DEFINITION: SEXUAL ACTING OUT

Sexually acting out refers to children who engage in sexual behaviors that are not ordinary for their age, or that are hurtful to others, or that elicit adult concern. Sexually acting out also refers to sexual behaviors that result not from normal child development but from trauma, anxiety or abuse of the child. Children who show normal sexual behavior or exploration associated with expected development are not considered to be acting out.

Children sexually act out for many different reasons. Not all children who sexually act out have been abused, but the majority has. Not all children who have been sexually abused show sexual behaviors, but many do. Some children do not engage in sexually acting out behaviors until years after their initial abuse. Sexual aggressiveness is a form of sexually acting out that includes coercive, forceful and/or manipulative sexual behavior towards others. Every act of sexualized behavior has the potential for increasing the probability of future acts.

Other terms used to describe these behaviors include sexually reactive, perpetrators, sexually aggressive, children who molest, prepubescent offenders and victim-perpetrators and sexualized children.

Sexually acting out may include:

- Sexual language (e.g., direct and inadvertent statements)
- Increased sexual exploration
- Exhibitionism
- Excessive masturbation and often in public
- Inappropriate physical boundaries
- Intense preoccupation with sexual matters
- Sexual aggression towards other children, adults or animals
RELATED MYTHS

Only children with sexual problems display sexual behavior towards other children. *Half of all adults report having participated in sex play as children (i.e., between infancy and adolescence).*

Young children who show sexually aggressive behavior are just curious.

Children who sexually touch others are all victims of sexual abuse.

Sexually abused children and youth are scarred or damaged forever. *Many children and youth who have been victims of sexual abuse do heal and go on to lead normal lives like everyone else. In most cases, sexual abuse leaves no visible physical marks on a person, and no one will know that abuse has occurred unless a person is told.*

Children are too young to remember abuse or abusing. We need to leave them alone.

Children and youth are sexually abused because their parents/caregivers neglected to care for, or supervise them properly. *Offenders use a range of tactics to gain access to their victims. The offender alone is responsible for what he does. Many offenders are experts in manipulating both the victim and the people who care for her.*

I know my child has told me everything.

My child will grow up to be a pedophile (child sexual molester). *There are no statistics available to support this. Many children who are sexually abused do not become child sexual abusers when they grow up.*

If we don't talk about the abuse and ignore it, it will go away. Young children will grow out of sexualized behavior if it isn’t talked about. *Unless you do something about abuse, such as talking about it or getting help through counseling and/or treatment, the pain and harm it causes may not go away, and could create more problems either immediately or sometime in the future.*
Continuum of Children's Sexual Behavior: Normal to Disturbed

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GROUP I: Normal Sexual Exploration
- Voluntarily and exploratory in nature.
- Sexual behavior based on the discovery and development of their physical and sexual selves.
- Characterized by spontaneity and lightheartedness (fun and silly).
- Interest in sex is intermittent and balanced with curiosity about all things.
- Sexual behavior may leave the child feeling embarrassed but not fearful or anxious.
- Done solitarily or with friends of similar age and size; less often with siblings.
- Usually do not include feelings of deep shame, fear or anxiety.
- For teens this often involves intense feelings for the opposite sex and sexual exploration in relationships.
- Behaviors may need limits, guidance or education, but are not considered abnormal or pathological.

Infancy
- Children begin to explore their bodies, including their genitals.
- Skin touch is the primary method infants have available for learning about their bodies, other's bodies, and their sexuality.
- Other people's response to that body exploration is one of the earliest forms of social learning.

Childhood
- Half of all adults report having participated in sex play as children.
- Children express interest in feelings aroused by touching their genitalia in the same way they express interest in the light of the moon, or a flower blooming. Children express general interest in others' bodies and may touch. Adult reactions teach shame or that privacy is important for certain behaviors.
- Masturbation occurs naturally in boys and girls, and begins in infancy. By the age of two or three years, most children have learned that masturbation in front of others is likely to get them in trouble.
Pre-Adolescence

- A strong interest in viewing (via photographs, films, videos, etc.) other people’s bodies.
- Very few children become sexually active in pre-adolescence. When they do, adults usually initiate it.
- Sexual activity or play during this age usually represents the use of sex for non-sexual goals and purposes.

