

[00:00:01.390] - Lisa Qualls

Welcome to the Adoption Connection podcast, where we offer resources to equip you and stories to inspire you on your adoption journey. I'm Lisa Qualls.

[00:00:10.310]

And this is Melissa Corkum. Don't worry, we get it, and we're here for you.

[00:00:19.170] - Lisa Qualls

This week, we're bringing you a recording from a recent workshop that took place in The Village.

[00:00:24.570] - Melissa Corkum

In case you haven't heard about it, the Village is our membership community where you can find support and training to meet your needs. For more information, head to the [adoptionconnection.com/village](https://adoptionconnection.com/village). We want to give you a heads up that this week's episode contains mature topics and themes, so you might want to pop in headphones or listen when there aren't little ears around.

[00:00:45.070] - Lisa Qualls

We hope you enjoy the workshop.

[00:00:52.270] - Dr. Melody Aguayo

I'm so excited to be here. This is actually one of my favorite topics, mostly because when I was searching for answers about the specific topic, I had very few people that understood what was going on and were not quick to label these children as "predatory children." And I put that in quotations, so they saw what looked like sexual dysregulation. And the only terms they had to understand that were, oh, my gosh, this child is a threat. So as in my own practice and I'm a parenting consultant that works with at risk kids and their families, I started seeing this issue come up over and over and over again and with children that I've worked with for years that I knew were not predatory kids. They were just dysregulated kids, but they were getting in huge trouble as puberty hit because that dysregulation led to specific behaviors that people just didn't understand. And there were so many phone calls of concerned parents that just didn't know where to go and didn't know who to talk to. Sex is a scary thing for an adult because we know all the ramifications that comes with sexual activity. And so we are looking at it through that adult lens instead of through the child lens. So I'm going to start a little bit by just talking to you guys about stress in the brain because I think everything needs to start there. Otherwise, we don't understand why our kids do what they do. First of all, I am an adoptive parent of two. My kids are almost 17 and almost 18, which is crazy. I feel like just when we feel like we have something figured out, we hit this new season of life. And then I'm like, oh, wow, I need to start researching this. This is hard. Raising young adults is hard. Anyways, I don't have all the answers. I certainly don't. And I think the more I work with these families and these children and the more I parent my own children, I realize that complicated problems never have simple solutions. They never have simple solutions, and trauma is complex. Developmental trauma is especially complex. And so there's not going to be a quick solution, unfortunately, even though as parents, we would all want that. So I'll start working on the understanding that infants brings are super vulnerable to early trauma. I really wish that ACE scores would begin in pregnancy. ACE scores are childhood adverse experience scores. And the higher the score is for that, the more behavioral issues a child has, also, the higher those scores are, the earlier sexual activity starts in teenagers. So when you consider that, that's a pretty sad. It makes me sad as a parent, because when you look at your own child's ACE scores and then you look at, okay, so if the average child begins to engage in sexual activity between 17 to 19, what does that look like for our children? With a score of five or six or seven or eight, it starts a lot earlier. So in utero, a child can have trauma that is significant. Adoption is trauma, changing caretakers is trauma. Real relationships do not start at birth. Anybody who has experienced a pregnancy knows that relationship starts at conception or that the minute that you know that that baby is inside of you, you start a relationship with that child and that child starts a relationship with you. And so that loss is just tremendous for children. So the HPA axis is really important because it is how we modulate our stress hormone, cortisol. Cortisol is the stress hormone that is super neurotoxic. And when a baby has very high levels of cortisol, it literally damages their brain, not just in infancy. Those high levels of cortisol can keep damaging their brains for life. That's what I didn't

