



Frequently asked questions about

Children with Sexual Behavior Problems:

Improving Minnesota's ability to provide early identification and intervention services through policy and practice recommendations

Q: What are sexual behavioral problems (SBPs) in children?

A: The Association for the Treatment of Sexual Abusers defines SBPs as behaviors involving sexual body parts (e.g. genitals, anus, buttocks, or breasts) that are developmentally inappropriate or potentially harmful to self or others, in children ages 12 and younger.

Q: How can one determine whether a child's sexual behaviors are harmful or problematic?

A: Generally, sexual behaviors are viewed as developmentally inappropriate when they occur at a greater frequency or at a much earlier age than would be developmentally or culturally expected, become a preoccupation for the child, and/or reoccur after adult intervention/corrective efforts. For more information, please visit: <http://www.ncsby.org/content/what-problematic-sexual-behavior>.

Q: How common are SBPs in children?

A: This is unknown and difficult to estimate due to two major factors: 1. There is not a shared, system-wide definition of what sexual behaviors are considered "problematic" or "harmful" in children, and 2. no one system is charged with responding to reports of children engaging in concerning or problematic sexual behaviors. We do know that sexual behaviors are common among children (occurring in 42 to 73 percent of children by the time they reach 13 years of age) and are often part of healthy development.

Q: Are SBPs treatable in children?

A: Yes. Treatment for children should address basic sex education, sexual behaviors, and physical boundaries. Additionally, treatment should teach concrete coping and self-control strategies.

Q: Are children who exhibit SBPs likely to sexually harm as adults?

A: Research shows that when children with SBPs receive appropriate treatment, they are at no greater risk than the general population to grow up to be adolescent or adult offenders.

Q: Are SBPs in children indicators that a child has been or is being sexually abused?

A: Not necessarily. Current research demonstrates that although a significant number of children with SBPs have a childhood history of sexual abuse, most children who have been sexually abused do not develop SBPs.

Q: What causes SBPs in children?

A: Child sexual abuse is one cause of SBPs, yet there are many other possible causes. Persistent exposure to age-inappropriate sexual behavior, knowledge, or material increases the likelihood of children developing SBPs. SBPs may be self-soothing techniques or related to anxiety. SBPs are also associated with behavioral problems such as Attention Deficit/Hyperactivity Disorders; as well as child maltreatment, child trauma, and conditions that may affect self-control.

Q: What can help reduce the risk of a child developing SBPs?

A: Factors associated with lower likelihood of developing SBPs include: healthy boundaries supported and modeled; protection from harm and trauma; parental guidance and supervision, open communication about feelings with a trusted adult; and healthy adaptive coping skills.

If you are concerned about a child's sexual behavior, please contact *The National Center on the Sexual Behavior of Youth* (<http://www.ncsby.org/>) or *Stop It Now!* (www.stopitnow.org). To access the report, please visit www.mncasa.org.