Parenting Children or Youth Who Are Sexually Reactive

By Monica Cohu

Nothing stirs up discomfort in parents more than combining the topics of children and sex. Unfortunately, many children who have been in foster care are at high risk of having sexualized behaviors.

When parenting children who have sexualized reactions, we need to wrestle with our own views of sexuality. For many parents, this topic provokes deep reactions of fear and feeling out of control. And children's sexualized reactions or sexual acting out tend to be a deal-breaker for many families. Caregivers whose children have sexualized reactions often feel shame and experience significant isolation.

We parents need to challenge ourselves to achieve a deeper level of understanding when our children are struggling with these issues. The more discomfort we have, the higher probability we will react with shame and anger when our children express sexualized reactions.

Definitions

Let's start with the basics. What is the difference between "sexually reactive" and "sexually abusive"?

- Sexual reactivity is when a child reacts in a sexual manner to things that happen. It can also identify developmental steps the child missed and dysfunctional coping and behaviors—those things that are significantly different than society's norms.

- Sexually abusive means using sexual behaviors to control, threaten, harass, exploit, intimidate, etc.

Research has shown that a child who has suffered extreme neglect can begin acting in sexually reactive ways, seeking self-stimulation to relieve stress. Early exposure to sexual trauma or incomprehensible sexual stimuli may contribute to hyper-sexuality or sexual behavior problems. But it's important to keep in mind that every child who has been sexually abused does not act out in sexually aggressive ways. And it's important to know that every child who has sexually reactive behavior does not go on to more dangerous behaviors. With consistent, calm correction and loving support—including educating about boundaries and sharing accurate information about sex—most children learn healthy ways to have their needs met.

As professionals and family members, it is critical that we do not label children with sexual behavior problems as perpetrators.

What Is Normal Sexual Behavior?

With Children

We have to remember that everyone is a sexual being, to some extent. For children, normal sexual behavior includes:

- genital or reproduction conversations with peers or similar age siblings
- "show me yours/I'll show you mine" actions with peers
- playing "doctor"
- occasional masturbation, without penetration
- kissing or flirting
- dirty words or jokes within peer group

Again, we need to keep in mind that although these are normal behaviors, this does not mean we don't educate and set boundaries. For example, masturbation, when it is not obsessive, is a normal behavior. It is our job to educate and set boundaries when children are going outside the norm. For example, your child is masturbating in the living room, you educate and set a limit by saying, "I know it probably feels good but masturbating is a private act and this is not a private place. That's something you do when you're alone in your bedroom or bathroom."

These are behaviors that would be of concern in children:

- preoccupation with sexual themes (especially sexually aggressive)
- pulling others' skirt up or pants down
- sexually explicit or precocious conversation with peers
- creating sexual graffiti (especially chronic or targeted at individuals)
- sexual teasing or embarrassment of others
- single cases of peeping, exposing, obscenities, pornographic interest, frottage (rubbing against the clothed body of another for gratification)
- preoccupation with masturbation
- mutual or group masturbation
- simulation of foreplay with dolls or peers with clothing on

The following behaviors are highly concerning:

- sexually explicit conversations with individuals of a very different age
- touching others' genitals
- degrading self or others with sexual themes
- forcing exposure of others' genitals
- inducing fear or threatening of force

- sexually explicit proposals/threats (verbal, written, or electronic)
- repeated or chronic peeping
- compulsive masturbation (or with penetration)
- simulating intercourse with dolls, peers, animals (humping)

These are outright danger signs:

- oral, vaginal, or anal penetration of dolls, children, animals
- forcing others to touch their genitals
- simulating intercourse with peers with clothing off
- any genital injury or bleeding (not explained by a known accidental cause)

With Adolescents

Normal sexual behavior in adolescents includes:

- explicit conversation with peers
- obscenities or jokes
- innuendo or flirting
- erotic interest or masturbation
- courtship, hugging, and kissing
- foreplay
- mutual masturbation
- monogamous intercourse (stable or serial)

Our values may tell us to restrict the above behaviors, but they are not abnormal, developmentally harmful, or illegal. Remember, parents can and should still educate and set boundaries.

