Children are sexual beings. *Take a slow breath and read that sentence again.* Children are sexual beings. *Are you still with me? Keep breathing. Keep reading.* The very thought of child sexuality can send many parents into a sea of anxiety and denial. As much as we parents try to deny it, the fact remains that the majority of children will engage in sexual behaviors at some point during childhood. Child sexual behaviors range from those that are normal and acceptable to those that cause problems for the child and others interacting with the child. Parents need to be prepared to deal effectively with the entire range. The following article is meant to give you some basic information and suggestions on how to approach child sexuality. It is by no means a complete guide. Please refer to the recommended readings at the end of the article to further your understanding.

**Normal sexual behavior**

Children are curious about their own and others’ bodies, including genitals. Some normal sexual behaviors include showing private parts to each other, touching each other’s private parts over clothing, watching others undress, or imitating adult kissing. “You show me yours and I’ll show you mine” and playing doctor are common sexual play incidents. Most parents can recall some of their own sexual play when they were children. Keeping your own childhood experiences in mind might help you from overreacting when you find your child involved in sexual play. (Note: Parents who have been sexually abused may overreact to their child’s sexual behaviors because of their own experience. Parents are strongly urged not to do this).

Many important questions have to be asked when assessing if a sexual incident should be considered normal or abnormal. If your child has been sexually abused or has been over-exposed to adult sexuality (pornography, observing adults having sex), his/her sexual behavior is more likely to be a problem than that of a child who has not had that history. Since children who have been adopted have a higher incidence of this type of history, adoptive parents need to pay extra close attention to their child’s sexual behaviors to ensure that they are normal and healthy.

I recommend the booklet entitled *Understanding Children’s Sexual Behaviors: What’s natural and healthy* by Toni Cavanagh Johnson (2002). It helps parents and professionals assess normal versus abnormal sexual behavior in children. Below is a partial list of questions from her booklet that parents can ask when assessing a sexual behavior incident:

1. Were the children of similar age and developmental level? (YES)
2. Did each child agree to engage in the sexual incident? (YES)
3. Does the child(ren) show as much interest in other areas of development (riding a bike, learning to read, playing soccer) as he/she shows in sexuality? (YES)
4. Did the child(ren) stop the behavior when asked? (YES)
5. Did the sexual incident involve adult sexual acts (oral sex, intercourse)? (NO)
6. Did the child(ren) show signs of anger, fear, or anxiety after the incident? (NO)
7. Are you correcting your child’s sexual talk and sexual play more often than you think you should have to? (NO)
If your answers match the ones in the parenthesis, the sexual incident may not be something to immediately worry about. However, parents should document such incidents in order to have a thorough record of the child’s sexual behavior. Documentation should include details of who (ages, developmental level), what (specifics about the behavior such as if the touching occurred over or under the clothes, which body part touched which body part), where (in the bushes in the front yard), when (mom was cooking dinner, dad was mowing lawn at about 5 pm), and situational information (incident occurred same week child was told his best friend was moving, incident occurred same day child saw provocative commercial about underwear).

Problem Sexual Behavior

Children who have been exposed to domestic violence, neglect, abuse, and generally chaotic environments have often learned much more about sex than is appropriate. Some of these children have been sexually abused, have witnessed sexual abuse, have seen pornography, and/or have been witnesses to adult sexual acts in their homes. Because children’s brains are not fully developed, they cannot make sense of sexuality the way that adults can. Therefore, thoughts or memories about inappropriate sexuality flood them and they act out as a way to cope. These children are often referred to as “sexually reactive” meaning that they are reacting to their own unhealthy experiences of sexuality (Johnson, 2002).

When these children act out sexually, their stress decreases, which reinforces the acting out. Therefore, children with sexual behavior problems need to learn different, acceptable coping skills for decreasing stress. Once they have good coping skills, they can give up the unhealthy ones such as acting out sexually.

Some children show that they are overwhelmed by sexual thoughts or memories by talking about sex often. These children turn non-sexual experiences into sexual ones. Examples include talking sexually after seeing a television commercial that shows someone taking a shower, after seeing a grandpa kiss his granddaughter on the cheek, or after seeing two young children put their arms around each other. Sexual comments now and then can be a normal part of growing up. Sexual comments daily or several times a week are not normal.

