Children with Sexual Behavior Problems: 
What is normal and what is not?

Most people can recall a time where, as a child, you were curious about sexual development. It’s not uncommon for young children to engage in “doctor” play or ask questions about genital differences of the opposite sex. We’ve all heard children ask questions about sex and sexuality that often leave the adult flustering to find the right words to answer the child’s question in a developmentally appropriate manner.

Unfortunately, there are many times where children are exposed to sexual acts and material that is not appropriate for their young, developing mind. Exposure to this content can occur by force or manipulation of a child by an adult or older peer, by inadvertently placing a child in a situation where they see and/or hear things that they should not, or by a similar-aged peer who has a more advanced knowledge of sex and sexuality.

One common problem that parents and caregivers of children run into is how to handle a child who is engaging in sexually inappropriate behaviors. Questions abound about what is normal and what is problematic in young children. Many of the myths associated with sexual behavior in children are still widely believed by the general public, making it a confusing to know what is okay and what is not okay. Here we will tackle three of the myths that we hear parents and caregivers struggle with the most: Any sexual behavior in children is considered inappropriate; All children who have sexual behavior problems have been sexually abused; All children who engage in sexual behavior problems will grow up to be sexual perpetrators.

Myth 1: Any sexual behavior in children is considered inappropriate.

Let’s start with sexual development in children. Sexuality is a natural part of childhood development, just like language, motor skills, and cognitive development. The idea that children are sexual beings is often alarming to adults in the child’s life, so it can be a common misconception that any sexual behavior that a child displays is inappropriate. Exploratory sexual play is also a common part of child development. Research indicates that 40-85% of children are expected to engage in at least some sexual behaviors or sexual play before the age of 13. This can include asking sexual questions, exploring gender roles and behaviors, looking at their own bodies and the bodies of others, touching their genitals to explore anatomy and sensations, self-stimulation or masturbation, engaging in mutual touching with a similar aged friend or cousin, or tell sexual jokes and use sexual words. Characteristics of appropriate sexual play include spontaneity, joy, laughter, and embarrassment. Children often recall these events as positive or neutral and, when another child is involved, there is consent and equality between the two children.

While children engaging in sexual play and having a curiosity about sex is common, there are some sexual behaviors that are problematic and warrant extra attention by the parent or caregiver. Sexual behavior problems are defined as children 12 and younger who initiate behaviors involving sexual body parts that are developmentally inappropriate or potentially harmful. The intention and/or motivation of the behavior may or may not be related to sexual gratification. These behaviors can be related to other
factors such as curiosity, anxiety, imitation, attention seeking, and/or self-soothing. Sexual behavior problems can be self-focused or involve other children.

So how do you know if your child is showing normal sexual development or has a sexual behavior problem? The table below lists examples of sexual behaviors in children age 2-6 years. It is important to consider the age and developmental level of the child when assessing potential sexual behavior problems.

<table>
<thead>
<tr>
<th>Normal, common behaviors</th>
<th>Less common normal behaviors</th>
<th>Uncommon behaviors in normal children</th>
<th>Rarely normal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Touching/masturbating genitals in public/private</td>
<td>Rubbing body against others</td>
<td>Asking peer/adult to engage in specific sexual act(s)</td>
<td>Any sexual behavior involving children who are 4 or more years apart</td>
</tr>
<tr>
<td>Viewing/touching peer or new siblings genitals</td>
<td>Trying to insert tongue in mouth while kissing</td>
<td>Inserting objects into genitals</td>
<td>A variety of sexual behaviors displayed on a daily basis</td>
</tr>
<tr>
<td>Showing genitals to peers</td>
<td>Touching peer/adult genitals</td>
<td>Explicit imitation of intercourse</td>
<td>Sexual behavior that results in emotional distress or physical pain</td>
</tr>
<tr>
<td>Standing/sitting too close</td>
<td>Crude mimic of movements associated with sexual acts</td>
<td>Touching animal genitals</td>
<td>Sexual behaviors associated with other physically aggressive behaviors</td>
</tr>
<tr>
<td>Tries to view peer/adult nudity</td>
<td>Sexual behaviors that are occasionally, but persistently, disruptive to others</td>
<td>Sexual behaviors that are frequently disruptive to others</td>
<td>Sexual behaviors that involve coercion</td>
</tr>
<tr>
<td>Behaviors are transient, few, and distractible</td>
<td>Behaviors are transient and moderately responsive to distraction</td>
<td>Behaviors are persistent and resistant to parental distraction</td>
<td>Behaviors are persistent and child becomes angry if distracted</td>
</tr>
</tbody>
</table>

Important points to consider when evaluating if a child has an issue with sexual behavior problems include:

- Does the child appear unable to stop him/herself, even when redirected by an adult?
- Is this behavior increasing in frequency, intensity, and intrusiveness?
- Does the child engage in aggression or verbal expressions of anger after the behavior?
- Does the child behave in ways more consistent with adult sexual activity?
- Is the behavior negatively affecting other children?
- Do adults feel uncomfortable with the behavior?
- Does the sexual behavior interfere with social or family relationship?
- Does the sexual behavior cause physical or emotional pain to the child or others?
- Are the sexual behaviors directed at younger children or are children forced, coerced, or tricked into engaging in the sexual behaviors?
Considering all of these factors can help to determine if what you are seeing in a child is normal or something that is in need of additional attention.

**Myth 2: All children who engage in sexual behavior problems have been sexually abused.**

One of the biggest myths that we face in working with children with sexual behavior problems is the belief “If a child engages in problematic sexual behaviors then they have been sexually abused.” While it is common to want to believe that the child learned these behaviors from someone else, research on children with sexual behavior problems has shown that 2/3 of children with sexual behavior problems have no history of sexual abuse.

There are a number of additional stressors, family characteristics, and environmental factors that are associated with intrusive and frequent sexual behaviors. Children with family disruption, physical abuse, and experiences of neglect all have been shown to display increased sexual behavior problems. 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. There is also a correlation between children with other mental health diagnoses and sexual behavior problems.

It is important to remember this when engaging with a child with sexual behavior problems. Knowing that there may be a variety of factors that are contributing to a child having a sexual behavior problem can help alleviate some of the immediate fears that parents and caregivers have for their child’s safety.

**Myth 3: All children who engage in sexual behavior problems will grow up to be sexual perpetrators.**

It is a very common fear of parents and caregivers of children to worry that because the child is engaging in problematic sexual behaviors that they will grow up to be a sex offender. We are here to reassure you that this is not the case. There is no current research that shows a clear link between sexual behavior problems in childhood and sexually abusive behaviors as an adolescent or adult. Furthermore, most adult sexual offenders do not report a childhood onset for their behavior.

If provided with appropriate treatment and early intervention, children with sexual behavior problems are at a very low risk for committing future sexual offenses (only 2-3%). With proper supervision and treatment, children with sexual behavior problems can continue to go to school and be around other children. Research also shows that for the majority of children, outpatient treatment is the most ideal treatment scenario for children with sexual behavior problems. Residential/inpatient treatment should be reserved for more severe cases where outpatient interventions have not been successful, there are confounding psychiatric issues, and/or the behavior is severe with multiple victims.

The information provided is designed to be a starting point for parent and caregivers who have concerns about behaviors a child they know is displaying. Several myths commonly associated with sexual behavior problems in children have been dispelled. The importance of early treatment and intervention for children with sexual behavior problems has also been highlights. If you have questions or concerns about the sexual behaviors of a child you know, please call us at 270-534-4422 or 1-800-928-7273. We would be happy to speak to you more about what you are observing and help you to create a plan to keep your child safe.
References

