

Expert report

SEXUAL ABUSE OF CHILDREN

Child sexuality and sexual behaviour

IngBeth Larsson

*Department of Health and Environment
Division of Child and Adolescent Psychiatry
Linköping University*

Art no. 2001-123-20
Translation: Kate Lambert and Stuart Tudball
Swedish version printed in Jan 2000. Art no. 2000-36-001

Preface

The task of the Swedish National Board of Health and Welfare includes supporting the knowledge-based development of social services. This is to take place within the framework of a development project (the KUB project) one of whose themes is child sexual abuse. Around 20 reports have been commissioned from experts in various fields. These expert reports form the basis of the Swedish National Board of Health and Welfare's position on questions of child sexual abuse.

IngBeth Larsson, postgraduate student at the Department of Health and Environment, Division of Child and Adolescent Psychiatry at Linköping University, has been commissioned by the Swedish National Board of Health and Welfare to report on the results of research into child sexuality and sexual behaviour.

The report has been reviewed by Dr Gisela Helmius, head of research at the Stockholm County Council Aids Prevention Programme, LAFA R&D.

It is our hope that this report will contribute to increased knowledge and understanding of child sexuality and sexual behaviour.

Under the system governing expert reports for the KUB project, the authors bear responsibility for the content and conclusions of the report.

Lars Pettersson
Director General

Contents

Summary	7
Introduction	9
<i>Purpose, methodology and terminology</i>	9
<i>Basic assumptions on children, sexuality and gender</i>	10
<i>Normal and deviant behaviour as terms</i>	12
Research into child sexual behaviour	14
<i>Normal sexual behaviours</i>	15
<i>Sexual behaviour as a symptom</i>	22
<i>Sexualised/problem behaviours</i>	24
<i>Alternative causes</i>	31
<i>How can adults react?</i>	33
Final comments	36
References	37

Summary

The purpose of this report is to shed light on child sexuality, primarily by reporting current research on the normal sexual behaviour of children as well as the state of knowledge of problematic child sexual behaviour. The starting point has been to refer to as much recent empirical research as possible, including international and Swedish studies.

The question of what is to be considered “common/normal” or “deviant” sexual behaviour in children has become increasingly relevant in recent years due to the attention paid to the problematic area of child sexual abuse. Many professional groups working with children are faced with situations where they are expected to be able to assess the behaviour of children and take the action necessary. It is therefore important to seek to reduce the uncertainty in interpreting behaviour, by increasing awareness of the psychosexual development of children.

Sexuality can be seen from various and, to a certain extent, opposing viewpoints, on the one hand as biologically based and thereby guided by biological processes which can be encouraged or disturbed during childhood. The opposing theory is based on sexuality being a social construct determined by the structure of the surrounding society. In between these lie various modified theories on biology interwoven with social constructs. What is “normal” and “deviant” behaviour is thus not set in stone but changes over time, place, society and culture.

Studies in Sweden and internationally have indicated that children in the home and, for example, in preschools demonstrate a number of different behaviours which can be linked to the body, sexual identity and sexuality but that more explicit sexual behaviour which imitates adult sexuality is uncommon. Children who are found to have been the victims of sexual abuse on the other hand can display “sexualised” behaviour.

When seeking to determine whether behaviour of a sexual nature should be seen as problematic, and grounds for concern or possible professional intervention, a number of factors should be taken into account. Besides the behaviour in itself, it is important to look at the child’s entire situation: level of development, anxiety, shame, guilt, pain, relationships with adults and friends, the environment in which the child lives and is growing up and the total family situation, etc. What is considered to be sexualised behaviour, with an explicit sexual content, may be due to the child having been the victim of abuse, but it is important to be aware that similar behaviour can also have other causes.

It is easy to make child sexuality invisible in our society. This can lead to children becoming confused and left to more impenetrable sources of infor-

mation to try to understand their sexuality. It is vital that in particular those who encounter children in a professional capacity are aware of how the sexual behaviour of boys and girls can be expressed so as to be able to identify natural psychosexual development as well as those behaviours which indicate a departure from the norm and the causes this may have. More research is required in this respect as well as broad arenas in which professional groups who come into contact with children in their professional work can meet.

Introduction

Child sexuality has always been and still is, to a large extent, a problem for both parents and professionals world-wide. Irrespective of cultural assumptions, great effort is put into defining the limits of normal sexuality in childhood compared with deviant/problematic behaviour. The solutions vary depending both on family norms and the prevailing social and cultural context (Heiman et al, 1998). We all have an attitude to sexuality and the way this is expressed. We may be negative, positive, possibly reluctant or embarrassed but never entirely indifferent (Larsson, 1994). In particular, expressions of sexual desire, curiosity and behaviour in children have aroused many feelings in adults. Since Freud, almost a century ago, we have to a certain extent, accepted that children are sexual beings from birth. How this sexuality can and should be expressed has interested teachers, doctors, behavioural scientists, sociologists and other professional groups for a century. Despite this, empirical research on child sexual abuse has been lacking.

Purpose, methodology and terminology

The aim of this report is to shed light on various aspects of child sexuality. The question of what is to be considered “normal” or “deviant” and problematic sexual behaviour in children has become increasingly relevant in recent years due to the attention paid to the problematic area of child sexual abuse. Many professional groups working with children are faced with situations where they are expected to be able to assess the behaviour of children and take the action necessary. It is therefore important to seek to reduce the uncertainty in interpreting behaviour, by increasing awareness of the psychosexual development of children and what can disrupt this as well as the external factors which affect socialisation and behaviour. It is also hoped that the report will stimulate further reading of the research which is currently growing in this field.

This report provides an overview of current Western research into children’s behaviour of a sexual nature and the state of knowledge on sexual behaviours which are viewed as problematic from some point of view. The term “sexual behaviour” is here used in a broad way, referring to behaviour which concerns the body, touching, sexual identity, exploring one’s own body and that of others, sexual language, masturbation and games and interaction which can have sexual connotations. The term “child” is here primarily used to refer to the period up to puberty.

This report focuses on reporting research into observable behaviour in children and on reporting some angles from which one can approach the various sexual behaviours of children. The starting point for the literature searches which have been carried out was to document as up-to-date empirical research results and structured categorisations as possible. The selection has

then been steered by the aim of describing the most thorough and most often cited international studies and providing an overview of the results of Swedish studies carried out in recent years. To create a platform for this, various perspectives on child sexuality through the twentieth century are also described in brief.

Basic assumptions on children, sexuality and gender

The assumptions and norms in the Western world today regarding children's sexuality are largely based on assumptions and theories which derive from Freud's (1905/1965) psychoanalytical view of infantile sexuality and psychosexual stages of development. His followers and his critics have largely used his theories as a springboard, which has meant that we today have internalised the Freudian conceptual apparatus to such an extent in our language that it is now one of our most important symbols concerning sex, and thereby no longer seen in its original context (Gagnon & Simon, 1973). The basic theory was that children are born with sexual energy and are initially entirely controlled by seeking sexual experiences. Development then progresses through various stages, which at the same time involves adapting to the surrounding world and controlling sexual impulses. If something goes wrong during the various stages, the child's sexuality can stagnate, resulting in deviations in adult sexuality. In recent research Freud's description of the development phases has been seen as too narrow and in some respects misleading (Rutter, 1971).

In traditional developmental psychology gender has been practically absent but in recent years empirical studies have shown that there are major differences in the development of boys and girls through childhood and adolescence (Bjerrum Nielsen & Rudberg, 1991). Karen Horney and Melanie Klein were two of Freud's successors who chose to develop the start of alternative female images in psychology. Nancy Chodorow (1988) is a current, often cited representative of a gender theory perspective based on psychodynamic theory. Bjerrum Nielsen & Rudberg (1991) also use psychological theories in their comprehensive description of gender socialisation in boys and girls. Gender socialisation addresses how biological gender gradually becomes social and psychological gender, i.e. how our thinking and behaviour is shaped on the basis of the expectations for our gender. A child is not only a child but also a boy or a girl.

Early literature primarily studied the sexual development of boys. Girls were seen only as a negation of the boy (Frithiof, 1985). Girls' sexuality is invisible to a greater extent than that of men due to anatomical as well as social factors (Frithiof, 1985; Fredelius et al, 1994; Langfeldt, 1987). Much of boys' sexual identification is linked to the fact that they have a penis; parents often express appreciation when a boy displays his penis at the ages of two or three, which gives the boy the opinion that he has a valuable body part (Chodorow, 1988). When girls are seen to touch their sexual organs, however, reactions are often more negative. These differing values we carry with us on what is suitable or unsuitable behaviour for boys and girls are

passed on to the child right from birth as conscious or unconscious aspects of the conceptual world of their mothers and fathers and later from other adults and surrounding society. Turner and Gervai (1995) claim that gender is one of the first and probably the most obvious characteristic children learn in categorising other people. Therefore, gender is also crucial to the development of self-esteem and sexual identity.

The cognitive perspective, which is prevalent, for example, in social psychology (Nilsson, 1996) has so far emphasised sexual development to a lesser extent but this does appear, for example, in Goldman & Goldman's cross-cultural study on children's understanding, knowledge and thinking concerning the body, reproduction, sexual identity and nudity (1982).