Parents can use the questions from the previous section to assess if the sexual behavior is a problem. If your child’s behavior does not match all seven of the answers in parenthesis, you have reason to be concerned. It is a good idea to take your child to a mental health therapist who is knowledgeable about child sexuality issues. The therapist should hold a masters degree and should be willing to list the training and practical experience he/she has had regarding child sexuality.

The therapist will assess whether the sexual incident is considered to be sexual abuse. If it is, she will make a report to child welfare officials or to the police. Then the therapist will do a thorough assessment of your child’s history, current functioning, and family history. The therapist may also do some of the following: make a contract with your child stating specific rules about sexual talk and behavior, teach you and your child sexual development information, help you make a safety plan to implement at home and in the community (school, church, babysitter’s house), and recommend ways that you can effectively handle future sexual incidents.

Although your child may have already had counseling to address past abuse, he/she will likely need to return for a “booster”. Some parents mistakenly think that once a child has had therapy, the abuse is no longer an issue. That’s simply not true.

One reason is that, as children age, their ability to think about the abuse changes because their brain is developing and they have more cognitive skills. So, a child who was abused at
age 4 will think differently about his abuse at age 6 and at age 9 and at age 14, clear through adulthood. When the child’s perspective on his abuse changes, he may become anxious and act out.

A second reason is that children who have been sexually abused or over-sexualized sometimes lack the skills to have healthy relationships. Children are required to master a variety of relationships as they age. Consider the following. Before children enter school their primary relationships are with parents and siblings. Upon entering school they also need to master peer relationships. As they get older they add opposite-sex relationships including crushes and romantic relationships. The requirements for each type of relationship are different and children struggle at times. Those with abuse histories may need guidance as they navigate the various relationships in order to avoid reverting to the abusive relationship patterns they experienced in the past. Keeping this in check through periodic therapy sessions can be helpful to the child and to the entire family.

**My Child Behaved Sexually: What Should I Do?**

Most parents find their children behaving sexually in a hiding place such as a closet, fort, bathroom, bedroom, or in the bushes. It is quite normal for children to hide their sexual behaviors. Adults, and society in general, give kids a message that sexuality is dirty, shameful, secretive, and embarrassing. Parents give these types of messages hoping to discourage children from being curious about sex. What this approach fails to take into account is that sex is part of human biology, part of our nature. Therefore, those messages won’t decrease a child’s curiosity, but will encourage the child to be more secretive about their curiosity.

If you discover your child behaving sexually, it is extremely important that you react in a calm, neutral way. If you look disgusted and horrified, if you scream and yell, or if you use extreme punishment (spank, ground for a month), you send a negative message to your child about sexuality. A better approach is to calmly separate the children and say, “For the next half hour, I would like each of you to spend alone time. Cindy can sit on the couch. Jenny can sit at the table. You may play with your toys or read. Then we are going to talk about what just happened.” The half hour allows you time to make a plan of how to address the incident in a healthy way.

When making your plan, remember that your goal is to teach your child that private parts are special parts of the body that others shouldn’t touch or look at. Tell the child that it’s OK to be curious about private parts and when she is curious she can talk to you about it. Tell your child that you will get a book that talks about private parts and then the two of you can go over it together. Then ask her if she has any questions about private parts.

Make it clear that you expect your child to not engage in that behavior again. Tell her that you’ve made a new rule that she cannot play with her friends in closed places (bedrooms, forts, etc.). Make sure she knows that it is to keep everyone safe because private parts are so special they need to stay private. Tell her she can earn your trust back over time and when she does she may play with her friends in places such as forts and bedrooms again (with you doing frequent check-ins).

[Note: Parents whose children have sexual abuse or sexual acting out histories should take preventative measures by not allowing their children to play with others in forts, bedrooms, bathrooms, bushes, and other closed places. This should only be allowed if the parent is directly supervising the play.]
Remember that children don’t think about sex in the same way adults do. When you find your child behaving sexually, do not assign your thoughts about sex to what you see your child doing. Ask your child what the behavior meant to them. A good example is an adult finding two young children laying on top of each other with their clothes on. To the adult, it looks like the kids are imitating intercourse. The children reveal that they are pretending to be married and they are copying a scene from a movie in which a married couple lay on top of each other in bed. While the adult knows that the movie scene was implicating intercourse, the children do not. They simply think that married couples lay on top of each other. Yelling at them and punishing them would confuse and scare them; causing much more damage than their play had.