understand. I really, really believed that when I brought my children home at one and a half and four months of age that their distress would stop and that healing would begin. Instead, what happened? My son's distress continued, and my distress began. It was very different than what I expected. And the more I understood about the brain, the more I understood why this doesn't just stop when a child experiences safety. So the hypothalamic pituitary adrenal axis. Let's pretend it's sort of like a dam that's holding back the stress. It doesn't even start forming. It doesn't even start building until the child is six months of age outside of the womb. So we've got 14-15 months where the child has zero protection to stress. Zero. Any stressful situation can become neurotoxic when the child doesn't have that safe person to help them co regulate. Any stressful situation. And so they just don't have any protection. Now at six months of age, if a child has been really well cared for and protected and loved, they have a little bit. They have a boundary. They don't have a huge boundary, but they have a boundary that protects their brain from stressors. Of course, you're still protecting their brain from stressors. But what happens with kids with early trauma is that dam is not there. And so the village is flooded, right? It's just flooded which is really sad. So this is, if you guys can imagine, I created this myself. I'm very tech savvy. Excuse me, I have a cold. This is how I explain stress to people because it makes sense to me. And I'm not a scientist. If you have two low levels of cortisol, you are under reactive. And that's not typically what we're looking at in our kids, except sometimes in adulthood, their adrenals will crash and they will become under reactive. And then we see some depression and things like that for kids that used to be hyper reactive. But if you have a normal level of cortisol, we see here in this green line, you're only going to hit alarm if something happens that you feel like it's a threat to your life or a threat to your children's life or a threat to your way of life. So an example of that would be you get in a car wreck, even a small car wreck tells the brain, oh, my gosh, I could have died, right? So you're going to go into this fight, flight, freeze. Food can be any substance. It can be alcohol, it can be drugs, it can be sugar, it can be any substance that we take in, nicotine. Fornicate is one that we see it starts in puberty a lot of times. And then there's also faint and there's also another one. But we're going to stick to, we're going to talk to them about these right now. A person with normal cortisol levels is going to hit alarm on occasion. But I would say it's probably, I don't know, twice a month if that they watch their child fall out of a tree, they hit alarm. They think their child is 15 minutes late from coming home. They hit alarm. If you're like me. Oh, my goodness. Just the other day, I sent my daughter out to walk the dog, and I didn't feel like she had walked the dog long enough. So I sent her out to walk the dog again. Well, then I felt like it had been too long since she'd been walking the dog. So I hit alarm. That's a parent for you, right? She's like, mom, you told me to walk the dog longer. I'm like, I know. I just got scared. I felt like it was too long. So that's a normal level of cortisol. Children who are adopted almost always have high levels of cortisol or who have endured early trauma. And that doesn't mean that they are behavioral issues. It doesn't. It just means that they're going to hit alarm more frequently. And so we look at the high level of cortisol here, and that's the kid who really generally does okay, but they get into second grade and they have that teacher who's just not nice and yells at other kids. She doesn't even have to yell at them. She yells at other kids and they're in alarm all year. And you've got to do something to get the child back into a safe place and that is our responsibility as parents. So these kids are going to hit alarm when they have too much on their plate. So maybe it's a child who has 4 hours of gymnastics after school. I can't even imagine that, but there have been times that families have come and it's really just a matter of let's take this off the plate and then the child is able to function because they're not in an alarmed state all the time. But then we have kids who have extremely high levels of cortisol and that's like my son initially, we've definitely improved that bar. But before I dropped him off at kindergarten, he'd hit alarm probably seven times and he'd hit alarm if he couldn't find the socks that felt good on his toes. He hit alarm if there weren't Cocoa Puffs in the pantry, the food was we would hit alarm about food every morning. He'd hit alarm because he had to wear a jacket to school. Every little thing of the morning caused us to hit alarm. And those are the kids that when they go into puberty, it's a lot more challenging. It just is the higher the cortisol level that a kid has, the harder it's going to be to get through life. And there are ways to adjust that bar. We can't talk about all of those things today, but there are definitely ways reducing technology, getting lots of physical exercise, neurofeedback and some specific brain stuff. There's ways to adjust that bar, but in general, when you start out with a kid who's an extremely high at the age of four, you're going to have a lot of struggles with that child at the age of 14 and 18 and 22 and that's that. But in general, even if there's improvement in general, that's how it's going to be. Now we all have an alarm state. Mine is fight. If my child falls out of a tree, I scream at them. It's highly therapeutic. I mean, I literally am like, what were you doing in the tree? That's what I do. Mine is fight.

