

## Understanding concerns around sexualised behaviour in children

**Dr Lana Talbot**

*Psychologist, Department of Education – Bermuda*

### Abstract

Teachers and parents sometimes turn to educational psychologists when they have concerns about the sexual behaviour of children and young people. This paper draws upon developmental psychology to describe ways in which sexual development has been conceptualised. This highlights that sexual development is best seen on a continuum that ranges from the developmentally appropriate to children that molest. From this analysis educational psychologists are encouraged to think about the different professional responses that are most appropriate and to see the importance of being able to move along a graded response from reassurance to concern.

*Please note that all child names and details have been changed to ensure anonymity.*

### Definitions

There is a growing body of psychological research on children's problematic sexual behaviours (PSBs) and sexually abusive behaviours (SABs). Pithers, Gray, Cunningham and Lanae (1993) used the term 'problematic' to describe sexual behaviour that deviates from that which is considered to be developmentally expected in age groups up to the age of 12. The National Center on the Sexual Behavior of Youth (NCSBY) in the USA defines children with sexual behaviour problems as those '12 years and under who demonstrate developmentally inappropriate or aggressive sexual behaviors' (NCSBY, 2003). The terms 'problem sexual behaviours' (PSBs) or 'inappropriate sexual behaviours' are often used by educational psychologists when describing children's sexualised behaviour. Sexual behaviour between children is considered problematic when the sexual behaviour: (a) occurs at a high frequency; (b) interferes with the child's social or cognitive development; (c) occurs with coercion, intimidation or

force; (d) is associated with emotional distress; (e) occurs between children of significantly different ages and/or developmental abilities; or (f) repeatedly recurs in secrecy after intervention by caregivers. However, for older 'young people', aged 10–18, the term 'sexually abusive behaviours' (SABs) is used, as the behaviours in this spectrum vary from excessive self-stimulation, sexual approaches to adults, and obsessive interest in pornography, to sexual overtures to other children that are excessive to developmental bounds. For some of these young people, these SABs are highly coercive and involve force (Hall, Matthews & Pearce, 2002; Johnson, 2009).

### Characteristics of children with problematic sexual behaviour

Children with PSB often have a high prevalence of other personal problems, such as oppositional behaviours and non-sexual aggression (Bonner, Walker & Berliner, 1999; Gray, Busconi, Houchens & Pithers, 1997; Gray, Pithers, Busconi & Houchens, 1999). Gray et al. (1997) proposed that children who display problematic sexualised behaviours often have coexisting mental health problems, and also commonly experience learning difficulties. They are often placed at increased risk of victimisation through indiscriminate friendliness or sexually explicit behaviour (Johnson, 1998).

Findings from Friedrich, Fisher, Broughton, Houston, Shafran (1998) in the USA indicated that children without any other personal problems engage in a broad range of sexual behaviours in terms of both type and frequency, some of which fall within the range of normal human sexual development. Often, these behaviours can become problematic when they begin to involve body parts (e.g. genitals, anus, buttocks and breasts) and are developmentally inappropriate and potentially harmful to them or others according to the Association for the Treatment of Sexual Abusers (2006).

## The connection between problematic sexual behaviours and sexual abuse

Historically, it was believed that when children engaged in problematic sexual behaviours, this was strong evidence of child sexual abuse (Staiger, 2005). However, recent findings indicate that there are many reasons, other than overt sexual abuse, for children to engage in problematic sexual behaviours (Johnson, 2005). Research studies on the sexualised behaviour of young children under 12 years indicate that many children with sexual behaviour problems have not been sexually abused (Drach, Wientzen & Ricci, 2001; Friedrich et al., 2001; Kendall-Tackett, Williams & Finkelhor, 1993; Silovsky & Niec, 2002). For example, Drach et al.'s (2001) research reviewed the evidence for abuse on 247 children who had been referred to a specialist community multidisciplinary forensic child abuse clinic in the USA. Results of the study showed evidence of sexual abuse in 24 percent of cases, but there was no evidence in 61 percent of cases (with the remaining 15 percent classified as Don't Know). Children in this sample exhibited an elevated level of both sexual and non-sexual behaviour problems.