Sociological theorists prefer instead to describe sexuality from a social perspective. Foucault (1976 – 84) emphasises the power element in sexuality and describes how from the start the church and subsequently science have influenced how sexuality has been expressed. Theories of sexuality as a social construct have gained ground in recent years. According to this view the social system and the economic, religious, medical, social as well as the cultural spheres determine the position held by and the nature of sexuality. From a constructivist point of view, sexuality is a relational and contextual concept, in which social processes are assumed to control as well as construct sexuality (Gagnon & Simon, 1973, Weeks, 1981, 1985). The main criticism of this view is that it does not pay sufficient attention to historical processes of change (Jackson, 1990). A modified form of the constructivist approach accepts that the child has a biological body with the opportunity to react to physiological sensations, but still sees social processes as the most important element in the child's development into a member of society (Vance, 1991).

In this view, each society constructs and shapes a suitable and rewarding sexuality for its own society. The sexuality of girls and boys develops on this basis in an interplay with their surroundings, in accordance with society's expectations and assumptions. They are part of the society in which they grow up and thus internalise its norms and values concerning sexual behaviour. Our assumptions on sexuality and gender also form the basis for the way in which we address children's sexual behaviour and their socialisation in becoming women and men which is consciously or unconsciously part of our child-rearing (Bergenheim 1994). Through this socialisation process children learn to look on the sexuality constructed by society as "normal".

What we term healthy and natural sexuality is thus formed from the society we live in and depends on our gender. Put simply, we could say that children learn the rules of sexuality in the same way as they learn everything else, by picking up hints from their surroundings. In this way children learn which sexual activities are permitted, just as they learn that knives are sharp, that ovens are hot or that one should not belch at the dinner table (Helmius, 1990). Sexuality is thus derived from the functions of the physical body but gains meaning for the child through interplay with his or her surroundings,

thus giving the child the opportunity to determine his or her own identity and what his or her own sexuality really is.

Normal and deviant behaviour as terms

The conceptual apparatus surrounding what is meant by “normal” or “deviant” sexual behaviour is somewhat unclear. The term “normal” tends to be used most by researchers and practitioners in the field with links to the worlds of psychology, medicine or education. “Normal behaviour” here denotes sexual behaviour as a result of a natural human biological and psychological development process. The terms “pathological” or “abnormal” are used to describe behaviour which indicates that something has happened to disrupt or change expected sexual behaviour or the natural development process. When sexual behaviour is defined in socio-cultural terms, the term “normative” is used to indicate what is considered to be the norm in a given society, culture or group. The latter term is primarily used by sociologists, social work professionals and those connected with the legal system. Researchers and practitioners in these fields tend to use terms such as “deviant” or “criminal acts” more frequently to describe sexual behaviour outside social norms or legislation (Araji, 1997).

The term “normal” can also have several meanings. Lamb & Coakley (1993) refer to the term as meaning normal, typical, that which appears in a general population. Here we are looking at “statistical normality”. In another sense the term “normal” is more value-based, indicating that the behaviour in some way promotes health or at least does not harm opportunities for achieving wellbeing and health. Thus a sexual behaviour can be seen as normal and not typical but still healthy or, on the other hand, a behaviour may occur often and still not be accepted or seen as healthy. Normality therefore does not exist as an absolute or a fact, instead it is about how we see each other and ourselves. What is seen as “normal” in one generation can be labelled “problematic” in the next. Normality is also culturally bound. What is seen as normal in one culture can be seen as deviant, bizarre or even as abuse in another (Rosenfeld & Wasserman, 1993; Larsson, 1994, Söderquist, 1995).

The same sexual behaviour can, confusingly enough, be labelled normal, abnormal or pathological by authors taking a developmental view but described as normative, deviant or criminal by those who prefer an anthropological or sociological approach. Araji (1997) takes the example of masturbation to illustrate the above. A child psychologist may see masturbation as a normal sexual behaviour as in many societies it is observed as part of the normal development process. Sex therapists may also consider masturbation to be a positive factor for healthy or satisfactory sexual relations. From a sociological perspective on the other hand, masturbation can sometimes be defined as a deviant or unsuitable behaviour if it contravenes the norms of a group or society. The above is based on the view of masturbation as an expression of sexual desire, while Gagnon & Simon (1973), for example, consider instead that masturbation can be described as a non-sexual act for the child, as the child has not learned that the masturbation behaviour has sexual

connotations. According to Gagnon & Simon, the behaviour is given sexual connotations by the adult world.

Finally, as the terms dealing with normality and deviation tend to be used interchangeably in texts, it is often up to the reader to determine the criteria on the basis of which the writer is using the term.

In this report the term “normal” is used primarily to describe that which commonly occurs in different groups of children, while the terms “deviant” or “problematic” are used for behaviours which are uncommon among non-traumatised children and which counter our cultural norms on child sexuality and cause concern to adults in the child’s surroundings.

Comments

Writers in the research disciplines referred to above and their view of what is normal/normative or problematic/deviant sexual behaviour in children are naturally characterised by the culture to which they belong. Studies of child sexuality can therefore be assumed to be affected by underlying cultural norms, which control both the way results are set out and interpreted and recommendations for action. It is therefore important that research results and clinical experiences from other countries are not applied uncritically when assessing the behaviour of a boy or a girl in any context.

Research into child sexual behaviour

Literature on child sexuality has previously largely been based on theoretical assumptions on child sexual development and primarily obtained its material from small case studies, often based on clinical material, or anecdotal evidence of child behaviour. Large studies on child sexual behaviour have long been conspicuous by their absence, possibly partly due to ethical difficulties in directly observing such behaviour (linked to the prevailing taboo on child sexuality). It is quite common for references still to cite Alfred Kinsey (see e.g. Rutter, 1971; Martinson, 1994; Michael et al 1994), whose studies on human sexuality, which attracted a great deal of attention for their time, were completed in the 1930s and 1940s (Kinsey et al 1949, Kinsey et al 1968). He worked on the basis of a methodology which today in many respects would be seen as less scientifically reliable or generalisable.

Very few studies on children and sexuality were carried out in the subsequent decades. Those studies which do exist have primarily investigated the age at which playing with the sexual organs/masturbation starts and the date of first orgasm for boys and girls (see e.g. Galenson & Rophie, 1974). In the 1970s and 1980s, in the spirit of sexual liberalisation, some pedagogical literature on children and sexuality was published in Sweden (see e.g. Olsson & Risán, 1976; Aigner & Centerwall, 1983). The books were based on the idea of “good sexuality” and included advice on how adults could teach small children to masturbate using a good technique and how daycare staff could encourage children to play explorative games of “doctors and nurses”. After the “discovery” of sexual abuse, the literature and adult education for professional groups working with children has primarily focused on children who are maltreated (see e.g. Akselsdotter, 1993).

Sexology is a field which addresses various aspects of child sexuality. The comprehensive work *Handbook of Sexology* devotes a volume, part VII, “Childhood and Adolescent Sexology” (ed. Perry, 1990) to childhood and includes a mixture of theory, research results and clinical observations. A relatively new Swedish book on sexology (Lundberg, 1994) addresses both the biological and psychosocial development of children to a certain extent and also provides a brief sociological and historical frame of reference.

Empirical studies on child sexual behaviour carried out in recent years can primarily be divided into three approaches. One involves studying children who have been admitted for treatment due to concern about their sexual behaviour (see e.g. Gil & Cavanagh Johnson, 1993; Cavanagh Johnson, 1993; Friedrich, 1992). Studies of children’s games with anatomical dolls (cf. Cohn, 1991; Everson & Boat, 1991; Jampole & Weber, 1987; Sivan et al,

1998) can also be included in this group to a certain extent. Another approach has been to gather retrospective reports from young adults on their experiences of sexuality in their childhood (see e.g. Haugaard & Tilly, 1988; Haugaard, 1996; Lamb & Coakley, 1993; Larsson, Lindell & Svedin, in progress). The third group of studies comprises reports from parents or childcare staff on their observations of children's sexual activities (see e.g. Friedrich et al, 1991; Phipps-Yonas et al, 1993; Lindblad et al, 1995; Fitzpatrick & Deehan, 1995; Larsson & Svedin, 1999; Larsson, Svedin & Friedrich, 1999). In some studies reports from parents on children's sexual behaviour have been combined with interviews with the children concerned on their own knowledge of sexuality (Smith & Grocke, 1995).

The above studies indicate several agreeing results concerning child sexuality:

1. Children are naturally curious about their own bodies and those of others and can take part in sexual investigations of their own body and in games with other children. Children vary in their interest in sexuality.
2. Behaviours which appear to imitate adult sexuality, e.g. attempted intercourse or imitation of sex with another child or dolls/soft toys; attempts to insert objects in the child's own anus or vagina or the anus or vagina of another child; oral-genital contact and demanding that others take part in specific sexual activities with the child, are very uncommon in observations of normal groups of children but are more common among children who have been the victims of abuse.
3. Problematic sexual interaction between children seems to be characterised by force, threats, dominance, violence, aggression and compulsiveness, unlike sex play which is spontaneous, good-humoured and mutual in nature. Some of the results are addressed in more detail below.

Normal sexual behaviours

In recent years a number of studies on children's sexual behaviour have been carried out in various groups of children. Most studies come from the US, some from the UK and the Netherlands and some from Sweden. One reason behind the interest in increasing knowledge of children's "normal"/"normative" sexual behaviour at various stages of development has been precisely the need to be able to distinguish unproblematic and common behaviour from behaviour which is uncommon and judged as problematic by surrounding society.