Luckily I don't hit alarm very often, so my kids don't see that side of me very much. But when I hit alarm, I go into complete fight mode, probably also food mode. I lost £80 a while ago because I would go into food mode too much. So your child has an alarm state. The children that I see right away are the fighters. Those are the ones that I typically see between the ages of four and eight. And the children that I see later are the freezers. In my opinion, any state of alarm that a child is in is alarming and they need to get help because another thing that happens when a child is in alarm is they stop learning. You learn nothing when you're in alarm. So children that are in alarm, a lot have huge gaps of knowledge, things they should know that they have no idea. This becomes really important in puberty where we have learned all these important lessons throughout our life. These kids have not. They have not because they have been in alarm so much that the learning has stopped. And that's a real issue. When does sexual education begin? So sexual education begins in infancy. We learn a lot as toddlers, as infants, and as young children about how to behave with our bodies, about boundaries, about body safety. We learn a lot about those things. There's different lessons at different stages of life. You can see here we've got a few stages. We've got the baby changing gears and a little guy being independent in the bathroom. And then we've got romance over here. So what would be the stage that we would start learning at this age? At this stage, let's call this kid Tommy. Tommy is learning that poop is gross. Now, for those of you who have had kids with poop issues, you know that this is actually a really good lesson that we want our kids to learn, right? Poop is gross. Mommy doesn't like poop on her hands. Mommy wants me to have a diaper on when people come over and things like that. Don't reach down Mommy's shirt and grab her breast when the neighbor sitting on the couch. All those lessons kids are learning at this age. And if you've been around a one year old, you know that that's true. These are all things that we're constantly, constantly telling one year old, don't touch your penis. Oh, maybe now we need to wash your hands. If he had his hands down there while he was changing this little guy, let's call him Joey. Joey is four. He is learning a little bit more grownup of lessons. He is learning that you can't call strangers to wipe your bottom. You can't call neighbors to wipe your bottom. Only mommy and Daddy and aunties and uncles can do that or aunties or whatever the rule is in the home. But he's starting to learn those rules. He's starting to learn that you can't run in the yard without pants on. He's starting to learn that you need to pee in the toilet, not in the parking lot. He's starting to learn all sorts of those little rules. He's also starting to learn body boundary things. So we saw Tommy before who's one who's allowed to touch his mom's face whenever he wants to. In fact, he can touch any grownup's face when babies touch our faces. It doesn't feel unusual. When this little guy starts touching people's faces, people are going to start saying they're going to start pulling their hands down. I don't like that you can hold my hand if you want my attention. So he's learning all about body comfort. And you guys will know if you have children who have bad boundary issues, that one of the things that we're constantly working with them on is our own body comfort and other people's body comfort. It doesn't feel good when a twelve year old takes a hat off your head or messes with your glasses or plays with your ears, it doesn't feel good. But those are lessons that they didn't learn. And those really can be very those are body lessons. Those are sexual lessons. So this little girl is about seven or eight, and she is learning things like you must wear underwear under a dress. She's learning some harder lessons at this age. You must wear underwear under a dress. Even if you're curious about what somebody else's private partners look like, you can't ask to look at them. And you know, it's normal for kids to do that at these ages between about five and seven, almost every child at some point is saying show me yours, I'll show you mine, right. But they're learning at this age that's a really bad thing that parents get really upset about it. Teachers get really upset about it. They're learning those things. They're learning that they can't just hug just anybody. Now, the hard thing about children from trauma, especially children who have extremely high levels of cortisol. So they're extremely dysregulated. They are attracted to dangerous things and they are frightened of safe things. And that's true of people as well and relationships. So they are attracted to dangerous things because their brain is used to that level of danger and arousal. And when they feel calm, they don't feel safe. And so we've got lots of things here that are going on for these kids. So I'll tell you a little bit about the adolescent brain. It is going through more changes than at any other time in a child's life, except for that first year of life and then in toddlerhood, we also go through a huge, huge change. So the earlier a child presents with issues, the more serious the issues typically are. But the times that children present with issues are typically times where the brain is going through major changes. So we see a lot of children that present with issues in those toddler years and think about diagnoses like autism and things like that. And then we also see a lot of children present with issues, particularly mental health issues, in adolescents. The reason for that is because we already have, let's say for our

