



As a Matter of *fact*

Children with Problematic Sexual Behaviors

Children with problematic sexual behavior (PSB) 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 PSB 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 PSB from other groups of children. No specific profile is unique to all children with problematic sexual behavior.^(2-3,12)
- 4 Children who have been sexually abused are reported to engage in PSB with a higher frequency than non-sexually abused children. Contributing factors for problematic sexual behaviors 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 PSB 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 PSB 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)

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