Anatomical dolls

Children's games with anatomically correct dolls, i.e. dolls with breasts and sexual organs, have been studied with the aim of comparing sexually abused children with non-abused children to determine whether children who have been the victims of sexual abuse play more sexualised games with the dolls. Dolls of this type are sometimes used in police interviews with children. It has not been possible to identify behaviour in the doll games which can de-

finitively distinguish children who have been the victims of abuse from those who have not. Studies of normal groups (Sivan et al, 1988) have shown that children are interested in the anatomical details only to a relatively minor extent, although some curiosity was shown about the openings and sexual organs of the dolls. In one study games including scenes of intercourse were noted in among 2% to 6% of children who had not been sexually abused (Everson & Boat, 1991). The conclusion of various studies is that dolls with breasts and sexual organs do not in any way produce sexualised behaviour in children; those children who act sexually with the dolls already display problematic sexual behaviour also outside the research situation (cf. Cohn, 1991).

Parental observations in the US

William Friedrich (1991, 1992, 1998) is one of the researchers who has carried out the most comprehensive studies of child sexual behaviour. Friedrich's studies of normal sexual behaviour were based on behaviour described by the mothers of sexually abused children. On the basis of the results of interviews with these mothers at the end of the 1980s, he and his colleagues drew up a questionnaire, the Child Sexual Behaviour Inventory, intended to record a large number of behaviours linked to sexuality and the extent to which they were found among children.

In one study (1991) the mothers of 880 children aged between two and twelve (who had not been the victims of abuse) answered the questionnaire (CSBI) on the sexual behaviours of their children. The results show that the incidence of these sexual behaviours varied considerably between different children. Older children, aged 5 and upwards of both sexes, demonstrated fewer sexual behaviours than younger ones, which the authors interpreted as indicating that they had learned which behaviours were permitted and which were not. Very few children displayed more than one or two of the behaviours which were least common in the group studied. For example, inserting objects in the anus or vagina was very uncommon. The frequency of sexual behaviours was also related to the education of the mothers and custom within the family, e.g. in relation to nudity. The higher the educational level and the greater the openness in the family, the more sexual behaviours were reported by the mother. Children with other types of behaviour disorder also displayed more behaviours of a sexual nature. The sexual behaviours which were most common in Friedrich's study include self-stimulation, showing and looking at each other's sexual organs and behaviour related to personal privacy. Most families in the study were white and middle class.

A later study by Friedrich et al (1998) in which 1,100 children were studied verified the previous results. Here, however, Friedrich and his colleagues selected two groups so as to obtain a more representative ethnic population. These comprised 834 children aged between two and twelve recruited from paediatric clinics in Minnesota and 280 children aged between three and six recruited from public and private daycare programmes in California. Friedrich et al found a link between the incidence of domestic violence, which was manifested in aggression, and sexual behaviour on the part of the child. Friedrich claims that this is because the sexual development of the

child may be disrupted as a result of the family dysfunction evinced by the violence. According to this view, the difficulties in the family come first and as a result of the situation in which the child finds him or herself he or she may react with disturbed behaviour generally and/or sexually. Furthermore, family violence in itself reflects problems with setting boundaries and personal privacy, which is also measured on Friedrich's behavioural scale. Parents with a more open and relaxed attitude to sexuality and nudity and parents with a higher level of education also reported more sexual behaviours in their children in this study.

Observations from Swedish preschools

Preschool staff, as well as being a professional group who, due to their daily work with children, are often those who first notice when the changes occur and when something is not right about the child's behaviour, also have a great deal of knowledge of how children in general behave. On this basis a study was carried out on the sexual behaviour of preschool children at nurseries in an average Swedish municipality (Larsson, 1994; Lindblad, Gustafsson, Larsson & Lundin, 1995). The staff caring for 251 children aged two to six of both sexes observed the children's behaviour and then answered a questionnaire on the behaviours they had observed. The questionnaire was designed such that the staff were to state specific behaviours and the extent to which these had been observed. A total of 32 preschool teachers and 16 nursery nurses took part in the study as observers. Only two of these were male.

The incidence of behaviour of a sexual nature in the preschool groups proved to be quite small, as far as the staff were able to observe. "Peeking games", which often took place in conjunction with visits to the toilet, where children were curious about each other's sexual organs, were most common at the age of three. Interest in how babies are made, i.e. sexual intercourse, was most observable among six year-olds. Bodily contact in the form of hugs, sitting on the knee of staff and holding hands were very common between staff and children, but the children were also able to refuse if they wanted to be left alone. Girls sought more physical contact than boys, which can be interpreted as part of their sexual socialisation. The differences may also be due to the fact that the staff were almost exclusively female, and might possibly be more likely to notice the need of girls for bodily contact. There were occasional periods of playing explorative games of "doctors and nurses", usually described as a common form of sexual exploration among children, often caused by a concrete event in conjunction with a child's illness. The games tended more to be about giving "injections" in the arms and similar than about undressing each other.

A total of 6% of the children had at some time been seen to masturbate and this usually occurred during rests. Masturbation took place "often/daily" in only 2% of the children. In almost every case the staff judged the masturbation to be associated with desire and relaxation on the part of the child and not in any case as painful, while one child was considered to masturbate compulsively. It was not particularly common for children to use sexual

language and where this did occur it was only on individual occasions. Provocative sexual language was very uncommon.

Some other behaviours were very uncommon (< 1%), for example, children inserting objects in their own anus or vagina or that of another child, as well as attempting to touch the sexual organs of staff. Less than 3% of the children in the study had been observed initiating explicit sex play with other children, while 6% could be drawn into such games by another child. The conclusion of the study is that sexual behaviours described as common in children exposed to sexual abuse are uncommon in an ordinary preschool population. The results also indicate that children learn at an early age that sexuality is private and is not something that one does in front of an audience. Children, on the other hand, whose socialisation process has been disrupted for some reason may possibly not set boundaries for themselves and their bodies and protect their personal privacy to the same extent.

A Swedish study involving parents and preschool staff

A couple of years later a Swedish study was carried out involving parents and preschool staff of 231 children, half boys, half girls, between the ages of three and six (Larsson & Svedin, 1999, Larsson & Svedin, in progress). A translated and modified version of the American CSBI questionnaire (Friedrich, 1991), as described above, and questions from the previous Swedish preschool study (Larsson 1994; Lindblad et al 1995) were used. In total parents and preschool staff answered just over 100 questions on specific behaviours. In the majority (70%) of responses from parents it was the mother who mainly answered the questions. Among preschool staff 99% were women. Most children in the study were living with both parents, while just over one in ten were living with one parent, usually the mother. The level of education of the parents was somewhat higher than that in Sweden as a whole, but the families came from all social groups and lived in various types of area.

According to the parents the *most common* behaviours linked to the body and sexuality which took place (more than 40% of the children had displayed this behaviour) were: touching the mother's breasts, walking around at home with no clothes on, looking at the sexual organs of other children, and touching one's own sexual organs at home. The latter behaviour occurred significantly more often among boys. Playing doctors and nurses was relatively common but rarely involved exploring each other's sexual organs, instead appearing more as part of "playing mummies and daddies" (see above).

The *most uncommon* behaviours (less than 5% of the children had ever displayed this behaviour) were touching the sexual organs of another adult woman, attempting to get an adult to touch the child's genitals, attempting to undress other children, imitating sex play with dolls and soft toys and initiating sex play with other children. No parent stated that their child had attempted to touch the sexual organs of a man outside the family. On the other hand, children were curious about their father's penis on individual

occasions (59%) and 23% had at some point touched their father's sexual organ. It was uncommon for this interest to be maintained in the long term.

Other behaviour was observed to a varying extent. Role-playing games in which the child dresses up as someone of the opposite sex were uncommon according to the responses from the parents but took place more often at preschool. Masturbation was stated to have occurred at home on individual occasions among 14% of the children and a further 9% masturbated sometimes or often. Considerably fewer children were stated to masturbate at preschool. Masturbation behaviour was normally described as associated with desire on the part of the child with a certain screening from their surroundings, one respondent thought it was an essential aspect of the child's life and no-one considered the behaviour to be compulsive or painful. There was a significant gender difference indicating that masturbation was more common among boys than girls according to the observations of the parents. The most sexual behaviour in total was reported for girls and boys around age five.

There was a link between sexual behaviour and certain general behaviours displayed by the child, e.g. worry, appetite problems and mood swings. In other words, children who demonstrated the above behaviours also displayed sexual behaviour to a greater extent, with a particular correlation with masturbation. To direct questions just over half of the parents answered that the child had not displayed anything at all which the parents characterised as sexual behaviour as far as they were able to observe. This could be interpreted as indicating that the behaviours listed in the questionnaire were not primarily seen as sexual by the parents (for further discussion see Larsson & Svedin, 1999).

Swedish families appear to have a relatively open attitude to the body and sexuality in children in general. Most parents showered or bathed together with their three to six year-olds. It was also common for the child to sleep with his or her parents. The vast majority of the parents thought it was normal for children to have sexual feelings and to play games with a sexual content, the latter as long as they did not hurt each other. A smaller group (15%) responded that it is deviant and abnormal for children to take part in sex play while just under half thought that children should be steered away from other children who indulge in such play. Interestingly enough, around one in five of the parents stated that they did not have any names for the sexual organs in the home. It was less common to name the sexual organs of girls than boys. Few parents had ever discussed their child's sexuality with preschool staff. On the other hand, in just under half of the responses the staff stated that they had raised the issue of the child's sexuality with the parents, which can be interpreted as the staff response being what they consider to be "politically correct". A comparative study looking at the answers of parents and childcare staff is in progress.