A study by Silovsky and Niec (2002) found, in a sample of pre-school children who were in therapy due to problematic sexual behaviour, that 65 percent had no history of sexual abuse. The study did, however, reveal that at least 47 percent of the children had been physically abused, and 58 percent had witnessed domestic violence. It should be noted that only 11 percent had no known history of sexual abuse, physical abuse or witnessing domestic violence. McNichol and McGregor (1999) studied 81 children referred to specialist treatment for sexualised behaviour and found that sexual abuse was considered a direct explanation in very few cases. Instead, a substantial number of the children had experienced family disruption in their lives or had contact with other sexualised children.

These studies help to highlight that children who engage in PSBs have not necessarily been subject to sexual abuse. Examples from my own practice highlight the importance of educational psychologists (EPs) and other community professionals being careful about over-relying on sexual behaviour problems as a diagnostic indicator of abuse. Professionals must always consider the developmentally unique presentation of young children with PSBs.

## Impact of family practices on children's sexualised behaviours

Friedrich et al. (1998) reported that family practices were a major factor in the increased variety of sexual behaviours in children, which he labelled 'family sexuality'. Such practices included behaviours such as co-sleeping, co-bathing, family nudity, opportunities to see adult movies and opportunities to witness sexual intercourse. Friedrich (2002) argues that relaxed family practices can increase children's sexual behaviours and their confusion about boundaries and sexuality. Friedrich (2007) indicated that frequently some parents are cavalier and non-protective about what their children are exposed to. This lack of parental monitoring leads to children being exposed to adult sexuality via the internet, television or video pornography.

Research has also found that children with sexualised behaviours are more likely to come from families with stress factors such as family violence, poverty, substance abuse, mental illness or a history of abuse, lower education level, and a feeling of rejection by their mother (Friedrich 2007; Pithers, Gray, Busconi & Houchens, 1998; Staiger, Kambouroupoulos, Evertaz, Michell & Tucci, 2005). Other factors that impacted upon children with sexual behaviour problems include the size of the family's living space; the neighbourhoods in which they live; their level of sexual interest; religious, societal and cultural norms; and parental values and attitudes regarding sex and sexuality (Johnson, 2004). Children from disadvantaged environments frequently lack important protective factors that are often associated with attachment problems in children (Friedrich et al., 1998).

## Child sexual development

One of the most important skills for EPs and other professionals is to know how to be able to distinguish between normal and problematic sexual behaviours when working with children with PSBs (Lagerberg, 2001). Delamater and Friedrich (2002) point out that each life stage is a normal human development process involving biological and behavioural growth. They argue that young children have many sensational experiences, such as sucking their fingers and being rocked and cuddled, that are considered to be normalised sexual stimulation. Martinson (1994) supports this argument stating that at an early age boys frequently experience erections, and that girls show vaginal lubrication and engage in sexual behaviours in terms of exploratory self-stimulation.

Friedrich et al. (1998) proposed that this is a natural form of sexual expression in child development, and not abnormal behaviour. Johnson (2005) indicated that young children, beginning at age one, are often very curious about their bodies, other people's bodies, gender roles, and almost everything else related to sexuality. Sexual exploration in childhood is also an information-gathering activity, hence the interest in looking at others, understanding toileting and gender roles and behaviours (e.g. playing house). Common behaviours are touching one's own body from time to time, and playing 'doctors and nurses' and 'mummies and daddies'.

Bussey and Bandura (1999) reported that most children form their identity by the age of three. Often, they have a sense of maleness or femaleness and have been socialised to the gender-role norms of the society and are learning how males and females are supposed to behave. Johnson (1999) indicated that, when children are discovered engaging in normal sexual exploration, they may show embarrassment, but usually not anxiety. Children's normal sexual behaviour is limited in type and frequency and balanced by curiosity about other aspects of their lives.

Bowlby (1958) proposed that children with problematic sexual behaviours are less likely to develop secure attachments. Often, children with PSBs have attachment-insecurity pertaining to the parent-child relationship. This may be due to the parent's lack of attunement and sensitivity to the child, or the parent's interacting with the child in a sexualised manner, which results in a role reversal that places the child in a parentified stance with the parent (Friedrich, 2007).