Adolescence

- Adolescence itself is generally marked by the societal acknowledgment of sexual capacity. The way other people react to a teen's physical sexual characteristics (body hair, formation of breasts, deepening of the voice, beginning of menses) have a profound affect on both the young person's sense of self esteem and the development of his/her social skills.
- The adolescent develops a growing awareness of being a sexual person, and of the place and value of sex in one's life, including such options as celibacy.
- The adolescent may work toward significant resolution of confusion and conflict about sexual orientation.
- It is during this time that individuals are able to join together the physical and social aspects of sex and sexuality.
- Most adolescents practice some types of interactive sexual behaviors with others, such as fondling, open-mouth kissing, and simulated intercourse.

GROUP II: Sexually Reactive

- Sexual behaviors may be frequent with their sexuality being out of balance compared to their peer group. More sexual behaviors than Group I and has a preoccupation with sexuality.
- Many of the behaviors are self-stimulating but may be directed toward and/or done in view of adults.
- Coerce other children, though the other children may dislike or be bothered by the behavior; no threats; no attempt to hurt.
- Sexual behavior often represents a partial form of reenactment of sexual abuse the child has sustained and may be the child's way of trying to understand.
- Have trouble integrating and understanding such stimulation and express this confusion in increased sexual behavior.
- Often feel shame, guilt, anxiety, and fear related to the upsurge or aftermath of the sexual behaviors.
- Many have been abused or exposed to pornography and sexual stimulation.
- Difference in age is usually not great and force is not usually involved.
- Respond well to therapy and education.
- When the anxiety is reduced or more age appropriate and less sexually stimulating environments are encouraged, the level of sexual behavior tends to decrease.
GROUP III: Extensive Mutual Sexual Behaviors

- Sexual behaviors are often habitual and extensive with the child participating in the full spectrum of adult sexual behaviors.
- Generally with other children in the same age range, and conspire to keep the behaviors secret.
- Often distrustful; chronically hurt and abandoned by adults; relate best to other children. Sexual behaviors are a way of coping with feelings of abandonment, loss, and fear.
- May or may not experience sexual pleasure.
- Often approach sexuality as just the way they “play”.
- Usually more resistant to treatment than Group Two
- Use persuasion but usually not force or physical/emotional coercion to gain other children’s participation in sexual acts.
- Characteristically without emotional affect around sexuality - neither have the lighthearted spontaneity of normal children nor the shame and guilt of the sexually reactive children.
- Often have a history of severe physical and emotional abuse and abandonment.
- Some are siblings who mutually engage in extensive sexual behaviors as a way of coping in a highly dysfunctional family life.
- Sex is a way to relate to their peers and a way to make a “friend”.
- These children need an intensive and rigorous relearning of social skills and peer relationships.
- Need intensive supervision in the home setting and around other children.
- Some move between groups III and IV, forcing or coercing another child into sexual behaviors of their choices.

GROUP IV: Children Who Molest

- Sexual behaviors are frequent and pervasive with intense sexual confusion.
- Sexuality and aggression are closely linked as they often pair sexual acting out with feelings of anger, rage, loneliness, or fear.
- Use some kind of coercion to gain participation (bribery, trickery, etc.).
- Impulsive, compulsive, aggressive quality in many of their behaviors - not just sexual behaviors.
- Obsess over sexual thoughts and engage in a full range of sexual behavior which becomes a pattern, rather than isolated incidents.
- Loose control over their sexual behavior and have a very difficult time not repeating actions, even when punished or when trying to stop.
- Seek out children who are easy to fool and bribe or force them into sexual activity.
- Frequently use social and emotional threats to keep their victims quiet.
- Lack compassion/empathy with their victims and feel regret in getting caught, not with hurting another child.
- In sibling incest with boys who molest, the victim is typically the favorite child of the parents.
- Most parents also have sexual, physical and substance abuse in their family history.
- Home environments marked by sexual stimulation and lack of boundaries.
- Severe behavior problems at home and school and typically have few friends.
- Do not and cannot stop without intensive and specialized treatment.
- Need therapy, strong intervention, combined at times with medication to control their impulses.
WHY CHILDREN ACT OUT SEXUALLY?

Sexually reactive children act out for many reasons. Their sexual behaviors are usually just the symptom for greater, underlying issues. Most children who sexually act out are reacting to their early trauma in abusive, and inappropriate sexual ways. Some abused children tend to repeat or reenact the abuse that has been experienced. This would include masturbation, increased sexual exploration, exhibitionism, and a temporary breakdown in the children’s interpersonal boundaries. Their behavior may or may not have an aggressive component to it but may simply be a heightened sexuality in sexually abused children, either transient or more prolonged in nature.