Cultural comparisons

In a cross cultural comparison between North American and Swedish children aged three to six, more sexual behaviour was reported among the

Swedish children (Larsson, Svedin & Friedrich, 1999). Among the boys, behaviour such as walking around with no clothes on, using sexual language and talking about sex, touching the mother's breasts and touching their own sexual organs in public, demonstrated the greatest differences between the countries. Among the girls differences were primarily seen in that Swedish girls were more often stated to talk about sex, attempt to look at other people when they were naked and touch the mother's breasts. It is possibly the case that in Swedish culture we do not have the same loaded relationship to breasts as in the US where even "breast feeding" is so sensitive a word that it has to be expressed by euphemisms. Talking about sex in the Swedish material usually meant the child asking questions about where babies come from and asking the names and functions of sexual organs. It was primarily the mother who talked to the child about these things. Previous studies indicate that American children grow up in a stricter and more guarded environment on sexual issues (Frayser, 1994; Schmidt, 1993). The above results indicate that this is a cultural difference which has probably most been expressed in the way parents reported behaviours and how children are sexualised in a cultural context. Friedrich has also worked with Cohen-Kettenis, Sandford and Oostveen (1996) on a comparative study of children in the Netherlands. The results indicate that Dutch children also showed more sexual behaviour than American children, which may indicate a cultural difference in attitudes to child sexuality in the US and Europe.

Other studies

In a study of how children touch their parents' bodies, Rosenfeld and his colleagues (1986) found that children touched their father's sexual organ less often than the mother's breasts or sexual organs. The mothers were also more positive about being touched by their daughters than by their sons while the fathers were equally negative about being touched irrespective of the sex of the child.

Fitzpatrick, Deehan & Jennings' (1995) Irish study of 200 children in one municipality showed that sexual interest was common among three and seven year-olds, while 12 year-olds showed little interest. Curiosity about the child's own body and the bodies of others in the family was most common. Most had some name for their own sexual organs, but it is notable that 51% of the boys did not have a word for the girls' sexual organs and 12% of the girls did not have any name for the boys' genitals, as far as their mothers were aware (cf. Larsson & Svedin, 1999).

In a British study on the sexual behaviour of families and their level of sexual knowledge Smith & Grocke (1995) found that the behaviours described above were found to a certain extent as a natural feature in the families studied. Masturbation, sexual curiosity or touching the sexual organs were behaviours which occurred to a considerable extent in the families studied. Interestingly enough, they also found that nudity was more common in families with two biological parents and among those who were highly educated. They also found that certain activities and actions are naturally linked – according to the authors it is likely that children who have baths with their

parents will also naturally touch their parents' sexual organs as bathing in itself involves situation-related bodily contact.

Retrospective studies

In retrospective studies of respondents' experience in childhood, a majority of adults questioned state that they had some type of sexual experience as a child (Haugaard & Tilly, 1988; Lamb & Coakley, 1993; Larsson et al, in progress). This type of material is associated with a certain amount of uncertainty as those questioned have to attempt to remember several years back in the past. In an American study by Haugaard & Tilly (1988) 42% of the 1,700 students questioned of both sexes had had some sexual experience with another child before puberty. Kissing and hugging was most common as well as looking at each other's sexual organs. Lamb & Coakley (1993) asked female students and found that 85% had been involved in sex play, often with some type of genital touching. Just under half had played with someone of the opposite sex and the experiences they remembered were usually from the age of about eight. The games normally took place together with a friend, who in the majority of cases was around the same age. A large number of the women also stated that the experience was arousing or exciting.

A Swedish study for which only preliminary results are available so far (Larsson, Lindell & Svedin, in progress) asked 269 students in the final year of upper secondary school about their experience of sexuality before puberty. 83% of all respondents answered that they had had some form of sexual experience involving touching themselves, while almost as many, 82%, had taken part in such activities with one or more friends. The most common behaviour was exploring the sexual organs and self-stimulation. Together with friends the most common behaviours were love games involving kissing and hugging, talking about sex and looking at and examining each other's sexual organs. When asked whether any adult had known about the game at the time, one in seven answered that this was the case while one in three were uncertain and just over half answered no. From age 11 onwards it was quite common among the boys to watch pornographic films or look at pornographic magazines together.

The majority of the young people (74%) also thought it was normal for children to indulge in sex play, e.g. hugging and kissing games, playing doctors and nurses, looking at pictures of sexual acts, touching the sexual organs and masturbating. The vast majority considered it to be abnormal for children to take part in vaginal and anal intercourse or insert objects in the anus or vagina. Most stated that they had obtained their knowledge of sex primarily from friends and television but a majority also stated that their parents were the source of information. A comparative study between the US, Ireland, Sweden and the Netherlands (Cavanagh Johnson et al, in progress) showed considerable cultural differences. The first two countries have the lowest figures, 57% and 59% respectively for young people who considered sexual activities among children to be normal. Figures for the Netherlands were around the same level as Sweden.

Comments

The studies carried out so far have focused on comparing “normal”, “deviant” and abuse-related sexual behaviour, usually reported by the adults surrounding the child. Ethical issues involved in asking children about their own sexuality have so far made it difficult to research the meaning children themselves place on various behaviours. However, it would be valuable for the continued development of knowledge to initiate studies which question the children themselves, and study family variables and the child’s situation in general to a greater extent.

Nudity is a variable which is often related to sexual behaviour in North American studies. This can be interpreted as indicating that nudity in the US is more associated with sexuality. In the Nordic countries the attitude to nudity is more relaxed and nudity is not necessarily linked to sex in the same way.

Retrospective studies may indicate that information on specific or deviant behaviour is easier to remember and therefore that we may be missing information on more everyday events. The responses in the Swedish study indicate that children are involved in much sex play which adults are never aware of and that they see this as a natural part of growing up.

Sexual behaviour as a symptom

Several studies show that there is a link between what we often call sexualised behaviour in children and their having been the victim of sexual abuse (Friedrich et al, 1992, 1993; Kendall-Tackett, 1993; Cosentino et al, 1995). “Sexualised behaviour” normally refers to sexual behaviour in the child which is expressed, often recurring, takes over other activities and becomes a central aspect of the child’s everyday life, involves the child screening him or herself off or attempting to involve other children in sexual activities and to which the children and/or adults surrounding the child react with concern. This may involve a specific behaviour, e.g. masturbation, which the child constantly repeats, or consist of a number of different behaviours (and vocabulary) of a sexual nature. On the basis of the above studies sexualised behaviour can be seen as the best indicator that a child may have been the victim of sexual abuse.

This in itself *can* instead result in pathologising all child sexual behaviour. Friedrich (in Araji, 1997) states that we must be alert to this so as not to lose our perspective of normality in child sexual behaviour. Okami (1992) also claims that there is a risk of moral panic around children’s sexual exploration, with overreaction from adults which can affect the development of other types of childhood trauma.

However, increased knowledge on sexually aggressive children in the last decade has led to a need to distinguish problematic, deviant sexual behaviour from what can be seen as “normal” and normative in our society. Martens (1989) points to this when he states that studies of children’s “normative” sexual behaviour during various phases of development are

crucial if we are to obtain knowledge which helps us understand what constitutes an expression of normal sexual behaviour and what might be possible specific characteristics of sexual behaviour in children exposed to abuse. Finkelhor (1979) was thinking along the same lines almost 20 years ago when he wrote that we actually know more about deviant sexual behaviour than normal behaviour. The studies on children's behaviour described above are examples of the fact that a knowledge base on child sexual behaviour is on the way towards being built up.

Differences between children who have been abused and children who have not been abused

Friedrich et al (1992) compared a clinical selection of children (n=276) undergoing treatment after sexual abuse with a normal group of children (n=880) aged two to twelve and found that the incidence of sexual behaviour differed significantly between these groups. The clinical group demonstrated considerably more behaviours. The incidence of sexual behaviour in the latter group was also linked to the nature of the abuse, the violence and force involved and the number of abusers. In the same study and in one still unpublished study (Friedrich et al, manuscript) a significant link has also been found between sexual behaviour and other behavioural problems, i.e. children who demonstrate sexualised behaviour tend to have other behavioural problems. However, Friedrich points out that this link may not necessarily mean that the child has been the victim of sexual abuse. There may be other reasons for the child's changed behaviour. Friedrich further points out that family variables such as family situation, social, economic and emotional stress and socio-economic status are important variables to study when investigating the sexual behaviour of sexually abused children.

Post traumatic stress and sexualised behaviour

Kendall-Tackett, Williams and Finkelhor (1993) have carried out a wide ranging summary and analysis of 45 studies of sexual abuse and found that children who have been the victims of abuse showed more symptoms of a various nature than children who had not been exposed to abuse. However, there was no single symptom which characterised the majority of the children who had been abused. Nor did children who had been abused seem to display more symptoms than other clinical groups apart from post traumatic stress and sexualised behaviour. *One in three of the children who had been the victims of abuse showed no symptoms at all.* It was most common to study the incidence of sexualised behaviour, which often involved excessive or public masturbation, sexualised games with dolls, seductive behaviour, inserting objects in the anus or vagina, sexual knowledge not commensurate with the child's age and a desire for sexual stimulation from adults or other children.