Children at ages five to seven have increased contact with friends, take part in experimentation with other children and develop inhibitions in certain situations (Gil & Johnson, 1993). Their sexualised behaviour often consists of specific touching of the child's own body, questions about the body and bodily functions, curiosity about and distancing from the opposite sex, sexual vocabulary, role-playing mummies and daddies, and kissing and hugging games. Goldman and Goldman (1988) also reported that children between the ages of three and seven begin to practise adult roles as they play 'house' and 'doctor', and they also learn that there are genital differences between males and females, which is a natural part of development.

Children between the ages of eight and twelve tend to have increased contact with friends, and put males and

females into separate groups (Thorne, 1993). There is sexually explorative interaction with other children, with both inhibitions and uninhibitedness/openness (Gil & Johnson 1993). Bancroft, Herbenick and Reynolds (2003) reported that, between the ages of eight and twelve, children begin to gain experience with masturbation. They found that about 40 percent of women and 38 percent of men in a sample of college students recall masturbating before puberty. Adolescents reported that their first experience of sexual attraction occurred between the ages of ten and twelve, and that biological changes begin to take place and shape their overall development (Bancroft et al., 2003). During this time, young people are also faced with developing a sense of their identity. Erickson (1968) pointed out that gender identity in adolescence becomes very important to how young people begin to shape and define a self-confident sense of manhood or womanhood, or alternatively may feel in conflict about gender roles.

## Identification and assessment of children with PSBs

The lack of a clear distinction between 'normal experimentation' and problematic sexual behaviour often makes it difficult for EPs and others who work with children to know when there is a problem and how to respond to it. Recently, researchers and clinical practitioners have developed several different classifications of children and adolescents who engage in problematic sexual and sexually abusive behaviours. The Child Sexual Behavior Inventory, Version 2 (CSBI-2) by Friedrich (1997), and the Child Behaviour Checklist – Parent Form (CBCL) by Achenbach (1991) I have found useful, but for me the most effective classification is the Continuum of Sexual Behaviours developed by Johnson (2009). Johnson identified four ways of grouping children's sexual behaviours:

1. Normal sexual exploration
2. Sexually reactive behaviours
3. Extensive mutual sexual behaviours
4. Children who molest

The Continuum of Sexual Behaviours is based upon Toni Johnson's clinical observations and extensive work with children with problematic sexual behavior in the USA (Johnson & Feldmeth, 1993). Her 'continuum' is now used extensively by agencies in the UK as well as in the USA. Children are differentiated on the continuum based on a range of contextual factors. These factors are: (a) type of

sexual behaviours, (b) intensity of sexual behaviours, (c) sexual arousal, (d) motivation, (e) affect regarding sexuality, (f) response to discovery, (g) planning, (h) coercion, (i) the relations to others involved in sexual behaviours, (j) age differences, (k) interpersonal relationship characteristic, (l) family and environment, (m) possible aetiological risk factors, and (n) type of treatment needed.

I have used this framework to assist me in understanding children with problematic sexual behavior who have been referred to me in my practice.

### Understanding normal sexual exploration

Normal sexual exploration (engaging in natural and healthy behaviours) describes children who are motivated by curiosity to engage in sexual behaviour as they attempt to explore their own bodies or gather information about gender differences. Children with whom they interact are often of the same age and size as they, and usually are friends rather than siblings. Their play is usually light-hearted, fun and silly.

Two of the cases I had fell into this group. The children were Betty, six years old, and Peter, seven years old. Betty was referred to me, as the EP, by her mother and brother because of concerns regarding her sexual behaviours during play. Betty's mother became alarmed when she found Betty and another child in Betty's bedroom with no clothes on. Betty responded to her mother by telling her that they were playing, but she appeared to be extremely embarrassed about being discovered, although she exhibited no signs of anxiety or shame upon being discovered by her mother. During a solution-focused interview, her mother further reported that she had found Betty and her friend engaging in this same behaviour more than once. This had pushed her to a level of high urgency and concern. During my initial information gathering and assessment of the case, I had reached the conclusion that Betty had limited sexualised behaviour and was engaging in light-hearted and spontaneous play. She was merely curious and was exploring gender roles while playing house with a friend who was of similar age, size and developmental level. Betty lacked any knowledge of adult sexual behaviour beyond her age and development level. Her behaviour indicated normal sexual development, but this was not obvious to her family members, and I worked with them to help them understand her development. In addition, I helped Betty to understand what was and was not appropriate touching ('good' versus 'bad' touching). The

intervention proved successful, as the mother reported that she noted no further sexualised behaviours by Betty during play time with friends.