These are behaviors that may raise concerns with adolescents:

- preoccupation with sex or anxiety regarding sexuality
- pornographic interest
- having sex with multiple partners (not being monogamous)
- sexually aggressive themes
- targeting individuals or embarrassing others
- violating body space or personal boundaries
- single occurrence of peeping or exposing self
- “grinding” with one of same age
- mooning and obscene gestures

The following are concerning:

- compulsive masturbation
- degradation or humiliation of others
- attempting to expose others
- use of sexually aggressive porn
- sexual conversation or contact with significantly younger or older individuals
- grabbing, goosing, and explicit sexual threats

And these behaviors are illegal for all age groups:

- sexual abuse
- molestation
- harassment
- obscene calls, texts, emails, posts
- voyeurism
- exhibitionism
- grinding against another without consent
- child sexual abuse
- child pornography
- rape
- bestiality

Also of concern are implications of unequal power during sexual activity: strength differential, power of popularity, self-image differential, arbitrary labels ("leader," "boss," etc.), and fantasy roles in play ("king," "doctor," "daddy," etc.).

An important question is whether it's fun for both or just one. Other obvious signs of inequality are age differences, size differences, having authority (such as when babysitting or tutoring), or groups against one person or a smaller group.

It's important to judge each situation individually. For example, significant age differences can be concerning, but if a 17-year-old is in a monogamous relationship with a 22-year-old, we need to look at if the relationship involves coercion or control or respect and kindness. No matter how much we don't want our child in a sexual relationship, the above relationship is a different concern than a 17-year-old who has serial or multiple partners, even of the same age.

So, What Do We As Parents Do?

Below are steps you can take if you're parenting a child who is sexually reactive or who has concerning behaviors. Please know that this parenting can be hard, and it is critical that parents have an ongoing support system. I've found it very useful to have peer support and foster or

adoption groups that do not vilify the child, but focus on high structure and high relationship building.

Get Comfortable with Sex

First you'll need to get comfortable with your own sexuality and sexual beliefs—use proper names for body parts, do your own therapy if necessary, and talk with other parents. You can practice having conversations about sex with your co-parent or a friend. You can also keep a journal and reflect on what makes you anxious so you begin to normalize it. Do you have your own trauma history to address? For a parent, self-reflective skills are important. If you are addressing a trauma history, you need to think about how you can take baby steps toward changing yourself so you are better able to help your child.

As a parent, you also need to be aware that kids are watching, listening to, and learning from you. Make sure they are learning the right things about sexuality. Avoid sexual jokes and innuendos. Don't use sarcasm or make fun. Most children with trauma histories are not able to see humor about themselves and will be hurt and confused.

Build Opportunities for Your Child's Development

There are a few deficits that, when they are more serious than is normal for the child's age, seem to be associated with the risk of controlling behaviors:

- acting out instead of using more effective communication
- lack of empathy; failure to recognize harm
- not having a sense of responsibility for one's own behavior and the harm it causes

To address these deficits, parents can focus on the following skill development with their child: effective and clear communication, empathy for others, and responsibility and accountability for their actions.

To be successful, parents need to think about how children normally acquire these skills and try to recreate opportunities for development in kids' daily lives. Keep in mind the child's developmental age, which may be different than their chronological age.

Teach them to reflect on and come to understand what their triggers are, as well as what expected norms are. Here are some strategies and topics:

- Ask your child: What is a friend? How does a friend act or behave? What's OK to ask a friend to do or not to do?

- For teaching empathy, you can ask: What is a problem? What's a small problem? What's a bigger problem? Who is it a problem for? Explain why sexual reactivity is a problem for them and others. Help them to understand the underlying emotions behind their behaviors, as well as the risks of harm to themselves and others.

- Use examples you see in the media or in the world to help them reflect without getting defensive and shameful. For example, if you and your daughter are out shopping and see

a child do something unkind, you can say, “Wow. Did you see that?” How do you think that other person felt? Do you think that is a small, medium, or big problem?” They learn but don’t feel shame because it’s not about them. Parents have to be on alert for these opportunities; as they teach, they are also building a relationship.