own trauma kids, they already have high levels of cortisol, and testosterone increases cortisol levels. So even for families who have managed to really kind of find a sweet spot and their kids are eight to eleven and things are going okay, and they've learned how to manage their behaviors and they learned how to deescalate situations and that sort of thing. A lot of times when testosterone kicks in, which kicks in puberty changes for girls and boys, then cortisol levels are going to increase regardless. That's hard. It's a hard season of life for the kids because they become very stressed. Not only that, but the brain is pruning, which means it is killing cells. It is killing neurons so that the brain can function more efficiently. The same thing happens in the toddler years. But when you have too high levels of cortisol, the pruning, the killing of those neurons takes a whole new kind of instead of like pruning with some little shears, how you can go out there and trim a bush, it's like somebody is out there with a machete, just kind of chopping the bush in all sorts of shapes and sizes. I mean, it's not the kind of pruning that we want, and it's a little chaotic and it's a little too much. And so sometimes kids end up with too few of those neurons. So it's just a hard season, it's a really hard season. And I keep saying that. I keep saying, well, 14 to 16 was the hardest season. I think there's a couple of things going on at 14 to 16, when a child initiates puberty, there's a lot of hard stuff, and that's usually eleven to 13. But what kicks in between about 14 to 16 is some identity things. So here is a child who needs you desperately, but their developmental job is to push you away. It's just a conundrum. It's just so hard. It's so difficult. And I empathize with them because oftentimes they need you for regulation. They need you to help organize their feelings. They need you for all these things that a typical 15 year old would not need you for. But they understand. I mean, they are in some ways, their cognition is growing and developing that they're not supposed to need to. And so they start rejecting your help. And so that's a lot of times 14 to 16 is where we see kind of the big risk seeking behaviors and that sort of thing when that starts happening. So here's kind of this was Sherry Rego did a training on these terms. Then you can look it up on YouTube. It's about a two hour long training. But I like how she describes the terms and it makes sense. So I use her model. There's normal sexual exploration. And we have to understand that human beings are sexual beings. We are not in the womb, little boys are having erections. Okay? We are sexual beings. We have developmental sexual stages that we hit at different ages. We get really curious about other people's bodies. We are sexual beings. So that's normal things like masturbation in toddler years is very normal. Masturbation in teenage years is very normal. And even sexual activity is normal in teenagers for normal sexual exploration, but sexually reactive kids. I'll move on to the next one, so this is kind of if you guys want to take a picture. So just because it's normal doesn't mean it's allowed. So I know that every family has their own ethical values and system of what you think is right and what you think is wrong. But I would challenge you to also look at some of those values and understand that even for very conservative Christian families that follow the Bible regularly, religiously, the Bible makes it clear that there's no sin that's more or less than another sin. We put those parameters on people, but God does it. So for him, sexual sin is the same as eating too much and not taking care of our bodies. It just is we're the ones who have different expectations on that, not him. So this stuff is normal for the developing child. What happens with trauma kids is that Dr. Karen Purvis used to say this all the time. The social emotional age of a child with complex trauma is half their chronological age. Okay, so let's say we've got over here on the right, we've got a child who's twelve and probably taller than his mum by now. But socially, emotionally, he's like a six year old child, like the child on the right, still needing his mom's support and hand holding in a lot of areas. So what would that look like if a twelve year old child who was socially, emotionally six had an erection at school? Because that's what happens, right? Spontaneous erections start and kids have to learn how to deal with them. It's not complicated for a child who has normal learning and learns vicariously from the environment. They understand I better not show this to the teacher. Right? They understand that. But our kids who have been in alarm their whole lives or a big part of their lives do not understand that. So what would a six year old do if they had a spontaneous erection? Probably show it to the other six year olds in the class. Maybe show it to the teacher, maybe talk about it. What would a six year old girl do if she started her period? I mean, she would probably talk about that, too, maybe make inappropriate jokes about it, maybe show people her pads. So these are all things that we have to consider as far as, you know, what can we expect and how can we close the gap between the learning they have and the learning they need in order to do this? And it's also normal at these ages, at the age of six, socially, emotionally, to really have a crush on the parent of the opposite gender. So I see this a lot in kids that are starting puberty and it doesn't mean it's inappropriate. Sometimes it's just your son wants to hold your hand instead of have Daddy hold your hand and he's twelve. You know, obviously we want to immediately if it's something that