Another child I worked with involved a young boy (Peter) in Grade 1 class. The teacher expressed concern as Peter seemed to want to touch the breast or buttocks of other same-aged children in his class. Sometimes he attempted to kiss a few of the girls in the class. On one occasion while he was in the school bathroom, he told another boy to see if his penis was the same size or different. These behaviours alarmed the school, due to their lack of knowledge regarding what were considered normal sexual behaviours at this age. After my information gathering and assessment of Peter, I concluded that he was displaying normal sexual behaviours, but decided to provide him with intervention on good versus bad touching. I also provided a brief overview for the school staff on what were considered normal sexual behaviours with children at various ages, and what fell outside the norm. The aim was to educate the school on how to react to future cases that might arise within their school.

My use of Johnson's (1993) continuum and understanding of children's sexual development helped me to undertake this casework. Gil and Johnson (1993) highlighted that children who have not had excessive sexual exposure are likely to limit any sexualised behaviour in their play to developmentally expected activities of undressing, looking and touching. These behaviours were considered by Gil and Johnson (1993) and Johnson (1999) to be normal and appropriate for their age and development, which was my conclusion with Betty and Peter.

### Understanding sexually reactive behaviours

The second group in Johnson's Continuum of Sexual Behaviours includes children who do not intend to hurt others, but engage in sexualised behaviours in response to environmental cues that are overly stimulating or reminiscent of previous abuse or to feelings that reawaken other traumatic or painful memories (Johnson & Feldmeth, 1993). Some of the behaviours of this group of children include preoccupation with sexuality, having been abused or exposed to pornography, and engaging in sexual stimulation. They often do not involve other children in their sexual activities, but seek as friends children who are close to their own age (Johnson & Feldmeth, 1993).

The third case I was involved with was Jack (aged nine), who was referred by school staff because of concerns that

he tended to express sexualised behaviours. During my information gathering about Jack, I noted that he seemed to have some social and family issues, which are best described as 'attachment problems'. He seemed to have failed to develop a consistent emotional bond with his father. Jack also reported that he had witnessed his sister watching sex on television but she did not know he was there. Jack reported that, after watching a couple having sex on TV, he then tried it out with a girl at a birthday party on one occasion. He said that the girl was now his girlfriend, although he had not seen her in a long time. He indicated that the girl was willing to do it, and he did not have to push her. Jack also seemed to display sexual attractions towards other girls in the school. Another incident took place on the school bus when the bus driver reported to the school that Jack was touching girls on their buttocks on the bus after school. The school responded by suspending Jack for three days.

Jack seems to fall into Johnson's second group, which consists of children who 'engage in extensive, mutual sexual behaviours', often referred to as sexually reactive behaviours. These children's behaviour may be either self-focused or interpersonally focused, and may be a way of attempting to reduce their anxiety and cope with their confusion (Johnson & Feldmeth, 1993). In terms of sexual development, Friedrich (1997) found that 10 percent of six- to nine-year-old boys in a normative sample were reported to look at pornographic materials (videos or books) occasionally. Other researchers have also reported that the increased availability of pornographic material (especially videos) to children has increased children's problematic sexual behaviours (Gil & Johnson, 1993; Johnson, 1998; Pithers et al., 1998; Ryan, 1998). Intervention with Jack consisted of a number of strategies. The first was to advise his family to remove and limit Jack's access to pornographic materials. The second was to help him to understand the sexual information to which he had been exposed. Finally, a major goal of the intervention programme was to slowly encourage his father to develop a better relationship with Jack.

