We are a blended family of seven. Both my husband and I share custody of our five children from previous marriages. More often than not, we have five independent, energetic, and lively kids running through the house. After a few years of this new marriage, things were going as smoothly as could be expected. The only child who seemed to experience some difficulty in adjusting to his new stepfather was my middle son, Max.

Max was a witty and humorous child, a real spunky student that teachers could not help but enjoy having in their classroom. But as he grew older, he seemed to try harder and harder to be difficult. By the time Max was ten years old, he began burning things in our basement. Then we discovered he had begun stealing. It started out small at home, but when we learned he had stolen a few hundred dollars from a family friend, we knew his behavior had moved beyond boyhood angst.

Our family doctor encouraged us to place him in a diversion program to “shock” some sense into him. I remember a counselor assuring us that stealing was going to be “the worst thing our son ever does.” We did everything we could think of to help Max through this difficult time. We also examined our family dynamics, realizing that the adjustment our other children had made was proving much harder for Max.

Despite Max’s difficulties, life at home went on as normally as possible and during the summer we embarked on our annual family vacation. Even with five kids in five different directions, we all seemed to enjoy our time away. When we returned, my husband’s children went to their mother’s and the boys came back to our house where we prepared for the others to return the very next weekend. The weekend arrived, and Rachel, my husband’s daughter, refused to come home with us. We immediately knew something was seriously wrong. When asked if she was upset with Dad or me, she said no. But when asked, “Is it the boys?” she said, “Yes, it’s Max!” After more questions, Rachel disclosed that Max had gone into her room at night and touched her and she did not want to go back there.

Those were the most wrenching words I’ve ever heard, and my life has not been the same since.

The agonizing process of putting the pieces slowly back together began, and the more we learned, the more painful it became. We clutched at the possibility that Rachel’s mother, a survivor of child sexual abuse, might be putting these suggestions into our little girl’s mind. But the more Rachel told us, the more we believed her. What started as doubt quickly turned to shock, then to continued on page three
Guest Column

UNDERSTANDING YOUR CHILD’S SEXUAL BEHAVIOR

Toni Cavanagh Johnson, Ph.D. has written a helpful book entitled Understanding Your Child’s Sexual Behavior, published in August 1999 by New Harbinger Press. The following article is adapted from the text with the author’s permission.

When your child is engaging in sexual behavior, it can be difficult to decide when the sexual behavior is natural and healthy and when it may be an indication of some distress or disturbance. Natural and healthy sexual exploration during childhood is an information-gathering process wherein children explore each other’s and their own bodies by looking and touching (for example, looking in the mirror or playing doctor), as well as explore the gender roles and behaviors (for example, playing house).

Children involved in natural and healthy sexual play are of similar age, size and developmental status and participate on a voluntary basis. While siblings often engage in mutual sexual exploration, most sex play is between children who have an ongoing mutually enjoyable play and/or school friendship. The sexual behaviors are limited in type and frequency and occur in several periods of a child’s life. (See sidebar this page.)

But, if your child’s sexual behavior can be described by several of the characteristics listed as problem behaviors (see sidebar page 3) and your parental interventions haven’t curtailed the behavior, and you cannot find a reasonable and healthy explanation for this, your child should be evaluated by a qualified professional. Find a professional who is knowledgeable about child sexuality or child abuse.

There are many factors that can contribute to a child’s sexual development getting confused. It will be important for you not to jump to any conclusions about your child as you read. It will be equally important for you to honestly look at these behaviors and seek professional advice if you see most of your child’s behavior listed.

A key to healthy sexuality or moving your child towards healthier sexuality is for your child to have available a knowledgeable and loving adult with whom to talk about sexual issues, if he or she wishes to. You can provide important facts about healthy sexuality and help your child sort out confusing thoughts and feelings. Accurate information and a place to talk are important resources for a child facing a flood of ideas and pressures from friends, the media, the Internet, and public service campaigns. Our children are growing up in a complex world with many competing sexual values.

The following guidelines give you a brief overview of talking points to use with your child:

- **Listen to the questions carefully.** Children are naturally curious about sex.
- **Follow the child’s lead.** Start with a short answer and then ask if your child wants to know more.
- **Be mindful of the age of the child.** Be sure to stay at the level at which your child can understand you.
- **Use accepted terms for body parts (penis, breast, vulva, testicles, etc.).** You wouldn’t give the incorrect name for arms and legs!
- **Be sure your facts are correct.** If you can’t answer some questions, tell your child you don’t know and that you will find out.
- **Act like an adult.** Don’t try to be a buddy; children need a respected adult to talk with them.
- **Have appropriate books and information on sexuality available.** Follow the child s lead, and either read them together or let the child know you would be happy to answer any questions.
- **Be aware of nonverbal messages you are sending.** If you look nervous, bored or scared, your child will pick up on it.