crosses the line. But most of the time it doesn't cross the line. Most of the time, it literally is like a five or six year old crush. And it needs to be treated like a five or six year old crush. Normal at five or six, but when it happens at twelve, parents get really alarmed. I remember when my daughter was five, she's very typical, developing. And when she was five and realized that her Daddy was already married to me, she cried all night. Apparently she hadn't realized that Daddy was already married and she was just devastated. She was like, you didn't tell me you had married my Daddy, because at that age, it's totally normal to have a crush on your dad. Now for my son, it happened when he was about twelve. And for him, he wanted to hold my hand. He wanted to sit with me during the movie. He didn't want my husband to hold my hand. It was very innocent. And we just had to kind of walk through that just like we did with her when she was five. So we have to look at that and we have to treat their social emotional age and their cognitive age, which is where it gets really difficult when we're talking about our kids. Okay, so let's talk about sexually reactive kids. So here's where sexual behaviors become out of balance with their peers. So most are self stimulating, but they may be done in close proximity to others. So an example of that would be maybe every twelve year old boy and probably every twelve year old boy who could access pornography, who has the opportunity to and knows how to and wants to is going to occasionally access pornography. But the sexually reactive child might do it while they're sitting across from you at the dinner table. They might do it while they're sitting in the doctor's office on Grandma's phone or something. So you see, it's not that they're doing really different things. It's that they're doing them indiscreetly. And that makes people really alarmed. They may ask other children to do sexual things with them, but there's no attempt to threaten them, none at all. And sometimes kids a lot of times another thing I've seen is because they didn't do the things at five or six, like, show me yours, I'll show you mine. Some kids just miss that stage completely when they're in alarm all the time. But then they get to eleven or twelve and they want to do those things. There's typically very little difference in age, and requests are not typically made of siblings. And when the child is caught, they experience lots of guilt, shame, and anxiety. They get it now, they might do it again and again and again there. So we're looking at the frequency of the behaviors and the discretion of the behaviors are very different with the sexually reactive child than the normal developing sexual child, if that makes sense. So we're looking at frequency and discretion. So these are the kids that they will be in middle school, and all middle school boys are telling jokes about? I don't know, let's say that their English teacher has great boobs or something. I mean, you know, middle school boys. So let's say English teacher has great boobs. Middle school boys have been talking about these boobs for years, since the teacher came. But your child says something to the teacher about their boobs. Okay. The other middle school boys are not doing that. They're being more discreet. They're giggling in the bathrooms. They're just being more cautious. But the child from early trauma, who has not learned those cautious lessons, who doesn't have good impulse control, is going to say things that make people uncomfortable during this season, and they have to be taught not to do that. And it has to be a really, really purposeful teaching have to teach them that when you're watching a movie with them and they laugh at the dirty jokes, but the whole family is sitting there watching the movie that makes everybody uncomfortable. It just literally needs to have conversations about that stuff all the time. I don't know that I love this term, but I haven't thought of a better term. So this is the term that we use. I don't like the extensive mutual sexual behavior definition of it because usually it's one child that is really pushing for the sexual activity. Now this is where it gets more concerned. This is where education and therapy is often not enough. You need to seek out very specific niche therapists who know how to work with kids like this. These are kids who are always seeking out sexual behaviors are the way they connect with other people. Okay, one more point about this one. Sexually reactive kids, you typically don't start seeing this activity until puberty. So developmentally, it's happening at the right time. It's happening more intense in frequency and discretion and that sort of thing. But developmentally, it's happening at the right time with these kids, with extension, mutual sexual behaviors, it usually is happening kind of throughout the childhood. I don't work with these kids because I don't feel like I have the expertise to work with these kids. I do believe that children, I mean, therapists and child advocacy centers who work with predators and victims are much better at dealing with these kids. So this is where children participate in the full spectrum of adult sexual behaviors. Sex is the way they approach play. So, like, every time a parent is turning around, the child is behind the couch trying to see other kids private parts or something like that. Sex is the way they relate to peers. Sex is the way they make friends. They're much more resistant to treatment because of this. And they often don't have that sense of guilt, shame, embarrassment at the end. So these kids need supervision all the time, and everybody around them needs to know that they have these sexual