Regarding *preschool children* the most commonly occurring symptoms in the studies of Kendall-Tackett are: anxiety, nightmares, post traumatic stress reactions, general behaviour problems and some types of inappropriate sexual behaviour. *Younger school children* primarily displayed fear, nightmares, anxiety, aggression, neurotic and general mental problems, school

problems, hyperactivity and regressive behaviour but not particularly much sexualised behaviour. However, there were few studies which studied this latter complex of symptoms in young schoolchildren. The symptoms of *teenagers* are primarily expressed in depression, becoming withdrawn, being suicidal, physically harming themselves, physical symptoms, poor self-esteem and running away from home. Where it occurred, sexualised behaviour was demonstrated in teenagers in the form of promiscuity and/or assaults on others. Kendall-Tackett and her colleagues consider that it is important to develop further research into children's behaviour at various stages of development as behaviour as well as thoughts, feelings and expressions can be expected to change over time.

Comments

The overview produced by Kendall-Tackett is naturally not a total investigation of all possible symptoms but instead indicates the number of children who displayed the symptoms the researchers in the various studies asked about. However, it is the most wide-ranging overview of studies in this field in recent years. Friedrich's study of the clinical material shows that the children who come for treatment after abuse often have sexual behaviour problems, but it is notable in Kendall-Tackett's analysis that such a large proportion of children show no symptoms at all after abuse. As the section above and the section immediately below indicate, practitioners and researchers have been more involved in defining and investigating the behaviour of children and young people than in studying what is healthy, natural and acceptable in child sexuality. When the "natural" behaviour is studied, this is normally in the light of a need to know which behaviours may be symptomatic of sexual abuse and to compare these with groups of children who have not been the victims of sexual abuse.

Sexualised/problem behaviours

When sexual behaviour which in various texts is termed problematic, deviant, sexualised and aggressive is to be distinguished from what is to be considered normal sexual behaviour, a continuum is usually used. At the one end the normal, expected sexual behaviour is described and at the other are the behaviours described as sexually aggressive or abusive (Araji, 1997). However, the authors in this field use a number of different labels to describe behaviours which are and are not problematic, depending on the disciplinary fields in which they work. Berliner and Rawlings (1991), Cavanagh Johnson (1996), Cavanagh Johnson & Feldmeth (1993), Friedrich (1990), Gil (1993), Pithers et al (1993), Ryan & Blum (1994) and Sgroi et al (1988) are all examples of researchers and clinics who have attempted to categorise children's sexual and sexualised behaviours in various ways. Although this field of research is still in its infancy, an overview of some of the most well-thought-out ways of identifying and distinguishing sexual problem behaviours in children so far is provided below.

Gil – social factors affecting behaviour and development

Gil (1993) uses the terms “age appropriate” and “inappropriate” behaviours but also refers to normative and problematic sexual behaviour. She divides 0 – 12 year-olds into three groups, identifying a number of social factors affecting behaviour and development. In this context Gil also uses the term inhibition and indicates the degree of inhibition in the respective stage of development.

In children aged 0 to 4 the social conditions are described as limited contact with friends, own explorations and own satisfaction. Behaviours are touching one’s own body from time to time, looking at others, interest in the toilet situation and playing doctors and nurses and mummies and daddies.

Children at ages 5 to 7 are assumed to have increased contact with friends, take part in experimentation with other children and have developed inhibitions in certain situations. The behaviour 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, playing mummies and daddies and kissing and hugging games.

The last group, children aged 8 to 12, is described on the basis of increased contact with friends, explorative interaction with other children and both inhibitions and uninhibitedness/openness. The behaviour may involve touching one’s own sexual organs, exhibitionist behaviour, asking out someone of the opposite sex, crushes, kisses, petting, touching the sexual organs of other children, imitating intercourse with clothes on and also proper intercourse. According to Gil there is therefore a progression in sexual behaviours from birth to age 12. However, the author notes that child sexual behaviour varies over cultures and social groups and is formed on the basis of the prevailing conditions in the child’s environment. Furthermore, Gil wishes to point out that the behaviours vary from child to child and that all children do not naturally take part in all the behaviours in the respective age group.

Gil considers that it can be misleading to use only social behaviour as a measurement of appropriate behaviour and indicates that other social criteria must be used when judging a child’s sexual behaviour. On the basis of Sgroi et al (1988), who developed social criteria to determine sexually abusive behaviour in young people, Gil proposes the following list to be used for children up to the age of 12 (see also Araji, 1997).

1. Age difference – more than three years’ difference should give cause for concern.
2. Developmental age difference – children will vary greatly, with some having developmental delays or severe immaturity. These children may become targets of abuse.

3. Size difference – if children are the same age but there is a substantial difference in height, weight or strength, this should be seen as a variable which may cause problems.
4. Difference in status – when a child has the status, e.g. of a babysitter, this gives a special position which involves authority or power, which potentially can be used to coerce other children.
5. Type of sexual activity – one way of judging the appropriateness of the behaviour is to see it on the basis of a developmental continuum, which is why data on normative sexual behaviour in children is required.
6. Affected/dynamics – Gil thinks that the dynamics of age-appropriate sex play are completely different to those of “problematic behaviours”. Sex play tends to be spontaneous and involve joy, laughter, embarrassment and varying levels of inhibition and uninhibitedness/openness. Problematic sexual behaviour, on the other hand, involves dominance, force, threats and violence. Children who take part in this type of behaviour show anxiety, hostility, anger or tension. They display higher levels of arousal. Their sexual behaviour can be habitual and become compulsive in nature. Nor are they receptive to guidance from parents or other adults, or attempts to distract the child.

Crisci & Brown – motivational factors for abusive behaviour

Crisci & Brown (Araji, 1997) use similar descriptions to Gil (1993) but on the basis of different concepts. They talk about a) motivational factors, b) abuser-victim relationships, c) type of behaviour and d) expressed affect. They see the motivation for normal sexual behaviour as curiosity; interaction they consider consists of common interest and an agreement between the children, while affect is expressed as “having fun” and “messaging about”. The behaviour is seen as restricted to looking and touching. One example of interaction is “I’ll show you mine if you’ll show me yours.”

As a contrast the motivational factors for abusive behaviours are stated as being force, bullying and an imbalance between those involved in terms of power and control. The behaviour is defined as repeating adult sexual acts while the affect according to this model is expressed in fear, shame and discomfort. The example given to depict the behaviour of this group is “having sex”.

Pithers et al – five circumstances which should be observed

Pithers (1993) used the term “problematic” to describe sexual behaviour which deviates from that which is considered to be developmentally expected in age groups up to the age of 12. To investigate whether or not a behaviour is problematic, according to Pithers and his colleagues one should investigate the five factors below:

1. Is the behaviour expected at the relevant developmental level?

2. Are the children involved the same age and size?
3. Are the sexual activities mutual or coercive (e.g. through intimidation, force, trickery or bribery)?
4. Is the secrecy surrounding the behaviour greater than that which can be expected in terms of a child's natural sense of privacy?
5. Is the child compulsive or obsessive regarding his or her sexual activities or does the child lack control over his or her behaviour?

Pithers and his co-authors state the above as rough guidelines to assess children's sexual behaviour and *not* to assess whether the child has been the victim of abuse. Nor does one individual factor necessarily represent any sexual problem. However, the authors propose that if a person who is not used to making this type of assessment feels worried about the behaviour, they should turn to a professional in the field.

Cavanagh Johnson & Feldmeth – from normal to sexually aggressive behaviour

Cavanagh Johnson and Feldmeth (1993) use four groups in a continuum to describe the progression from normal sexual behaviour to sexually aggressive behaviour. Their categorisations are:

- I. Normal Sexual Exploration
- II. Sexually Reactive
- III. Extensive Mutual Sexual Behaviors
- IV. Children Who Molest

Group I

Cavanagh Johnson and Feldmeth see normal sexual behaviour as healthy exploration or as sex play in which children of about the same age and size explore each other's bodies by touching or looking. Children in this group feel no shame or guilt about their behaviour. The authors use a number of indicators as the basis for describing the behaviours which are *normal and appropriate* in group I. The criteria which, in the opinion of the authors, a behaviour should meet in order to be considered a normal sexual behaviour in a child are listed below:

- Takes place as part of an information-gathering process or an act of curiosity
- The children are of a similar age, size and developmental status
- Both (or all) the children take part on a voluntary basis

- Sex play takes place between children who have an ongoing mutually enjoyable play and/or school friendship over and above the sexual interaction.
- The sexual behaviours are limited in type and frequency and occur in several periods of a child's life.
- If the children are discovered and instructed to stop the activity, they do so, at least when in sight of adults. When they are discovered by adults they may be embarrassed or show feelings of guilt but normally they express no deep feelings of anger, anxiety, guilt or shame.
- The children's sexuality is generally light-hearted and spontaneous

Group II

Children in group II, *the sexually reactive*, deviate from the age-appropriate sexual behaviours described in group I. Sexually reactive children show a wider range of sexual behaviours and there is an imbalance in relation to their age group. Many of the sexually reactive children are considered by the authors to have been the victims of abuse or live in homes which generate considerable sexual stimulation, or both. The sexual stimulation can be linked to television, access to pornographic magazines or the chance to witness sexual activities taking place around them in the home. When these children are discovered in their sexual activities, they generally react for example with deep shame, intense feelings of guilt and constant anxiety about sexuality. The sexual activities often involve only the child him or herself but when other children take part they are usually about the same age. According to Cavanagh Johnson and Feldmeth, the children in group II do not use threats or violence against other children. When they are asked to cease the activity, they usually do as they are told. Intervention or treatment is generally received positively in this group.