- You can use your child’s painful experience to empathize. One method is to mirror the child’s emotion back to them and talk about what you see: “I can see it hurt your feelings when you weren’t invited to the party. That would have hurt me too.” If that is too much intimacy for your child, simplify: “That sucks! That hurts me that you were not invited!” You should show these emotions on your face when talking. Follow this conversation with an invitation to do something fun—play a game, go for a walk, bake cookies.

Respond to Challenging Behaviors

When behaviors come to your attention, you can take the following steps:

- First calm yourself down. You can’t reach your child if your emotions are out of control.

- Next, think about safety. Is there a need to intervene immediately to protect the child or another person?

- Clearly communicate to the child that they are not in trouble and that you want them to be safe.

- Ask yourself, “Can I take care of this or do I need a professional?” To figure that out, ask yourself if you think your child or others are not safe. If the answer is yes, probably, or maybe, involve a professional. If professional help is indicated, take those steps.

- Talk about what happened with your child, while demonstrating your love and ongoing commitment. She has to trust that you will stand by her so you can engage in the next steps.

Most children are on the low end of challenging behaviors and with basic, continual observations and education about boundaries, behaviors will diminish. But remember that you have to think about safety first. Be certain that your child has truly earned your trust. Never set him up for failure by rushing into believing that “it was nothing.”
Even as behaviors diminish, continue to look for changes over time. As your child develops, sexually reactive behavior can reemerge, so you have more work to do. This can be very disheartening, but it is expected and you can succeed. The most challenging times for boys is often between ages 10 to 13.

When you are tuned into your kid, you can sense when things are off. That’s the time to pull them close and simplify their life. Many children are reacting to stress, and revert to old learned behaviors. Because sexual behavior may be a stress release, it is critical for parents to de-stress and de-clutter the child’s life.

Ensure Safety

You need to start with safety for everyone, including your child. This is a non-negotiable in the work of emotional healing. When a child is running the energy in the home, no one feels safe.

Create a safety plan for your home and your child. That plan begins with sleeping arrangements and bathroom use.
Where is each child sleeping? If a child is reacting or acting out sexually—on any level—they should not be sharing a room with another child or pet. (Don't overlook the importance of keeping pets safe as well.) Is there an alarm on the child's door and window? This helps keep everyone safe, and creates an active attachment cycle for the parent to meet the needs of the child. Imagine your child wakes in the night to use the bathroom. When the alarm sounds, you respond immediately, ensuring they get to the bathroom and back with a loving parent by their side. This brings you closer by replicating the kind of trust and attachment cycle they may not have experienced as a baby or toddler.

If a child is in school, to whom and what do you share? The level of sexual reactivity will determine this. For lesser concerns, let the school counselor and principal know your child has had some significant trauma and you are working with the child and other professionals to promote healing. If there is a danger to others, you need to be clear about this and work with the school to set up a safety plan that protects your child and others. The child should not be in bathrooms or other rooms alone with children. The child can use the nurse's bathroom or be escorted by an aide.

Safety plans should address specific events during the school day: bathroom use, recess, lunch, transition between classes, gym class (showers and changing room), fields trips, and bus rides. The plan must address these free moments. You and your helping professional will help the school handle the situation with care and caution, ensuring safety while protecting your child's privacy and dignity. Educate school staff about attachment and the impact of trauma. Pay attention to your child's friendships and connections. If there's another student your child is targeting or if another student targets your child, make sure the two are not in the same class, at the same recess, etc. In some cases, you may have to move to a school that is able to meet your child's needs.

If your child is unable or unwilling to take responsibility for their actions, it is critical to keep him within sight at all times. It is your job to keep your child and others safe. The most effective strategy is to have the child "shadow" the parent or a trusted adult. This means the child has to stick with the parent at all times.

While they are shadowing, be sure the child has something engaging to do. An activity that engages mind and hands is great—Play-Doh, Legos, mindful coloring books, or other crafts are good options. Remember the key to success is that you are projecting love and care, not resentment, anger, or emotional distance, which are counter-productive.