## Understanding extensive mutual sexual behavior

Children who fall into the third group on the continuum usually approach sexuality in their playing. They often use coercion and manipulation, but rarely violence. These children often have had a history of severe abuse, neglect or abandonment. They require intensive supervision and must be taught to relearn appropriate social skills

(Johnson, 1993). Although I had no direct casework this year involving children who fall into this category, I was present during a brief consultation with a school principal regarding a case in which a child's behaviours fell into this group on the continuum. Consultation was provided to the school principal to clarify the steps that could be taken in regard to the case.

The principal was advised to convene a School Team meeting with the student's teacher, school counsellor, parents, and other school staff who work closely with the student (e.g. youth and family social worker) to share information about the behaviour that had been observed or reported. It was recommended that the staff who attend the meeting should become the 'Safety and Support Plan team' for the student to set up a safety intervention plan. The Safety team's objective would be to work towards developing a plan that addresses at-risk behaviours. It was further advised that the counsellor should work on providing the student with sessions on personal space and boundaries, different kinds of touches and sexuality education. As the EP, I would provide a professional development workshop for teachers on how to identify problematic sexualised behaviours in children and to help staff members decide what response they should make to problematic sexual behaviours in children. Continuous consultation with the school principal on the case was provided to ensure that the needs of the student were being addressed.

## Children who molest

The final group of children on Johnson's continuum are those who engage in sexual behaviours as a way of coping with confusing feelings and abandonment, hurt, sadness and anxiety, and often despair. These are often considered the most challenging group – the children whose behaviours Johnson considered to be most severe. They have been molested, and exhibit coercive sexual behaviours that are far beyond developmentally appropriate childhood exploration (Johnson & Feldmeth, 1993). Johnson (2002) reported that sexuality and aggression are characteristics of this population. These children also use bribery, trickery, manipulation or other kinds of emotional and physical coercion to get other children to participate in sexual behaviours. They are often obsessed with sexual thoughts, engage in a full range of sexual behaviour – a pattern, rather than a solitary incident – and harbour feelings of anger, rage, loneliness and fear. They lack compassion, often choose vulnerable and younger or smaller victims, and their behaviours often border on the compulsive.

Johnson (2005) further described these children as having few positive peer relationships, and as engaging in aggressive and bullying behaviours as a way to help them feel the power that they have not experienced normally. Occasionally, this aggression has sexual components.

## Assessment of problematic sexual behaviour

Often, the families of children with PSBs are difficult for professionals to work with, as they can sometimes be disorganised, uncommunicative and adversarial. Families are important in the overall success of the therapeutic intervention when working with children with PSBs (Grant et al. 2009).

Johnson (1991) proposed that, when conducting an assessment of children with PSB, psychologists must consider there will be multiple factors contributing to the child's sexual behaviours. A complete, careful assessment of sexual behaviour problems would address all possible causes, including sexual abuse. Johnson (2009) reported that sexually reactive children, children with extensive mutual sexual behaviours and children who molest can all be helped to stop the problematic sexual behaviours. Johnson also expressed the belief that children have learned behaviours, attitudes and feelings that can be unlearned; that children are malleable and can absorb healthy attitudes, behaviours and feelings about sex and sexuality.

EPs are unlikely to be the professionals involved in treatment for PSB; however, they may often be the first professional who is contacted by a school or a concerned parent. The EP's assessment has to differentiate normal sexual behaviours from behaviours that are frequent, intrusive or abusive (Johnson, 1991). There are a variety of assessment tools available today to assess children's behaviours. I found the Draw-a-Person (DAP) tool extremely helpful in dealing with Betty's, Jack's and Peter's cases, whereby they were asked to draw a person on a sheet of paper, with no additional instructions. I used this tool in the first phase of their assessments, and their drawings revealed an absence of any sexual parts, which suggested that the children were at an immature level of sexual development.

Johnson's continuum was most helpful in understanding sexual behaviours in children aged two to twelve years who have been, or may have been, sexually abused, as well as in helping me differentiate between normative and atypical sexual behaviours. Since assessments are

primarily based on parent history, psychologists should realise that some behaviours reported as problematic by the parent may be normal for the child (Johnson, 1991). Solution-focused interviews with parents helped me to draw informative parental family histories, and also assisted in determining whether the child's behaviours were normal or a cause for concern. If sexual behaviours are normal and age-appropriate, parental reassurance and guidance regarding appropriate responses to the behaviour may be all that is needed. However, when the sexual behaviours occur more frequently, or if they are escalating, or intrusive, a more comprehensive assessment and treatment beyond the scope of most EPs will be needed.