Group III

Group III, children who take part in *extensive mutual sexual behaviour* take part in adult-like sexual activities with other children but do not use threats or force. They are often skilled at keeping their activities secret. The authors point to a clear difference between this group and groups I and II, in the fact that they are without emotional affect surrounding sexuality. They lack both light-hearted spontaneity as well as shame and feelings of guilt and nor do they show anger and aggression which is common in young abusers in group IV. Instead they show a kind of blasé attitude towards sexual behaviour with other children. Cavanagh Johnson and Feldmeth consider that most children in group III have been the victims of sexual abuse, all have experienced some type of abuse – emotional, physical or sexual or all three. They come from dysfunctional environments and are found in all groups of children who are maltreated.

In some cases the children in group III use sex as a means, e.g. of winning friends and for dealing with feelings of loss, abandonment, fear and loneli-

ness. For these children the sexual behaviour has become a way of dealing with their existence, a coping mechanism. They have organised their reactions around sex as a way of handling their life stress. They seek out other children with similar conflicts and problems who might be thought to want to take part in mutual sex play. For children in group III sexual arousal and enjoyment are rarely the primary driving force behind taking part in sexual activities although some pre-pubertal children may experience physical feelings of desire. Many children in this group have been chronically wounded, abandoned and often have no success either in school or socially among classmates. They generally distrust adults and appear according to the authors less receptive to treatment than children in group II.

Group IV

Cavanagh Johnson and Feldmeth (1993) call the children in group IV *children who molest*, i.e. abusive behaviour. These children are described as having an impulsive, compulsive and aggressive component in their sexual behaviour. They seek their victims among children who are easy targets. Some form of force is always present when children in group IV integrate sexually and they often use social and emotional threats to prevent the victim from telling anyone about the abuse. For example a child may threaten another child who lacks other friends with never playing with him or her again. The group IV child also shows a clear lack of empathy for his or her victim. Children in this category have often been the victim of sexual abuse, like some children in groups II and III, but the reactions of these children appear to take longer to become visible. The sexual behaviours of children in group IV continue and increase over time and represent a pattern rather than solitary occasions. At the same time, according to Johnson and Feldmeth they have linked feelings of loneliness, anger and fear with sex, which in turn is linked to aggression. Like the children in group III they tend to be found in dysfunctional environments. The children in group IV are also the most difficult to treat and according to the authors require intensive and specialised therapy.

Motivation and attitude

Besides the specific behaviours and reactions which distinguish children who are considered to have “normal” behaviour from those with problematic and disturbed sexual behaviours, Cavanagh Johnson and Feldmeth point to the fact that the *motive* for the sexual behaviour can vary. Children who take part in normal sexual behaviours, like those with reactive behaviours, usually do so by exploring their own body and the bodily feelings this arouses. The first group, however, are more motivated by curiosity while group II, the reactive children, can be motivated by anxiety, overstimulation or a desire to understand previously witnessed sexual behaviour, for example. In some cases, claim the authors, it can be the case that sexually reactive children actually signal to the adults, via their behaviour, that they have been the victims of abuse.

The motivation of the children in group III for their sexual acts is governed by the fact that they use their sexual acts as a way of relating to others. Ac-

According to the authors, children who victimise other children (group IV) are instead motivated by a need to reduce negative feelings of fear, anger or loneliness which have become associated with sexuality.

Besides the above motives, the *attitude to one's own ego* also varies among the groups as does the attitude to others. The sexual behaviour of normal and reactive children often only involves "the own ego". When another child is involved it tends to be a child at the same level and of the same status. Cavanagh Johnson and Feldmeth claim that children in group I seldom choose a sibling for sexual exploration while the sexually reactive children (group II) may do so. In contrast, children in group IV choose children who are weaker or more vulnerable to take part in their sexual or physically aggressive behaviour – these may be siblings or other children.

Finally Cavanagh Johnson and Feldmeth point out that a number of factors must be observed when the model is used. The model is intended only for children up to the age of 12 whose physical development is not delayed and whose view of reality is intact. Some children may be in the borderland between the different groups and/or over time may move between the groups.

Support for parents

Cavanagh Johnson (1996) has also issued a booklet containing instructions to parents of children of normal intelligence, in which she also uses a scale of sexual behaviour for ages 0 – 5 and for ages 6 – 12 divided into three groups:

1. Natural and expected
2. Cause for concern
3. Seek professional advice

The behaviours stated are largely categorised on the basis of the behaviour questions used in Friedrich et al's studies (1991, 1992) on normal behaviour and the behaviour of victimised children. Each of the behaviours described may be normal and healthy in itself but if it occurs together with other problem factors in the child's environment or other behaviours, it may be problematic. Under the first point are described behaviours which are expected in various age groups (*e.g. preschool children: touching/rubbing their sexual organs when having their nappies changed or resting, when the child is tense, excited or afraid. Schoolchildren: comparing sexual organs with contemporaries*). Here she describes around 15 different behaviours which a child can display but emphasises that some children do not display these behaviours at all or perhaps only a couple. If a child shows all the listed behaviours, this might be cause for concern.

The second point describes behaviours which can be observed in some children who lack proper supervision or live in sexualised environments and in children exposed to ongoing abuse (*e.g. preschool children: continue to*

touch/rub sexual organ in public after having been told to stop several times. Schoolchildren: compare sexual organs with much younger or older children). The author points out that attention must be paid to whether a child demonstrated a number of the stated behaviours or whether the behaviour continues over a long period. If the behaviour does not tail off or disappear despite adult intervention, the parents are encouraged to seek professional help.

The third point refers to behaviours which often indicate that a child is deeply confused about sexuality and may have been/is the victim of abuse. Sex and aggression may be recurrent features of a child's environment, which has affected the child's ability to integrate surrounding impulses and therefore instead acts out his or her confusion in sexual behaviour (*e.g. pre-school children: touching/rubbing themselves in public as a central feature, which excludes other age-appropriate activities. Schoolchildren: demanding to look at others' sexual organs, breasts or bottom*). If children demonstrate such behaviour, it is recommended that the parents consult a specialist in the subject.

Cavanagh Johnson points out that it is important to place the behaviour in context and to look at the environment in which the child lives and is brought up, opportunities for contact with friends of the same age, response to being told off, the reaction of other children, degree of sexualisation, any aggression, anxiety or shame, relationships with adults and whether discomfort or pain is linked to the sexual behaviour.

Comments

It can be valuable to structure the behaviours into groups as above but it is important not to get bogged down in static criteria surrounding the child's behaviour but always to seek to see the whole situation surrounding the child. It is clear that there is no entirely uniform conceptual apparatus to describe what is to be seen as problematic, sexualised, eroticised, inappropriate, pathological, age-inappropriate, deviant or sexually aggressive behaviour in different age groups. This can lead to different terms being used for the same thing, thereby making it more difficult to find help for these children while the same term might also be used for what are actually completely different behaviours. The latter can contribute both to over-reactions and a lack of reactions from the professional adult world. Further research initiatives in Sweden in this field would thus be valuable.

Alternative causes

When a child displays a sexual behaviour which considerably worries the adults in the child's surroundings, in the current climate it is easy to quickly draw the conclusion that the child in question has been the victim of sexual abuse. Sometimes this is clearly the case and in such cases adults must act on the basis of the knowledge or suspicion. In other cases the behaviour may have other, more diffuse causes. Therefore it is important to first obtain as much information on the child's behaviour and life situation as possible before an assessment is made. Authors in the field point out that a sexual-

ised behaviour in the child may be learned from others, it can be a way of obtaining comfort or an expression of the feeling of having been injured. The behaviour may be expressed by the child being sexually preoccupied by his or her own body or by games with other children. The child can also begin to initiate contact with adults in a sexually charged way.

Children in today's society are exposed to a great deal of influence from the mass media and thus sometimes see sexual scenes and attitudes on the television, on video or on the Internet which they then recreate in play. This may in turn be associated with a child lacking adequate adult supervision. Clinical experience indicates that children can use masturbation to reduce tension related to loneliness, fear, boredom or anxiety for some reason. In homes where parental arguments are frequent, associated with sexual jealousy and sexualised language, and where the environment is considerably sexualised in that the child is allowed to be present when the parents or other adults are watching pornographic films or to witness other examples of boundaries being exceeded, the child may act this out in sexual behaviour in his or her turn.

It may also be the case that the child has become used to meeting the emotional and possibly sexualised needs of a parent. The child may almost become a surrogate partner and can in various ways share the parent's worry over their own sexual situation and feelings. Such behaviour in a parent is naturally close to abuse without directly being able to be categorised as such and can be very confusing for the child. Other reasons why the child acts out sexually may involve him or her having witnessed physical or sexual abuse, been forced to watch while someone else satisfies themselves and where the child has been photographed or filmed in sexually charged situations (Cavanagh Johnson, 1996).

