she found out from the evaluation, including:

- Whether the behavior is common or an indication of a sexual behavior problem
- What other concerns or issues may need to be addressed with treatment
- What supports and protective factors are present in the family and community

Several types of treatment have been shown to be helpful for children with sexual behavior problems and their families. During treatment, the therapist will work directly with your child. The therapist will also teach you and other caregivers how to:

- Implement rules about private parts and sexual behaviors
- Use parenting strategies that prevent and reduce sexual and other behavior problems
- Address sexual education topics with your child
- Support abuse prevention strategies and skills
- Enhance communication skills and improve the quality of your relationship with your child

Other treatment characteristics that may be helpful include addressing the following topics with the child in an age-appropriate way:

- Privacy rules, sexual behavior rules, and boundary rules
- Abuse-prevention skills
- The labeling and expressing of feelings and skills to reduce distress
- Impulse-control strategies and decision-making skills
- Social skills

Most children with sexual behavior problems can benefit from [outpatient therapy](#). Outpatient therapy allows the child to stay in the home and community and usually involves the child, the parents, and other important caregivers and family members. Outpatient therapy is relatively short term, and can often be completed in three to six months if the family regularly attends therapy sessions, actively participates in services, and practices skills between sessions.

Some children will require more intensive treatments. These include [inpatient treatment](#) and [residential care](#). These options are generally reserved for more severe cases, such as children who:

- Have severe psychiatric disorders, such as psychotic symptoms (like hearing voices)
- Exhibit highly aggressive or coercive sexual behaviors or sexual behavior problems that continue even when they get treatment and are closely supervised by their parents
- Have suicidal ideations (including specific plans for killing themselves)
- Have specific plans to physically harm others

Myth: All children with sexual behavior problems grow up to be sex offenders.

Fact: Children who receive treatment for their sexual behavior problems rarely commit sexual offenses or abuse as adults. One study followed a group of children for 10 years after they were treated. The vast majority (98%) did not commit sexual offenses of any kind, and the group as a whole was no more likely to commit sexual offenses than children with a past of only nonsexual behavior problems.⁴



For more information on treatment options for children with sexual abuse problems, see the Association for the Treatment of Sexual Abusers' (ATSA) *Report of the Task Force on Children with Sexual Behavior Problems*, available online at <http://www.atsa.com/pdfs/Report-TFCSBP.pdf>.

When choosing an inpatient or residential facility, look for a program that:

- Allows you to be actively involved in your child's treatment
- Provides the least restrictive environment while providing needed safety measures
- Limits the number of other changes in the child's life (such as school placement or after-school activities)
- Has a clear plan for transitioning your child back into your home, including assisting you in taking any needed safety measures

Sexual Behavior Problems: Keeping All Children Safe

Protecting other children is an important concern when dealing with children who have sexual behavior problems, particularly if they have acted out with other children in the past. Children who have had sexual behavior problems typically can attend school and otherwise interact with other children as long as they:

- Receive treatment for their sexual behavior problems
- Have appropriate supervision in the school setting, such as direct supervision by an adult during unstructured times like recess or lunch

In such cases, direct communication between the family, the therapist, and school personnel is important, so that a safety or supervision plan can be developed as needed.

Children who have sexually acted out with their siblings present a unique challenge for parents and therapists. Children who have experienced problematic sexual behaviors at the hands of their brothers or sisters can have a wide range of responses. Sexual behavior that was threatening, aggressive, or painful can have a profound negative effect on other children. Other factors that may increase the traumatic effect of sexual abuse by a sibling include:

- The length of time that the behaviors took place (sexual behaviors that occur over a longer period of time are more problematic)
- How many times the behaviors happened
- The type and closeness of the relationship among the children
- How well the child was functioning before the sexual interaction (children who were doing poorly before the sexual behaviors are more likely to be negatively affected)
- The response and support received from parents or other caregivers

Some children who experience sexual abuse show almost no reaction or trauma symptoms, while others may experience reactions such as nightmares, a heightened startle response, and avoidance of the sibling or anything that reminds them of the event. Still others develop symptoms of depression, anxiety (such as difficulty in separating from parents), behavior problems, social and peer problems, or even inappropriate sexual behaviors themselves.

If your child has sexually acted out with another child in your home, you will need to consider the safety and well being of all your children when deciding what course to take with the child who has sexual behavior problems. If other children in the home express concern about living with their sibling or are showing signs of traumatic stress, the best course for all concerned may be placement outside of the home. Alternative placements may include a relative's home, a foster home, or inpatient or residential treatment. Below are some issues to consider when making decisions about where this child will live:

- Can you provide close visual supervision for this child and still respond to the needs of your other children?
- What safety measures can you take to increase the level of supervision and safety in your home? (For example, changes in sleeping arrangements.)
- How severe were the child's sexual behavior problems and how well is the child responding to supervision and treatment? Children with highly aggressive or intrusive sexual behavior, despite treatment and close supervision, should not live with other young children until this behavior is resolved.



Children who have experienced problematic sexual behaviors at the hands of their brothers or sisters can have a wide range of responses.

Planning for sibling contact and reunification should not be done alone. Before bringing a child with sexual behaviors back into your home, you will need to work with a knowledgeable support team to help make safety and treatment decisions. In addition to working with a qualified treatment provider, you may want help from child protective services or juvenile services. You may also want to take advantage of informal support from relatives, friends, and other supportive adults.

Together, you and this team can develop a clear safety plan for bringing your child back into your home. All members of the family should be involved in developing this plan, and everyone should agree with, understand, and be capable of following it. This plan should include:

- Rules for the children
- Activities the children can do and are encouraged to be able to do
- Responsibilities of the caregivers in charge of the children in the home
- Rules for all family members regarding privacy, boundaries, and supervision

Remember, the reunification process will—and should—take time, starting with brief visits, and increasing in frequency and duration as you and your family implement the safety plan. Raising a child who has sexually acted out with another child can be incredibly stressful. Many parents and caregivers are so focused on supporting and caring for their children that they forget how important it is to take care of themselves. As you move forward in helping your child heal, be sure to stay aware of your own needs, and seek professional help if informal supports are not enough.

For more information on sexual behavior problems in children, visit the National Center on Sexual Behavior of Youth, <http://www.ncsby.org>.

References

1. Friedrich, W. N., Fisher, J., Broughton, D., Houston, M., & Shafran, C. R. (1998). Normative sexual behavior in children: a contemporary sample. *Pediatrics*, 101 (4), E9.
2. American Academy of Pediatrics (2005). *Sexual Behaviors in Children*. Elk Grove, IL: American Academy of Pediatrics. Retrieved February 15, 2009 from <http://www.aap.org/pubserv/PSVpreview/pages/behaviorchart.html>
3. Hagan, J. F., Shaw, J. S., Duncan, P. (Eds.). (2008). Theme 8: Promoting healthy sexual development and sexuality. In *Bright futures: Guidelines for health supervision of infants, children, and adolescents* (3rd ed.) (pp. 169-176). Elk Grove Village, IL: American Academy of Pediatrics.
4. Carpentier, M. Y., Silovsky, J. F., & Chaffin, M. (2006). Randomized trial of treatment for children with sexual behavior problems: Ten-year follow-up. *Journal of Consulting and Clinical Psychology*, 74 (3), 482-488.