The term sexually reactive refers to a history of sexual abuse, and although no one professes a linear cause and effect, the history of abuse is seen as a relevant factor in children’s development of unusual or problematic sexual behaviors. Some sexually abused children will develop sexually abusive behaviors toward others. Most believe that sexually reactive children act out in sexual ways to:

1. Attempt to deal with difficult emotions (sadness, anxiety, fear, abandonment),
2. Decrease tension,
3. Satisfy impulsive sexual needs, and
4. Cope with intrusive, trauma related memories.

PRIMARY THEORIES

Although many theories have been postulated, few have been systematically tested. At this point, it is best to have many theories to draw from and avoid using any one theory as exclusive.

A. Traumatic Sexualization

The child learns that sexual behaviors can modulate anxiety and promote feelings of shame, confusion, or isolation that frequently accompanies sexual abuse. Children learn that sexual behavior is necessary to meet their needs.

B. Eroticized Children

Basically, children develop a reliance on sexual exchanges to salvage a sense of integrity and self-esteem.

C. Post-Traumatic Play and Action

Children compulsively and rigidly repeat the events before, during, or after the traumatic incident and seek to repeat the elements of the traumatic event with other children. They attempt to do to others what was done to them.

D. Trauma Model and Repetition Compulsion

The child’s behavior is usually the result of an unconscious process and frequently becomes a fixation. One motivation to abuse may be to master unresolved traumas, yet mastery can be elusive at best, and elicit more feelings of helplessness, coupled with guilt and shame.

E. Compensatory Exertion of Power and Control
TREATMENT FOR
SEXUALLY ACTING OUT CHILDREN

Studies provide support for the belief that the majority of sexually abusive youth are amenable to, and can benefit from, treatment. Sexually acting out children, despite their acts, need to be viewed compassionately and with a hopeful attitude toward recovery. These children are often victims of maltreatment themselves and deserve a chance to heal and live a healthy life.

One of the reasons treatment of sexualized behavior is so essential is because of a recently recognized phenomenon called the victim to offender cycle. Both male and female victims are at risk for this problem. Many offenders begin as victims, whose response to sexual abuse is to identify with the aggressor and to sexually act out in order to cope with their own sense of vulnerability and trauma. Professionals must recognize the potential danger of allowing sexualized behavior to go untreated, which is that, the child then is at risk for becoming first an adolescent offender and eventually an adult offender. The child not only damages him/herself, but also may cause grave harm to many other children over the course of time and perpetuate the cycle of sexual abuse.

Probably one of the most critical factors in child sexual development is the level of parental guidance. Parents play an important part in instilling values about sexuality in their children. When parents view sex as dirty, inappropriate, or secretive they may set rigid and restrictive limits on self-exploration, language, questions, or curiosity considered healthy in children. When children are punished, chastised, or humiliated for their sexuality, they may associate sex with shame or guilt. Children need an open environment in which they can communicate openly, ask questions and learn about sexuality. If they can’t find that at home, they frequently designate their peers as educators.

IMMEDIATE GOALS

1. Be sure the child is not being sexually abused or abusing others.
2. Report any/all incidents of sexual abuse to all parties involved.
3. Provide “sight and sound supervision” at all times.
4. Support and participate in the child’s therapy.
5. Follow a written safety plan at all times.
6. Refer for psychiatric and/or medical evaluations when needed.
7. Collaborate with school, daycare, or after school care personnel.
APPROPRIATE TREATMENT GOALS

1. **Decrease the child’s molesting behaviors.** These may include: inappropriate daydreams and fantasies; masturbation fantasies; persistent, intrusive and recurrent sexual thoughts; sibling incest; impulse control; past victimization; aggression; and power and control issues.

2. **Increase the child’s understanding of their unhealthy associations and beliefs regarding sex and sexuality.** For example, sex equals secrecy; sex equals dirtiness, filth, shame, guilt; sex equals love and caring; sex is “nasty”; where and how to get nurturing.

3. **Increase the child’s understanding of natural and healthy sexuality such as, the reasons people are sexual together and the purpose of sex.** Depending on the child’s age and the nature of their problem it may be important to teach information on the following: values, attitudes, and feelings related to sex and sexuality; sexual intercourse as a healthy way to express love between adults; homophobia; body image; pregnancy; contraception; sexually transmitted diseases; anatomy and physiology of sex organs and reproduction; masturbation; sexual arousal; gender identity; gender roles; homosexuality, bisexuality, and heterosexuality. Sexual acting out may be controlled, for example, by teaching the child to masturbate privately. Teach the child about the differences between “GOOD TOUCH, BAD TOUCH & SECRET TOUCH”.