issues and dynamics and that other kids are at risk for it. And then there are children who molest. Again, I don't work with these kids, and I won't spend too long talking about these kids. In my opinion, I don't see these kids very much. I just don't. This is where sexual behaviors are kind of pervasive often starts again before puberty. They seek out children who are easy to fool. So there's always, like this power bullying dynamic going on. Coercion is used to gain participation, bribery threats, they often use social and emotional threats. They don't seem to have a lot of empathy, they may no less siblings, that sort of thing. So given the following situations, we can just talk about what you know, and we won't read all of these. Let's see when Mophie. And this is the one right in the middle column here. When Mophie likes a girl, he tries to kiss her. He's gotten in trouble for this many times, but he continues to do it. He also sent a picture of his erect penis to a girl he liked in 8th grade. When his parents looked through his phone, they found that he had taken quite a few explicit images of himself. Mophie is 14. So do you guys think that what category do you think Mophie falls in? And I will answer this for you guys. I think he's just sexually reactive. So he's gotten in trouble for trying to kiss a girl many times. The problem here is what Mophie is doing is illegal. So even though we can have compassion for the fact that we understand that, he doesn't understand that he hasn't learned these lessons, that we need to teach him these lessons, it's still not okay, but it still feels like he's not coercing. He's not doing any of that stuff. So let's do one more. Susie and her neighbor Holly spent hours in a fortnight belt in the backyard. Holly was one year younger than Susie. Susie often talked about boys, private parts, and sexual acts. In fact, anytime they were alone together, Susie wanted to talk about sex. One day, she asked Holly to lick her private parts. Susie is a kid who does mutual, extensive sexual behaviors like her idea of connecting with children is to talk about sex and engage in sexual acts. So obviously, we are going to be more concerned the farther we move to the right. So here's the natural order of relational learning. First, we have to learn to engage with a caretaker, and that's honestly the easiest lesson. I mean, our caretakers usually want us to win, and so we learn to give and take. We learned to take turns. But somebody is always, like making sure we're not too upset about things and that sort of thing. And then we learn to relate to friends. That's harder. You have to be happy for somebody who's doing well, sometimes better than you. You have to be OK when they want to play with somebody else. You have to learn to move in and out of different social groups. And then there's romantic relationships. Now, how many of us, as I'm just going through the first two categories are like, good Lord, my child still can't do those things. So the romantic relationships become really complicated. We still have to go back and work on all these other pieces as much as we can, as much as we can. It's not our job to fix our kids. It is our job to welcome them home if they're older, to walk with them through this and to make good choices for them and with them. Right? That is our job. It's not our job to fix them. Broken children engage with, become broken teenagers who engage with broken adults. So one of the harder things of parenting older kids is that the relationships that they bring home may be so far from the relationships that you were wanting your child to have. They still need relationships because the single greatest, greatest risk factor that young adults and teenagers face is loneliness. I encourage you to lower your standards, lower your standards for your children's friends and girlfriends or boyfriends, because as long as they are safe, they don't have to share your values to be protective factors for your child. They don't they don't have to share your values. Okay. So I don't have too much time left. But I do want to talk about what do you do when you have a child who is sexually reactive? You have to have different concrete rules. This is not the home you grew up in. If you grew up in a really typical home, I grew up with four brothers, and I never heard my brother say anything inappropriate, ever. In my entire childhood I never heard a snicker that I thought was sexual. Nothing. This is not the home you grew up in. So in my home growing up, my brothers, they would share a bathroom to get ready and there were two or three in a bedroom at a different time and that sort of thing. With sexually reactive kids, we want to create really concrete boundaries because they don't have those inner boundaries. So we want to make sure to present some outer boundaries for them. So, for example, never more than one person in the bathroom. That just has to be a family rule, particularly as you get into puberty. Don't come out of the bathroom unless you're fully dressed. Sometimes you may even have to tell them where and when it would be appropriate to masturbate. And here's where teaching, you just have to get comfortable teaching, teaching, teaching, teaching, because they're going to do it. They just don't understand the rules. They really don't. They don't understand the rules. And yes, it's embarrassing to talk to them about the rules for them. Even if you're not embarrassed, it's going to be embarrassing. You can't talk about this stuff without embarrassing kids, right. But you can do it with compassion and you can do it with love and you can get through this season. You really can talk to all the other children in the home

