Common Misconceptions about Sexual Behavior Problems in Children


1. All sexual behavior between children is normal, acceptable play

**Truth:** 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
- f. repeatedly reoccurs in secrecy after intervention by caregivers

2. Sexual acts between children are not harmful.

**Truth:** 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. Some children display intrusive, aggressive, or coercive sexual behaviors that are potentially harmful to the other children involved.

3. Children with sexual behavior problems have been sexually abused.

**Truth:** Many children with sexual behavior problems have not been sexually abused. 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, other non-sexual behavior problems, exposure to family violence, and physical abuse can be important contributors to childhood sexual behavior problems.

4. Children who have been sexually abused later act out sexually with other children

**Truth:** 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, research suggests that most children who have been sexually abused do not have sexual behavior problems.

5. Girls rarely have sexual behavior problems.
Many children with sexual behavior problems are female. About one-third of children referred for sexual behavior problems are girls. A recent finding suggested that, among preschool children referred, 65% are females.

6. Children with sexual behavior problems should not live in a home with other children.

With appropriate treatment and careful supervision, most children with sexual behavior problems can live safely with other children. 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 behaviors despite treatment and close supervision should not live with other young children until this behavior is resolved.

7. Children with sexual behavior problems should be placed in specialized inpatient or residential treatment facilities.

Outpatient treatment can be successful for most children with sexual behavior problems. Most children can be successfully treated and managed on an outpatient basis. Inpatient treatment should be reserved for unusually severe or serious cases, such as a child with other psychiatric disorders and/or highly aggressive sexual behavior which recurs, despite outpatient treatment and close supervision.

8. Children with sexual behavior problems should not attend public schools.

Most children with sexual behavior problems can safely attend public schools and participate in school activities without jeopardizing the safety of other students. Children with serious and aggressive sexual behaviors may need a more restrictive educational environment.

9. Without long-term intensive therapy, children with sexual behavior problems will continue to have sexual behavior problems.

Treatment outcome research has demonstrated that most children show significantly lower sexual behavior problems after short-term outpatient treatment. The recidivism rates for children were approximately 15% two years after treatment.

10. Children with sexual behavior problems grow up to be adult sexual offenders.

Most children with sexual behavior problems do not demonstrate continued sexual behavior problems into adolescence and adulthood. Future sexual behavior problems appears to be low. Most adult sexual offenders do not report a childhood sexual behavior problems. The relationship between childhood sexual behavior problems and adult sexual offending has not been documented in the research to date.

References:


