



As a Matter of *fact*

Children with Sexual Behavior Problems

Children with sexual behavior problems (SBP) are identified as “children ages 12 and younger who initiate behaviors involving sexual body parts (i.e., genitals, anus, buttocks, or breasts) that are developmentally inappropriate or potentially harmful to themselves or others.”⁽¹⁻³⁾ Persons should be aware of the reporting laws appropriate to the state in which they live and follow the laws accordingly.⁽⁶⁾

- 1 It is important to distinguish SBP from normal childhood sexual play and exploration that occurs spontaneously, intermittently, and is mutual and non-coercive when it involves other children. Some degree of behavior focused on sexual body parts, curiosity about sexual behavior, and interest in sexual stimulation is a normal part of childhood development.⁽⁵⁻⁶⁾
- 2 Sexual behaviors may range from problematic self-stimulation (causes actual physical harm or damage, or does not change with corrective intervention) to nonintrusive behaviors (preoccupation with nudity, looking at others) to sexual interactions with other children (more explicit behaviors than normal sexual play) to coercive or aggressive sexual behaviors, especially when there are large age differences or developmental inequalities between children.^(1,4,7)
- 3 There is no clear pattern of demographic, psychological, or social factors that distinguish children with SBP from other groups of children. No specific profile is unique to all children with sexual behavior problems.^(2-3,12)
- 4 Children who have been sexually abused are reported to engage in SBP with a higher frequency than non-sexually abused children. Contributing factors for sexual behavior problems in children may include physical abuse, neglect, family dysfunction, attachment issues, exposure to sexually explicit media, living in a highly sexualized environment, and exposure to family violence.^(1-3,5-6,8-10,15)
- 5 SBP may be only one part of an overall pattern of disruptive behavior that can include Attention Deficit Hyperactivity Disorder (ADHD), oppositional defiant disorder, post-traumatic stress disorder, depression, anxiety, developmental and learning problems. Children with more intense behaviors tend to have a number of mental health, social and family problems.^(1-3,8,10-11)
- 6 Children with SBP are qualitatively different than adult sex offenders. Current research suggests these children are at very low risk to commit future sex offenses, especially if provided appropriate treatment.^(7,11,13-14,16)

REFERENCES

1. Chaffin, M., Berliner, L., Block, R., Johnson, T., Friedrich, W., Louis, D., Lyon, T.D., Page, J., Prescott, D., & Silovsky, J. F. (2006). Report of the task force on children with sexual behavior problems. Beaverton, OR: Association for the Treatment of Sexual Abusers. <http://www.atsa.com/sites/default/files/Report-TFCSBP.pdf>
2. Chaffin, M., Berliner, L., Block, R., Johnson, T., Friedrich, W., Louis, D., Lyon, T.D., Page, I. J., Prescott, D., Silovsky, J. F., & Madden, C. (2008). Report of the ATSA task force on children with sexual behavior problems. *Child Maltreatment, 13*(2), 199-218.
3. Tarren-Sweeney, M. (2008). Predictors of problematic sexual behavior among children with complex maltreatment histories. *Child Maltreatment, 13*(2), 182-198.
4. Alexy, E. M., Burgess, A. W., & Prentky, R. A. (2009). Pornography use as a risk marker for an aggressive pattern of behavior among sexually reactive children and adolescents. *Journal of the American Psychiatric Nurses Association, 14*(6), 442-453.
5. Elkovitch, N., Latzman, R. D., Hansen, D. J., & Flood, M. F. (2009). Understanding child sexual behavior problems: A developmental psychopathology framework. *Clinical Psychology Review, 29*(7), 586-598.
6. Kellogg, N. D. (2009). Clinical Report – The evaluation of sexual behaviors in children. *American Academy of Pediatrics, 124*(3), 992-998.
7. Righthand, S., & Welch, C. (2004). Characteristics of youth who sexually offend. *Journal of Child Sexual Abuse, 13*(3-4), 15-32.
8. Kisiel, C., Fehrenbach, T., Small, L., & Lyons, J. S. (2009). Assessment of complex trauma exposure, responses, and service needs among children and adolescents in child welfare. *Journal of Child and Adolescent Trauma, 2*(3), 143-160.
9. Merrick, M. T., Litrownik, A. J., Everson, M. E., & Cox, C. E. (2008). Beyond sexual abuse: The impact of other maltreatment experiences on sexualized behaviors. *Child Maltreatment, 13*(2), 122-132.
10. Szanto, L., & Lyons, J. S. (2012). Childhood trauma experience and the expression of problematic sexual behavior in children and adolescents in state custody. *Residential Treatment for Children & Youth, 29*(3), 231-249.
11. Letourneau, E. J., Schoenwald, S. K., & Sheidow, A. J. (2004). Children and adolescents with sexual behavior problems. *Child Maltreatment, 9*(1), 49-61.
12. Rasmussen, L. A. (2004). Differentiating youth who sexually abuse: Applying a multidimensional framework when assessing and treating subtypes. *Journal of Child Sexual Abuse, 13*(3), 57-82.
13. 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.
14. Letourneau, E. J., Chapman, J. E., & Schoenwald, S. K. (2008). Treatment outcome and criminal offending by youth with sexual behavior problems. *Child Maltreatment, 13*(2), 133-144.
15. Lévesque, M., Bigras, M., & Pauzé, R. (2012). Persistence of problematic sexual behaviors in children. *Journal of Clinical Child & Adolescent Psychology, 41*(2), 239-245.
16. Letourneau, E. J., Henggeler, S. W., McCart, M. R., Borduin, C. M., Schewe, P. A., & Armstrong, K. S. (2013). Two-year follow-up of a randomized effectiveness trial evaluating MST for juveniles who sexually offend. *Journal of family psychology, 27*(6), 978-985.