about what is considered appropriate, what is not, and use appropriate terms like, wow, that was inappropriate. That made me uncomfortable. I don't want to see that again. And everybody needs to understand what that means so that the other children can come and be like, that made me uncomfortable or that was inappropriate or that sort of thing. Concrete rules around body stuff. Really concrete rules around body stuff. And really for dysregulated kids, for kids that start out high on that cortisol bar, I encourage never, ever share bedrooms. I know it's hard. We live in a small house. I know it's hard. And we only have two children, so I appreciate what other people are dealing with. But even if a person turns one bedroom into two bedrooms, I really think that's part of learning the concrete boundaries that our kids need. So how much detail do kids need? These resources can be found in Vanderbilt Peabody's Institute, and this is for developmentally challenged kids. I find these to be the best resources to teach our kids about puberty because they literally break down everything that could possibly happen. So this picture on the left is showing a little boy who's having a spontaneous erection, and it's giving them different options of what they can do to cover it. You can hold a book in front of you. You can take a jacket to school and tie it around your waist. What can you not do? You cannot talk about it with other people. So we kind of just spell it out. It also spells out how, not how, but when to masturbate. To do it privately, you can do it in your bedroom or in the bathroom with your door closed. And you need to wash your hands at the end of it to keep your body safe. And you never want to have somebody else in the room with you at the same time. So we kind of go through those rules again. There's so many pictures. I really like this resource. And most books about sex for kids and teenagers are ridiculous in the amount of words they use. Oh, my word. You cannot get even books that are made for a four year old I can barely get through because they're so boring. What I like about this is you can just print it out and talk about one thing at a time and you're not overwhelming them with words and details. You can have those books as a resource as well. But this is really just what do you need to do today so that you don't get in trouble tomorrow. It's much more simple. It's just hard. It's so hard. And again, I want you to remember that they didn't learn the vicarious lessons that other kids learn. And so I will have, I used to have people tell me who were not raising a child with complex trauma, once they start getting interested in girls, they'll figure it out. And I thought, yeah, no, that's not my journey. That's not how it works in my house. We don't just figure things out. Every lesson is hard earned. Hard earned. If hygiene is a control issue, the only way you can manage it is by releasing control. The only way. And that's hard, but it's doable. But if hygiene is really a learning issue, if it's really a lack of skills, then take the time and teach the skills. But do it kindly, because as soon as you get kind of escalated, your child will stop learning. And so whatever it might take six months, it might take three years, but they can learn. Everybody can learn. Everybody can learn. You just have to do it in a way that they can learn. So pornography is a huge issue. And when you think about, when I grew up, I would have had to have assumed a huge risk to get my hands on pornography. I never did, by the way. It wasn't that easily accessible and nobody ever presented it to me. But it would have been a huge risk. I would have had to somehow go to some store, maybe steal it or buy it. And boys, traditionally, have been engaging in those risks much longer than girls. But today there is almost no difference between the girls that look at porn and the boys that look at porn or the ages that they start looking at porn because it's in your hands. You can literally access it almost any time that you want. If your child has a device or things that you don't think a child can get on the Internet with, they're getting on the Internet with. And I'm not technologically savvy. I think that as parents, we are responsible to only give our kids good gifts. And I take that very seriously. I'm not going to give my child something that's going to hurt them or that they cannot manage. So there are phones that are made for kids, and there are phones that are made for teens that have no access to the Internet. But any of us who have parented a teen for long enough knows that if they want to get access to another phone, that they will find one, right? They'll find one in your closet, their friend will give one to them, they'll find one at school and steal it. They will find access to what they want to find access to. I still think as parents, we are responsible not to provide something that our child that is going to cause our child to have big issues. And if we're not providing it, they're probably accessing it less. So there are protections they're not foolproof and they're not completely safeguarded, but we still need to try our best. There are protections that we have a device that tells us when a new device is in the home. And so we've been able to catch devices that way. Like I said, it's not 100%, but it's better than nothing. And so we really are responsible for that because porn, it doesn't matter what your religious belief is, people understand that porn is not good for healthy sexuality. It just isn't. It's not good for healthy sexuality. It's not good for healthy relationships. The expectations, the violence in it, the degrading pieces of it. It's just not healthy for our kids. And so our kids, we are in an age where