## Conclusion

In Bermuda – as in most countries – in cases where sexual abuse may be suspected, or if the parent is ineffective in limiting the child's access to sexual material in the home, the EP is required to make a referral to Child and Family Protective Services. EPs must follow the ethical guidelines of the Bermuda Psychological Association when dealing with cases that require a high level of confidentiality. In addition, if repetitive sexual behaviours in children have not been resolved, despite paediatrician and parental guidance and redirection, and require more urgent intervention, it may be necessary to submit a report to Child and Family Protective Services for further investigation. My work on at least four cases this year with children having problematic sexual behaviours has developed my professional knowledge and skills in this area. This assignment was particularly helpful in allowing me to expand my professional knowledge and build confidence in addressing such cases in the near future in my practice.

*Note: Lana Talbot comes from Bermuda and was a very experienced School Psychologist when she undertook this work on her final-year placement. She was supervised by another experienced School Psychologist from Bermuda.*

## References

- Achenbach, T.M. (1991). *Manual for the child behaviour checklist; 4–18 and 1991 profile*. Burlington, VT: Department of Psychiatry, University of Vermont.
- Association for the Treatment of Sexual Abusers. (2006).
- Bancroft, J., Herbenick, D. & Reynolds, M. (2003). Masturbation as a marker of sexual development. In J. Bancroft (Ed.), *Sexual development in childhood*. Bloomington, IN: Indiana University Press.
- Bonner, B.L., Walker, C.E. & Berliner, L. (1999). *Children with sexual behavior problems: Assessment and treatment* (Final Report, Grant No. 90-CA-1469). Washington, DC: Administration of Children, Youth, and Families.
- Bowlby, J. (1958). The nature of the child's tie to his mother' *International Journal of Psychoanalysis*, 39, 350–373.
- Bussey, K. & Bandura, A. (1999). Social cognitive theory of gender development and differentiation. *Psychological Review*, 106, 676–713.
- Delamater, J. & Friedrich, W. (2002). Human sexual development. *Journal of Sex Research*, 39, 10–14.
- Drach, K.M., Wientzen, J. & Ricci, L.R. (2001). The diagnostic utility of sexual behavior problems in diagnosing sexual abuse in a forensic child abuse evaluation clinic. *Child Abuse and Neglect*, 25, 489–503.
- Erickson, E.H. (1968). *Identity: Youth and crisis*. New York: Norton.
- Friedrich, W.N. (1997). *Child Sexual Behavior Inventory: Professional manual*. Odessa, FL: Psychological Assessment Resources.
- Friedrich, W.N. (2002). Psychological assessment of sexually abused children and their families. Thousand Oaks, CA: Sage.
- Friedrich, W.N. (2007). *Children with sexual behavior problems: Family-based attachment-focused therapy*. New York & London: W.W. Norton & Co.
- Friedrich, W.N., Fisher, J., Broughton, D., Houston, M. & Shafran, C. (1998). Normative sexual behavior in children: A contemporary sample. *Pediatrics*, 101(4), e9.
- Friedrich, W.N., Fisher, J., Dittner, C., Acton, R., Berline, L., Butler, J. et al. (2001). Child Sexual Behavior Inventory: Normative, psychiatric and sexual abuse comparisons. *Child Maltreatment*, 6(1), 37–49.
- Gil, E. & Johnson, T.C. (1993). *Sexualized children: Assessment and treatment of sexualized children and children who molest*. Rockville, MD: Launch Press.
- Goldman, R.J. & Goldman, J.D.G. (1988). The prevalence and nature of child sexual abuse in Australia. *Australian Journal of Sex, Marriage and Family*, 9, 94–106.
- Grant, J., Indermaur, D., Thornton, J., Stevens, G., Chamarette, C. & Halse, A. (2009). *Intrafamilial adolescent sex offenders: Psychological profile and treatment*. Canberra: Australian Government.
- Gray, A., Busconi A., Houchens P. & Pithers, W.D. (1997). Children with sexual behavior problems and their caregivers: Demographics, functioning, and clinical patterns. *Sex Abuse: Journal of Residential Treatment*, 9, 267–290.
- Gray, A., Pithers, W.D., Busconi, A. & Houchens, P. (1999). Developmental and etiological characteristics of children with sexual behavior problems: Treatment implications. *Child Abuse and Neglect*, 23, 601–621.
- Hall, D., Matthews, F. & Pearce, J. (2002). Sexual behavior problems in sexually abused children: a preliminary typology. *Child Abuse and Neglect*, 26, 289–312.
- Johnson, T.C. (1991). *Understanding the sexual behaviors of children*. SIECUS (Sexuality Information and Education Council for the United States) Report, August/September.
- Johnson, T.C. (1993). Sexual behaviours: A continuum. In E. Gil & T. C. Johnson (Eds.), *Sexualized children: Assessment and treatment of sexualized children and children who molest* (pp. 41–55). Rockville, MD: Launch Press.