Anytime your child is dysregulated, they need to be pulled closer to you. These are opportunities to meet their needs and create a healthy attachment cycle. Kids need and want to know that even with their big and unsafe feelings, parents will help carry their load. The child needs to stay with

you until they are regulated and reconnected.
Shadowing can last for months or even years, if needed, but it has been effective at keeping everyone safe. As loving parents, we sometimes can set our children up for failure, when we give our trust too early. Remember shadowing is not punishment. It is keeping others, including pets, safe and avoiding failure. Make sure your tone, body posture, and eyes don't communicate punishment, or this will not be healing.

Obviously, this level of commitment can be exhausting. Self-care is critical. If you have other children, find opportunities to spend time with them. If you are part of couple, share the responsibility. Do you have a trusted family member who can help? Is there a respite provider you can find through your support network? Remember to take care of yourself and your other children to reduce resentment, shaming, or blaming. Negative reactions from family members can undo all your hard work!

Seek a Therapist When Needed

As noted above, when safety—your child's or anyone else's—is at risk, you need to involve a qualified professional. Experienced attachment/trauma therapists recognize parents are a major part of the healing team. They partner with parents, coaching with tools and techniques to enhance the work done in therapy and promote the trust, safety, and relationship needed to help traumatized children heal. Your child doesn't have to like the therapist. The therapist represents hard work and will push the child to be open and vulnerable. But the right therapist is someone you can build a level of trust with and who will work with you as a partner. (See box below for more on choosing a therapist.)
It is important that parents are included in therapy sessions as a participant or observer at all times. The goal is to have your child attach to you, not the therapist. Therapists who don't work directly with parents allow the child to triangulate the parent and therapist, which further damages the child and strains the family relationship.

Build Relationship with Your Child

By keeping your child safe at home, you build attachment and demonstrate unconditional commitment while addressing behaviors and working at healing. While creating this therapeutic environment, don't forget to create fun, play, and mutual enjoyment! Go for a walk or bike ride with your child. Go camping or fishing. Support or join them in a hobby they like. Encourage them to play sports. Help them sustain positive friendships. All of these factors are important in helping a child to heal, build self-esteem, and succeed.

Take Care of Yourself

Remember, the most important person in your child's life is you, even when they do not know it or show it. Understand that their behaviors are not a reflection of you. Do not give up. Find and use all the resources available—other experienced parents, support groups, mental health professionals, your faith community, respite, specialized groups for children and youth, and other resources that help sustain you and make things better.
Parents also need to de-stress and simplify their own lives so they can focus on necessary self-

care. It is hard work to parent children with trauma histories and sexually reactive behaviors, and requires you to be at your best!

Questions to Use When Interviewing an Attachment or Trauma Therapist

- What training has the therapist received? How many hours of supervised training in attachment therapy? What trauma training have they received? Was training provided by a recognized, competent attachment or trauma therapist?
- Is the therapist licensed by the state? Has the therapist ever been censured or disciplined by a state licensing board?
- How long has the therapist been treating children with reactive attachment disorder, developmental trauma disorder, or post-traumatic stress disorder?
- How does the therapist keep up with the latest findings in this field?
- What initial assessment of the child and the family is done prior to treatment?
- What is the therapist's experience treating children with moderate to severe attachment disorder? Young children? Teens? Children who were internationally adopted or adopted from foster care? (whichever fits your child)
- What are the therapist's treatment philosophies and goals?
- What techniques are used? What modalities are used? Are these explained prior to treatment?
- What adjunct therapies does this therapist tend to recommend, if any (sensory integration, neurofeedback, nutrition, other)? Does this therapy practice have these in-house or do they make referrals?
- What attention is given to help the parents explore and heal their own issues?
- Are parents part of the treatment, and in what way?
- Can I speak with a few parents whose children are or were clients?
- What recommendations would you have for further reading/training for our family? (Good answers would be Daniel Hughes, Deborah Gray, Karyn Purvis, Gregory Keck, Bruce Perry, Bessel van der Kolk, Dan Seigel.)