they are getting tons of sexual information and zero sexual education, almost zero. They think they know it all because most kids are accessing porn between the ages of eight and eleven for the first time. They think they know it. They don't. You have to talk about pornography with kids. Watch some Ted talks on it. There's some amazing Ted talks on the effects of porn in the brain. Make it a school assignment. Talk about pornography. It's a really important thing that we have to talk about. So the adolescent brain and addiction, this includes pornography, but other things as well. And here's the thing about sex, sex and things like pornography. Orgasms basically releases oxytocin, which is the best way to cancel out cortisol. Oxytocin literally kind of cancels the effects of cortisol. So of course, a child with excess levels of cortisol, once they discover that it's going to be a hard thing to stop seeking it out because it's like the remedy. It's not. It's the remedy that creates lots of issues, but it feels like an instant remedy to their stressed out situation. Their little stressed out brains. The problem with the brain and addiction is that any addiction that starts in adolescence is so much more damaging and hard to break than an addiction that starts past the age of 25. So people who become addicted to vapes, for instance, which are so easy to get now at 14, it's so much harder to break that addiction than if they started vaping at 30. So that's why we want to teach our children about their brains. We can't control everything they do, but we want to teach them about their brains so that they know how this is affecting them as well. So handling cell phones and devices, I wish I had an easy answer to this again. I think for us personally, we just decided we're not providing anything that is going to hurt our children. So what that meant for us is one of our kids got a phone in high school. I don't love phones. We actually waited until they were in high school and the other one pays for their own phone now. That's what felt right for us. So I think it's way too much to expect for a child with normal development to have a phone at twelve and 13, much less one of our kids. It's too much to expect. There are so many phone conflicts that are going on. I mean, they are phones. Like I said, if it fits a phone just for communication. There's a couple out there that work for that. But I'm talking about social media and that sort of thing. If we keep having the same conflict over and over again, the easiest thing is to remove that point of conflict. Right? Because it's not good for relationships. It's not good for family environment. It's not good for anything. So that's my take on phone stuff. Social media is again, if your kid wants access to this stuff, they're going to find it. They're going to make their accounts. So we need to be talking about it. We need to be assuming that they're risk takers online, just like they are risk takers in real life. And we need to be talking about some of these things and what the risks are. Even if we don't know everything that's going on, we need to be having these conversations. This is my last point. And then I'll end our sexually reactive kids are, in my opinion, the most vulnerable to being preyed on because they have poor boundaries, because they don't have that little alarm system that works. They are so vulnerable to being prayed up by other adults, by children who want to get something out of them, by real bullies. They're very, very, very vulnerable. And so this is something that I have told the kids that I work with and my own children, that we have some concrete rules about other adults specifically for these kids. And I really encourage you to take a picture of this and talk to your kids about this. Any adult that contacts you directly and tries to make a plan is not an appropriate adult. This is not safe. Adults don't do this. I don't call my friend's 13 year old son and make a plan with him. I don't do that right. Kids and teens are easy to trick by adults. This is not their fault, ever. And I tell kids that all the time. No child, no teenager is a match for an adult. Most kids, even kids who struggle with relationships with their parents, believe me when I say parents want to keep them safe. So we fall into that. We say that a lot. Believe me when I say your parents want to keep you safe. And then, of course, anyone who wants to keep a secret from mom and dad is not a safe person. And I will say these rules have brought so many different scary situations to my attention professionally and personally, that thankfully, we started talking about these early on. But that's the end of my chat.

[00:51:38.250] - Melissa Corkum

Melody, can you tell folks who are watching the recording who won't have access to the Q and A, how they can contact you if they want a consultation or if they want more information. Are you willing to share information about it?

[00:51:51.700] - Dr. Melody Aguayo

Yeah. So if you go to [www.realchild.net](http://www.realchild.net) you can contact us through my website and I do tele sessions. Yeah, I do tele sessions so I see people all over the country for consults.



[00:52:13.990] - Melissa Corkum

We are so thankful for the amazing guests who share their wisdom and expertise in the Village. Adaptive Parenting gives us both the challenge and the opportunity to keep learning new tools and perspectives.

[00:52:26.110] - Lisa Qualls

Each workshop in the Village is followed by a live Q and A with our guests. If you're not already a member of the village, we invite you to join us for regular gatherings and workshops where you will find the tools you need for exactly where you are.

[00:52:39.850] - Melissa Corkum

As a valued podcast listener, you'll get 50% off your first month. Just go to the [adoptionconnection.com/village](https://adoptionconnection.com/village) and use the code PODCAST. Lisa and I will be traveling next week to speak at the Refresh conference at Saddleback Church in Southern California. There are still spots available if you'd like to join us. You can head to [therefreshconference.org](https://therefreshconference.org) for more information. We will be back on March 8 with a new episode. Before you go, we'd love to connect with you on social media. Our new Instagram handle is [@postadoptionresources](https://www.instagram.com/postadoptionresources) or better yet, join our free Facebook community at [theadoptionconnection.com/facebook](https://theadoptionconnection.com/facebook)

[00:53:23.050] - Lisa Qualls

Thanks so much for listening. We love having you and remember you're a good parent doing good work.

[00:53:31.270] - Melissa Corkum

The music for the podcast is called New Day and was created by Lee Rosevere.