This is just an overview of the information available in this new publication. If you think your child exhibits some signs of problem behaviors, you may want to get the book and read Dr. Johnson’s full descriptions of the potential problematic behaviors prior to becoming alarmed. She gives lots of examples and details from which you can judge if your child needs an evaluation by a specialist in child sexuality or child abuse. After reading the book, you will be much better informed about what to tell the evaluator.
grief and anger. I was feeling a constant stirring of emotions for my son whom I loved, and my step-daughter whom I loved as if she were my own. We never thought something like this could happen in our home without our suspecting a thing. I was immobilized.

It was Rachel’s mother who reported Max to our local child protection services. After many conversations with police and lawyers, I had a very difficult decision to make. I knew that regardless of what I asked Max, he would protect himself and not disclose. We all, especially Rachel, needed to hear the truth from Max. The next few days, which seemed like years, were spent working with authorities to catch my son completely unsuspecting. I knew it was the only way we were going to get the truth from him.

Until I actually heard from Max’s mouth that he had touched Rachel, I thought maybe she was just confused. Looking back now, I understand more of what Max was going through at that time in his

CONTINUED ON PAGE FOUR

SOME HEALTHY EXPLORATION PRACTICES

Remember, children’s natural and healthy sexual exploration is an information gathering process. Here are some of the behaviors in which your child may engage:

- You may find your child peeking when you’re in the bathroom or trying to listen outside the bedroom. This can provide the opportunity to ask if he or she has any questions and a chance to indicate your own willingness to talk with them.
- Looking and touching others although this may cause teachers and parents some dismay, it is a time-honored learning method when between children of similar age, size and developmental status.
- Exploring through the media children look at magazines, videos, books, the Internet and peek at others.
- Bathroom humor and games this interest which sometimes flusters adults, reflects normal behaviors when it is lighthearted and spontaneous between children of similar size, age and developmental status.

SOME POTENTIALLY PROBLEMATIC SEXUAL BEHAVIORS

The following characteristics describe situations when sexualized behaviors may be considered a problem. When the children who display sexual behaviors:

- Do not have an ongoing mutual play relationship.
- Are different ages or developmental levels.
- Display sexual behaviors that are out of balance with other aspects of the child’s life and interests.
- Seem to have too much knowledge about sexuality and behave in ways more consistent with adult sexual expression.
- Demonstrate behaviors that are significantly different than those of other same-age children.
- Continue sexual behaviors in spite of consistent and clear requests to stop.
- Appear unable to stop themselves from engaging in the worrisome sexual behaviors.
- Elicit complaints from other children and/or adversely affect other children.
- Show sexual behaviors that progress in frequency, intensity, or intrusiveness over time.
- Sexualize non-sexual things, or interactions with others, or relationships.
- Use verbal or physical expressions of anger before, during or after the sexual behavior.
life. I only wish that I or someone else had suspected something earlier. I did not even consider sexual abuse as a possibility. It felt like an impossible step to fully accept that this did happen in my family.

For our family, acknowledgement and acceptance is an ongoing process. During visits with Rachel, we reassure her that we love her so much for telling the truth. It is something we need to do and something she needs to hear. Rachel knows that we too think what Max did was wrong, but she is beginning to understand that Max will always be my son, and I will always love him, too.

It has been just over a year since we learned of Max’s sexual behavior problems and it has been a lifetime of learning. We all now know and appreciate that open communication with everyone is the best way to keep our family safe. I never would have thought that telling our story would help break our isolation and further our healing. Coming forward, being honest, and accepting the truth has enabled my family to get the help we needed, especially Rachel and Max.

PARENTalk...LOVING THEM FOR TELLING THE TRUTH: HEALING THE VICTIM AND THE YOUNGER OFFENDER

PARENTalk is by and for parents. What questions or topics would you like the newsletter to address?

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Yes! I want to support Stop It Now!’s work to keep all our children safe from sexual abuse. Please accept the enclosed contribution.

$ ____________________________

☐ Anonymous gift

Please make checks payable to Stop It Now!.

Mail to: Stop It Now!, P.O. Box 495, Haydenville, MA 01039

Gifts are tax deductible to the full extent of the law.

Name ________________________________________________________

Address ________________________________________________________

E-mail ________________________________________________________

Phone ________________________________________________________

Stop It Now! is grateful for your feedback and will respect your confidentiality.

Thank you for your support!