**Educating My Child About Sexuality**

Parents can do a lot to help raise sexually healthy children by talking with them about sexuality. The subject does not need to be forced upon them but parents should regularly give kids the opportunity to ask questions.

Sexuality information should match the child’s developmental level and should be presented by an adult who is calm and prepared for the range of questions a child may have. If you are like most parents, you probably think that you are not knowledgeable enough to talk to your child about sexuality. Not true. If your child asks a question that you don’t know, confidently say, “I’m not sure but I’ll find out and let you know.” Then make sure you follow-through. Parents don’t have to have all of the answers. They simply need to be willing to talk about sexuality and find out the information the child seeks.

To find out what sexuality information is appropriate to your child’s developmental level, ask your child’s mental health therapist, family doctor, or school counselor. Then read the suggested materials before going over them with your child. The most important thing to remember is to talk to your child about sex in a neutral, calm way. If you behave in an embarrassed, uncomfortable manner, your child will learn that sex is something to be embarrassed and uncomfortable about. If you react in horror when your child asks difficult questions such as what “jacking off” means, he/she will learn that you are not a safe person to talk to about sexuality issues. Many children end up asking their friends about sexuality. The information they learn is often incorrect and potentially damaging. (One example of misinformation is: You can only get pregnant when you are on your period).

In conclusion, parents who acknowledge that children are sexual beings are more likely to learn about child sexual behaviors, which means they will be prepared and in control when they occur. When you are educated, calm, and in control about child sexuality, your child gets a sense that sexuality is natural and healthy. What an important gift from parent to child!!
References:

Where Can I Learn More?
I would highly recommend the booklet Understanding children’s sexual behaviors: What’s natural and healthy by Toni Cavanaugh Johnson. This is a 20-page booklet that is easy and quick to read. It includes charts about normal and concerning sexual behaviors for children up to fourth grade. It costs $2.50 and can be ordered by calling (626) 799-4522.

For grade school children I would recommend the book What’s the big secret: Talking about sex with boys and girls by Laurie Krasny Brown and Marc Brown.

For middle school and high school kids I would recommend My Body, Myself by Lynn Madaras and Area Madara. A workbook called What’s happening to my body? goes with the book. There are separate books and workbooks for boys and girls.

Websites that have information for parents are Planned Parenthood www.ppfa.org/ppfa and Sexual Abuse Prevention & Education Resources International www.SAPERI.com.
Behavior problems in children, especially aggression and defiance, don't get a great deal of sympathy, said Dave Anderson, a psychologist who is senior director of national programs at the Child Mind Institute in New York City. "For a child to get better requires just as much empathy and scaffolding as for a child who might be depressed, but behavioral issues inspire nowhere near as much empathy."

There is a persistent belief that these behaviors reflect poor parenting, he said, but in fact, there is often a strong biological component to behavioral issues, and the responses which come natural SIGNS OF CHILD SEXUAL ABUSE Child sexual abuse is a ruthless combination of sexual abuse, of emotional abuse and of physical abuse. The child victim of abuse may show a cluster of physical, behavioural and emotional changes listed below: Physical symptoms: Bite marks, Unusual bruises, Lacerations, Burns, High incidence of accidents or frequent injuries like swellings on face. Often late or absent from school, Comes early to school, seems reluctant to go home afterwards, Not concentrating in school, Compulsions, obsessions, phobias, hysterical reactions, Temper tantrums, aggressive overdemanding behavior, Say negative.

Child Sexual Abuse in the Eastern Caribbean. Harmful Sexual Behaviour was seen. as consisting of actions involving children which placed them at risk of sexual abuse. These behaviours were often thought to be related to sexual abuse in that they indicated early sexual initiation of children (which itself is linked to sexual abuse) or that they were the antecedents of abuse. Box 2. Harmful Sexual Behaviour: Young people engaging in transactional sex with each other. Encouraging young people to have underage sex.