It can sometimes be difficult to draw a distinction between undesirable sexual stimulation and abuse. In some cases the child may have been involved in sex play by another child who in turn has possibly been the victim of abuse. The intensity of the latter child's game can lead to the other child being involved without there necessarily having to be any background factors. In certain phases of development the child can also simply be intensely interested in sex play, an interest which then naturally abates after a time. The behaviour may appear sexual but can have other explanations, e.g. the behaviour of a child who puts objects in the rectum of another child may be seen in a different light once we discover that the child has repeatedly been given suppositories. Sometimes a medical condition can be an explanation, e.g. if the child has had a genital infection and is constantly rubbing the area (Larsson 1994). In general it can be said that worrying sexual behaviour in children should always attract special professional attention and it is important to take into account the child's entire life situation in making assessments.

How can adults react?

As indicated above, the reactions of parents to children's sexual behaviour often depend on the level of education, socio-economic status, ethnicity and culture and personal experience of the parents. Several studies have also shown that it is more likely that parents with a liberal attitude to sexuality notice sexual behaviour in their children. Groups with a high level of education have been shown to have a generally more open attitude to child sexuality and it is more common for parents in this type of family to talk more with the child about sex, reproduction and related areas (cf. Friedrich, 1991, 1998; Gordon, Schroeder et al, 1990; Larsson & Svedin, 1999). All these factors naturally affect both what adults actually observe and what they then report. Gagnon & Simon (1973) claim that the way in which adults behave towards children definitely affects the children's sexuality – not by repressing it or controlling it but by creating it!

Sexuality becomes invisible

When children have been involved in a confusing sexual experience, they often have no-one with whom they can discuss this as adults tend to deny the existence of both positive and negative sexual experiences and feelings in children. Acceptance of sexual expressions also falls with the increasing age of the child. Small children's exploration of their own bodies and those of others is seen as natural to a greater extent than pre-pubertal children indulging in sex play. Gadpaille (1975, in Frayser 1994) states that the child is robbed of the chance to understand his or her own development due to sexuality being made invisible. Adults can, for example, place negative connotations on sex organs and sexual behaviour or provide inadequate terms for phenomena associated with sexuality in the same way as they often neglect to provide the child with a vocabulary which can help girls and boys in developing terms and values surrounding sexuality.

Plummer (1991) claims that, unlike the rest of the child's life where it gains access to an elementary language, when it comes to sexuality there are many gaps which must be filled by the child him or herself. This is probably most problematic for girls, partly because cultural assumptions decree that girls are more innocent beings who have to be protected and partly because their anatomy means that their sexual organs are less visible. Language also lacks words and terms for mental experiences of sexuality. The child soon realises that sexuality is not a value-free zone but surrounded by value-judgements, prejudices and emotions. This leads to the child understanding that sexuality must be an area which is kept secret from others. In this way the child is largely left alone and gradually, with the help of friends, the mass media and books, attempts to sort out the misunderstandings which have arisen surrounding sexuality.

Attitudes of professional groups who encounter children

Professionals react similarly on the basis of their frameworks of reference. Heiman et al (1998) investigated attitudes on what was considered normal sexual behaviour in children in four professional groups who in some way

came into contact with questions of sexual behaviour: 1) medical students attending a human sexuality program, 2) social workers, psychologists, and nurses who were facilitating the human sexuality program, 3) therapists involved in a sexual abuse training program and 4) sexual abuse experts. The most evident result was that all groups judged sexual acts involving oral, vaginal or anal penetration of children before puberty to be abnormal behaviour. Behaviours involving interaction between children were judged to be more abnormal than self-directed sexual behaviour in the child.

Women tended to rate more behaviours as abnormal than the men in the study, which the authors interpret as an effect of the greater sexual freedom of men historically. Those who worked with abused children viewed certain sexual behaviours as more abnormal than the group on the sexology course. The groups which differed the most were the medical students and the sexual abuse experts in that the latter had a more differentiated view of various behaviours. However, the authors consider that the criticism which claimed that the sexual abuse experts unnecessarily pathologise child sexual behaviour has little or no basis in fact. The conclusion of Heiman and her colleagues was that there is a gradual difference between attitudes and assumptions on child sexual behaviour in various professional groups but that the views in general were heading in the same direction.

A study by Haugaard (1996) of paediatricians, psychotherapists, 4H leaders and researchers and authors in the field of abuse produced similar results. For example, Haugaard found a higher acceptance of behaviours in small children and a negative response to behaviours imitating intercourse. Researchers/authors in the field of abuse were generally more positive to children's sexual interaction with each other than the other professional groups.

Ways of acting

Ryan (1990) considers that children expect adults to react and correct various kinds of behaviour. If the adult refrains from acting on sexual behaviour, the child may become confused. She proposes three phases in terms of how the adult can act.

1. If a child shows a behaviour which creates worry in the adult: the first response should be to label the behaviour and react at a personal level. Tell the child what you see: "I see you touching Johnny's penis" or what you hear: "I hear from Johnny that you touched his penis". This gives the child the language to discuss the behaviour, avoids confusion in regard to what the adult is reacting to and lets the child know that the adult is able to discuss such matters. This first response should be non-judgemental and not prohibitive. The aim is for the child to think how the other child feels or to understand that the adult is upset by the behaviour without developing feelings of guilt in the child.
2. If the same or similar sexual behaviour is repeated, the second response is to confront and prohibit: "I am very concerned because I see you touching Johnny's penis. I told you before that makes me uncomfortable and Johnny said it makes him uncomfortable too. You need to stop

doing that.” According to Ryan, the response should still be communicative and non-judgemental towards the child but determined. If the adult reacts by saying “Don’t ever let me catch you doing that again!” there is a risk that the behaviour will continue underground. At the same time it is important to continue to observe the child’s behaviour for a time.

3. If a problematic sexual behaviour continues or increases, one should report one’s observations to a professional in the field.

In a staff group, at a preschool, for example, it is also important for the group to agree on how a worrying behaviour in a child should be handled, see above. Here, after an introductory conversation with the child, one can naturally consult the parents and ask them whether they have any explanation for the behaviour. If the behaviour is still worrying in the long-term, it may be easier to keep notes on one’s observations, which can be used if staff reach a point where they need to discuss the child’s sexual behaviour with an expert in the field (Larsson, 1994).

Final comments

As indicated above, sexuality is not something given once and for all, it changes over time, place, generation, culture and society. What is considered normal sexual behaviour in children can vary from one period to another. Therefore it is important to build up an up-to-date Swedish knowledge base on children in Sweden and the conditions in which children in our country live. Empirical research as well as tried and tested experience in the field are important pieces of the jigsaw.

It is important that both boys and girls have the chance to learn to name their sexual organs in the same way as they have appropriate words for other parts of the body. It is also important to respect the privacy of the child and carefully deal with questions concerning sexuality at different ages. The absence of knowledge about one's own body and its physical and emotional sensations may help to make the child more vulnerable and encourage secrecy should a child be the victim of some form of abuse. At the same time sexuality is an area for privacy and intimacy, which makes talking about it charged and sometimes not even desirable. The confusion in the adult world surrounding sexuality can, however, mean that children are often left to attempt to decipher what is acceptable or not themselves.

It is furthermore of crucial importance that professional groups who come into contact with children in their work are aware of how the sexual behaviour of girls and boys respectively may be expressed to be able to determine both what is natural psychosexual development and which behaviours indicate that a child's behaviour deviates from the norm. Professionals in the field who deal with children and sexuality need arenas in which they can meet to be able to communicate their own knowledge and to create and maintain a broad perspective.

References

- Aigner, G., Centerwall, E. (1983). Barnens kärleksliv. Prisma/RFSU.
- Akselsdotter K. (1993). Små barns signaler om sexuella övergrepp. Handbok för förskolan. Rädda Barnen. Stockholm.
- Araji, S. K. (1997). Sexually aggressive children – coming to understand them. Sage Publications. London.
- Bergenheim, Å. (1994). Barnet, libido och samhälle – om den svenska diskursen kring barns sexualitet 1930 – 1960. Dissertation. History of ideas, Umeå University. Höglunds förlag.
- Berliner, L., Rawlings, L. (1991). A treatment manual: Children with sexual behavior problems. Seattle: Harborview Sexual Assault Center.
- Bjerrum Nielsen, H. & Rudberg, M. (1991). Historien om pojkar och flickor. Könssocialisation i ett utvecklingspsykologiskt perspektiv. Studentlitteratur. Lund.
- Cavanagh Johnson, T., Feldmeth, J. R. (1993). “Sexual behaviors – a continuum”. In I. E. Gil & T. Cavanagh Johnson. Sexualized Children (pp. 39 – 52).
- Cavanagh Johnson, T. (1996). Understanding children’s sexual behaviours – what’s natural and healthy. Booklet issued by Cavanagh Johnson, California, USA.
- Chodorow, N. (1988). Original 1978. Femininum Maskulinum – Modersfunktion och könssociologi. Natur & Kultur. Stockholm.
- Cohn, D. S. (1991). Anatomic doll play of preschoolers referred for sexual abuse and those not referred. *Child Abuse & Neglect* 15:455 – 466.
- Cosentino, C. E, Meyer-Mahlenburg, H., Alpert, J., Weinberg, S., Gaines, R. (1995). “Sexual behavior problems and psychopathology symptoms in sexually abused girls”. *Journal of American Academy Child & Adolescent Psychiatry*, 34, 8:1033 – 1042.
- De Jong, A. R. (1989). “Sexual interactions among siblings and cousins: Experimentation or exploitation?” *Child Abuse & Neglect*, 13:271 – 279.
- Everson, M. D., Boat, B. W. (1990). “Sexualized doll play among young