- Johnson, T.C. (1999). *Understanding children's sexual behaviour: What's natural and healthy*. Oakland, CA: New Harbinger Publications.
- Johnson, T.C. (2002). *Treatment exercises for abused children and children with sexual behavior problems*. T. C. Johnson
- Johnson, T.C. (2004). *Family practices VII*. [www.tcavjohn.com](http://www.tcavjohn.com)
- Johnson, T.C. (2005). Young children's problematic sexual behaviours, unsubstantiated allegations of child sexual abuse, and family boundaries in child custody disputes. *Journal of Child Custody*, 2(4). P.111-126
- Johnson, T.C. (2009). *Helping children with sexual behavior problems: A guidebook for professionals and caregivers*. Tyler, TX: Family Violence and Sexual Assault Institute.
- Johnson, T.C. & Feldmeth, J.R. (1993). Sexual behaviours a continuum" in E. Gil & T.C. Johnson (Eds.), *Sexualised children: Assessment and treatment of sexualised children and children who molest*, Rockville, MD, Launch Press.
- Kendall-Tackett, K.A., Williams, L.M. & Finkelhor, D. (1993). Impact of sexual abuse on children: A review and synthesis of recent empirical studies. *Psychological Bulletin*, 113, 164–80.
- Lagerberg, D. (2001). Parents' observations of sexual behaviour in preschool children. *Acta Paediatrica*, 90, 367–369.
- Martinson, F.M. (1994). *The sexual life of children*. Boston, MA: Little, Brown.
- McNichol, S. & McGregor, K.J. (1999). Exploring the link between sexualized behavior and sexual abuse in a clinical setting. *Child Abuse Review*, 8, 339–348.
- National Center on the Sexual Behavior of Youth. (2003). *What research shows about adolescent sex offenders*. NCSBY Factsheet no. 1 (July).
- Pithers, W.D., Gray, A., Busconi, A. & Houchens, P. (1998). Children's sexual behaviour problems: Identification of five distinct child types and related treatment considerations. *Child Maltreatment*, 3, 384–406.
- Pithers, W.D., Gray, A.S., Cunningham, C. & Lanae, S. (1993). Sexuality in early childhood. *University of Minnesota Center for Urban and Regional Affairs Reports*, 23, 1–5.
- Ryan, G. (1998). What is so special about specialized treatment? *Journal of Interpersonal Violence*, 13(5), 647–652.
- Silovsky, J.F. & Niec, L. (2002). Characteristics of young children with sexual behavior problems: A pilot study. *Child Maltreatment*, 7, 187–197.
- Staiger, P. (Ed.) (2005). *Children who engage in problem sexual behaviours: Context, characteristics and treatment: A review of the literature*. Melbourne: Australian Childhood Foundation and Deakin University.
- Staiger, P., Kambouropoulos, N., Evertaz, J., Michell, J. & Tucci, J. (2005). *A preliminary evaluation of the Transformers Program for children who engage in problem sexual behaviours*. Melbourne: Australian Childhood Foundation.
- Thorne, B.N. (1993). *Gender play: Girls and boys in school*. New Brunswick, NJ: Rutgers University Press.