4. **Increase the child’s awareness of their own and family patterns that precipitate, sustain, or increase sexually abusive and other nonadaptive behaviors.** For example: physical battery in the family; alcohol and drug abuse; role definition in the family; role reversals; parentified children; family scapegoats; family favorites; sibling rivalry; sociopathic tendencies of the family; consequences of actions.

5. **Provide support and teach the child’s caretaker behavior management techniques for sexual acting out which can involve rewarding "sex-free" days and using "time-out".** This also helps the child's energies that might have gone into sexual behavior can be channeled into more age-appropriate activities by having a caretaker monitor the child, interrupt any sexual acting out, and provide opportunities for positive alternative behaviors.

6. **Help the child understand and integrate his/her feelings and thoughts associated with prior victimization** including physical, sexual, and emotional abuse; abandonment; neglect; family breakups; and deaths. Areas to focus on may include: secrets; nightmares; safety; responsibility for abuse; abuse reminders; PTSD symptoms; dissociation; boundaries: emotional, physical, and sexual; feelings about offenders; and damaged feelings.

7. **Help the child observe and assess their own behaviors, be aware of the circumstances preceding their behaviors, and think of the consequences of their behaviors before they act.**

8. **Increase the child’s ability to observe and appreciate other people’s feelings, needs, and rights with exercises related to victim empathy and moral development**

9. **Help the child understand their needs and values and develop their own goals and internal resources.**

10. **Increase the child’s ability to meet their needs in socially appropriate ways.**
PARENT AND ADULT RESPONSES TO SEXUALLY REACTIVE CHILDREN

It is extremely important to note that much of the shame and psychological damage that occurs—not only with child victims of sexual abuse, but also with sexually reactive children—stems from the reactionary behaviors of adults. For example, in Tommy's case, his aunt phoning the police may have created a significant trauma in his life, which may have created more problems and difficulties for him.

When first dealing with sexually reactive children parents and adults should:

1. Attempt to remain calm in the presence of the children.
2. Phone a specialist or mental health professional immediately.
3. Talk to the child, without expressing anger, and inquire about where the child learned the behavior.
4. Discuss how many times this may have occurred.

Not punish, hit, or whoop the child, as the child may not have know what he/she was doing was wrong. This would only result in an intense level of shame, which will carry over for years.

SPECIFIC HOUSE RULES FOR THE SEXUALLY ACTING OUT CHILD

1. No sharing of bedrooms. If children must share bedrooms, get permission from their therapist and make sure the child who is sharing the bedroom is strong and assertive enough not be a victim or a child who does not have a history of sexual abuse.

2. Talk to the other children in the house. What to do if this happens and how not to become involved. They need to be told that it is important to tell adults so adults can help with feelings and behaviors.

3. Teach children specific skills to reduce anxiety or arousal. A time out, to repeat a phrase in his/her head, to engage in physical activity other than sex, or to draw or write out his feelings. Must be given the tools to channel anxiety, frustration, anger or fear into appropriate, non-abusive activities.
4. Talk openly about rules about touching and what is appropriate. Talk openly and often about appropriate touch safety and boundaries with all the children in the family. Abuse happens in secrecy, so make sure everything is open and everything can be talked about. The more open you can be about sexuality and communication, the more likely a child is able to integrate what you are trying to tell him/her. Talking openly about the rules lets everyone know that sexual touching will not be kept a secret.

5. Work closely with the therapist to avoid misunderstandings and to reinforce therapy work at home.

6. Have a plan to address behaviors when it happens. Don’t ignore, don’t punish, and don’t shame. Address it calmly, assertively and immediately. Help the child to act appropriately.

7. Encourage self-esteem and age appropriate activities. When children feel less anxious, more in control and are exposed to more age appropriate activities and peers, the sexually acting out behaviors will usually decrease in frequency.

8. Use motion sensors if needed, especially with numerous sexually reactive children in the same home.

9. Intervene when a child is sexually acting out or inappropriate by using the following four steps:
   1. Stop the behavior.
   2. Define the behavior.
   3. State the house rule.
   4. Enforce consequences or redirect the child.

   **Case Example**
   You hear giggling in the bathroom. When you open the door, you find 5-year old Lori rubbing her crotch up against 4-year Sandy’s bottom as she brushes her teeth. Both are laughing.

   **CAREGIVER’S ACTION:**
   *Step #1: Stop the Behavior:*
   Tell the girls to stop what they are doing and separate them. Put one on either side of you and get down to their level.
   *Step #2: Define the Behavior.*
   “Lori, you were rubbing against Sandy’s bottom with your crotch and that’s not okay.”
   *Step #3: State the rule.*
   “An important rule in this house is no sexual touching and what you were doing, rubbing up against Sandy’s bottom is sexual touching. That is not okay in this house.
   *Step #4: Re-direct the children or apply a consequence.*
   “I want Sandy to finish brushing her teeth and both of you go to your separate timeout for three minutes. We will talk more about this later.
SEXUALLY REACTIVE CHILD VERSUS SEXUAL OFFENDER

Professionals working in this area must understand the distinction between sexually abusive youth (offenders) versus children who are sexually reactive (acting out due to their own abuse and trauma) and/or pre-sexualized (sexualized prematurely in life). It is extremely important that people -- professionals and parents alike -- understand the difference between a sexually reactive child and one who could be considered a sexual offender.

First and foremost, childhood sexuality begins very early in life, with some notable professionals stating as young as 12 months. Sex and sexuality are, to a large degree, learned behavior. Therefore, we must keep in mind that children will experiment with their sexuality and with sexual behavior towards other children. Children begin to learn about sex and sexuality from a diverse set of informational sources: television, parents, peers, music, self-exploration, babysitters, and so forth.

It is very important to understand the concept of presexualization, which refers to a child who has been sexualized prematurely in life. Presexualization can take various forms: being overtly or covertly sexually abused, being exposed to pornography, and witnessing adult sexual behavior in the home are the most common forms of presexualization.

Being presexualized, however, does not necessarily imply that the child is or will become a sexual offender! Rather, it may indicate that the child may act out what he/she has been exposed to. This is what we would call a sexually reactive child.

Some of the differentiating signs between a sexually reactive child and a sexual offender are the following:

1. Did there appear to be a conscious knowledge of sex and sexual behavior, or was the behavior triggered by external stimuli?

2. How sophisticated was the incident? Did penetration occur? Was it a planned out offense? Did the child/adolescent have a goal in mind (i.e. ejaculation)?

3. How many times has the child/adolescent engaged in such behavior? Is this likely the first, second, or third incident, or has the child/adolescent exhibited this behavior for an extended period of time?

4. Does the child/adolescent make up a deliberate lie to cover their tracks, so to speak? Or does the child/adolescent appear greatly confused and ashamed over the incident?

5. Does the child/adolescent typically hang around with or associate themselves with children significantly younger than themselves (i.e. if Tommy was 9, are all his playmates 4 and 5?).

These are just a few of the differentiating data that may separate a sexually reactive child from a sexual offender.
CASE EXAMPLE: SEXUALLY REACTIVE
OR SEXUAL OFFENDER?

Tommy is a 9-year-old male, who was exposed to video pornography at the age of 3 onwards. Because his mother had a substance abuse problem, he would be cared for by his mother's sister. His aunt would have her boyfriends come over the house regularly, and would engage in sexual intercourse with the men on these occasions. Though the door to the bedroom was closed, Tommy, hearing strange noises found a crack in the door and witnessed the sexual activity. At first Tommy felt very strange—he thought his aunt was being hurt at first—and he felt scared.

After he witnessed the sexual activity a number of times, he began to feel what we might call "horny" or sexually excited. He began to masturbate at the age of 6 by rubbing his penis on pillows and against the bed. One day, when Tommy was 9, he was left alone for the day with his 8-year-old female cousin. They began to play various games together. Tommy noticed a sexual scene on a television soap opera, and became sexually aroused. He then asked his cousin if she wanted to try something he had seen his aunt do in the past. The female cousin agreed, and Tommy got on top of her and began to "hump" her. While they were doing this, Tommy's aunt came in and witnessed what Tommy was doing. She was so upset and confused that she phoned the police. The police entered a report, and Tommy and his aunt were referred to a sexual abuse/offender clinic in a nearby town.

Is Tommy sexually reactive, or a sexual offender?

Let’s re-examine his story. Tommy was prematurely exposed to various sexual activities by witnessing his aunt having sex with numerous men, and by viewing pornography. At first he became scared, but then he became eroticized. He began to masturbate at a young age, most likely thinking about what he witnessed. The day of the incident, Tommy's sexual arousal was triggered by witnessing a love scene from a television program, and wanted to try what he had seen with his female cousin. No penetration occurred, and the act was unsophisticated.

Many untrained people may erroneously state that Tommy is a sexual offender. He asked his cousin to partake in the activity. He initiated the activity. It appeared to be an advanced act of carnal knowledge.
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