- children:
Implications for the use of anatomical dolls in sexual abuse evaluations”.
Journal of
American Academy of Child & Adolescent Psychiatry. 29:736 – 742.
- Finkelhor, D. (1979). Sexually victimized children. The Free Press. NY.
- Fitzpatrick, P., Deechan, A., Jennings, S. (1995). “Children’s sexual behaviour and knowledge: a community study”. Irish Journal of Psychological Medicine, 12; 3:87 –91.
- Foucault, M. (1976 – 84). Sexualitetens historia. Parts I – III, Gidlunds.
- Frayser, S. (1994). “Defining normal childhood sexuality: An anthropological approach”. Annual Review of Sex Research, Society for the Scientific Study of Sex, V: 173 – 217.
- Fredelius, G., Frithiof, P., Ursing, I. (1994). Kvinnoidentitet. Natur och Kultur. Stockholm.
- Freud, S. (1965), original 1905, Sexualteori. Bokförlaget Röda Rummet.
- Friedrich, W. N., Grambsch, P., Broughton, D., Kuiper, J., Beilke, R. L. (1991). “Normative sexual behavior in children”. Pediatrics 88: 456 – 464
- Friedrich, W. N., Grambsch, P., Damon, L., Hewitt, S., Koverola, C., Lang, R., Wolfe, V., Broughton, D. (1992). “Child sexual behavior inventory: Normative and clinical comparisons”. Psychological Assessment, vol. 4, no. 3:303 – 311.
- Friedrich, W. N. (1993). “Sexual victimization and sexual behavior in children: A review of recent literature”. Child Abuse & Neglect, vol.17:59 – 66.
- Friedrich, W. N., Fisher, I., Broughton, D., Houston, M., Shafran, C. R. (1998). “Normative sexual behavior in children: A contemporary sample”. Pediatrics; vol. 101, no. 4: p e9.
- Friedrich, W. N., Fisher, J., Acton, R., Berliner, L., Butler, J., Damon, L., Hobart Davies, W., Gray, A., Wright, J. (unpubl. manuscript). Child sexual behavior inventory: normative, psychiatric and sexual abuse comparisons.
- Frithiof, P. (1985). “Psykoanalytisk teori och kvinnors identitetsutveckling”. Kvinnovetenskaplig tidsskrift, 1:18 – 33.
- Frithiof, P. (1987). Om kvinnopsykologi: från Freud till idag. Sfph’s series of monographs. No. 26.
- Gagnon, J. H., Simon, W. (1973). Sexual conduct – the social sources of

human sexuality. Aldine Publ. Company. Chicago.

Galenson, E. & Rophie, H. (1974). "The emergence of genital awareness during the second year of life". In *Sex differences in behaviour*, ed. Friedman, R. C., Wiley, NY.

Gil, E. & Cavanagh Johnson, T. (1993). *Sexualized children – Assessment and treatment of sexualized children and children who molest*. Launch Press.

Goldman, R. & Goldman, J. (1982). *Children's sexual thinking*. Routledge & Kegan Paul. London.

Gordon, B. N., Schroeder, C. S., Abrams, J. M. (1990). "Children's knowledge of sexuality: a comparison of sexually abused and nonabused children." *American Journal of Orthopsychiatry*, 60; 2:250 – 257.

Haugaard, J. J. & Tilly, C (1988). Characteristics predicting children's responses to sexual encounters with other children. *Child Abuse & Neglect* 12:209 – 218.

Haugaard, J. J. (1996). "Sexual behaviors between children: Professionals' opinions and undergraduates' recollections". *Families in Society: The Journal of Contemporary Human Services*, 2:81 – 89.

Heiman, M. L., Leiblum, S., Cohen Esquilin, S., Melendez Pallitto, L. (1998). "A comparative survey of beliefs about "normal" childhood sexual behaviours". *Child Abuse & Neglect*, vol. 22, no. 4:289 – 304.

Helmius, G. (1990). *Mogen för sex? – det sexuellt restriktiverande samhället och ungdomars heterosexuella glädje*. Dissertation. Sociology. Uppsala University.

Jampole, L. & Weber, M. K. (1987). "An assessment of the behavior of sexually abused and nonabused children with anatomically correct dolls". *Child Abuse & Neglect*: 11 187 – 192.

Jackson, S. (1990). "Demons and innocents: Western ideas on children's sexuality in historical perspective". In M. E. Perry (ed.) *Handbook of sexology*, vol. VII: Childhood and adolescent sexology. pp. 23 – 50. Elsevier. NY.

Kendall-Tackett, K. E., Williams, L., Finkelhor, D. (1993). "The impact of sexual abuse on children: A review and synthesis of recent empirical studies". *Psychological Bulletin*, 113:164 – 180.

Kinsey, A. C., Pomeroy W. B., Martin C. E., & Gebhard P. H. (1949). *Kinsey-rapporten: Mannens sexuella beteende*. Bokförlaget Prisma. Stockholm.

Kinsey, A. C., Pomeroy W. B., Martin C. E., & Gebhard P. H. (1968).

Kvinnans sexuella beteende. Bokförlaget Prisma. Stockholm.

Lamb, S., Coakley, M. (1993). "Normal" childhood sexual play and games: Differentiating play from abuse". *Child Abuse & Neglect*, 17:515 – 526.

Langfeldt, T. (1990). "Early childhood and juvenile development and problems".

In M. E. Perry (ed.) *Handbook of sexology: Childhood and adolescent sexology*. Vol.

VII. Elsevier Science Publ. Amsterdam.

Langfeldt, T. (1987). *Barns sexualitet. Natur och Kultur*.

Larsson, I., Lindell, G., Svedin, C-G. (in progress). Young adults' recollections of sexual behaviour and experiences in childhood.

Larsson, I., Svedin C-G. Friedrich, W. (being printed). "Differences and similarities in sexual behaviour among preschoolers in Sweden and USA". *Nordic Journal of Psychiatry*.

Larsson, I., Svedin, C-G. (1999). Sexual behaviour in Swedish preschool children

– as observed by their parents. Manuscript.

Larsson, I. (ed.) (1994). *Är det normalt eller...? Om förskolebarns sexuella beteende, vuxnas attityder och nya forskningsresultat*. Allmänna Barnhuset. Stockholm.

Lindblad, F., Gustafsson, P., Larsson, I., Lundin, B. (1995). "Preschooler's sexual behaviour at daycare centers: an epidemiological study". *Child Abuse & Neglect* vol. 19, no. 5:569 – 577.

Lundberg, P. O. (ed.) (1994). *Sexologi*. Almqvist & Wiksell. Liber utbildning.

Martens, P. (1989). *Sexualbrott mot barn. Presentation och diskussion av några centrala teman inom forskningsområdet*. BRÅ-rapport Allmänna Förlaget. Stockholm.

Martinson, F. M. (1994). *The sexual life of children*. Bergin & Garvey. Westport Connecticut

Michael, R. T., Gagnon, J. H., Laumann, E. O. Kolata, G. (1994). *Sex in America – a definite survey*. Little Brown and Company. NY.

Nilsson, B. (1996). *Socialpsykologi. Studentlitteratur*. Lund.

Okami, P. (1992). "Child perpetrators of sexual abuse. The emergence of a problematic deviant category". *Journal of Sex Research*, 29:109 – 140.

Olsson, M-L.; Risán, P. (1978). *Sexuell utveckling*. Almqvist & Wiksell, Stockholm.

Perry, M. E. (1990). ed. *Handbook of Sexology volume VII: Childhood and adolescent sexology*. Elsevier. NY (Series ed. J Money & H Musaph).

Phipps-Yonas, S., Yonas, A., Turner, M., Kauper, M, (1993). *Sexuality in early childhood*. University of Minnesota Center for Urban and Regional Affairs Reports, 23:1 – 5.

Pithers, W. D., Gray, A. S., Cunningham, C.; Lane, S. (1993). *From trauma to understanding*. Brandon. Safer Society Program & Press.

Plummer, K. (1991). "Understanding childhood sexualities". In *Male Intergenerational Intimacy*. Haworth Press.

Rosenfeld, A., Bailey, R., Siegel, B., Bailey, G. (1986). "Determining incestuous contact between parent and child: Frequency of children touching parents' genitals in a nonclinical population". *Journal of the American Academy of Child and Adolescent Psychiatry*, 25:481 – 484.

Rosenfeld, A. & Wasserman, S. (1993). "Sexual development in the early school-aged child". *Child and adolescent psychiatric clinics of North America*, 2;3:393 – 406.

Rutter, M. (1971). "Normal Psychosexual Development". *Child Psychology and Psychiatry*, vol. 11:259 – 283.

Ryan, G. (1990). "Sexual behavior in childhood". In J. McNamara & B. McNamara (ed.) *Adoption and the sexually abused child* (pp. 27 – 45). Portland: University of Southern Maine, Human Services Development Institute.

Ryan, G. & Blum, J. (1994). *Childhood sexuality: a guide for parents*. University of Colorado Health Science Center.

Schmidt, W. E. (1993). "Sweden redefines sexual revolution". In Wren, C. S. & Ethridge, W. T. (ed.), *Themes of Times, Human Sexuality*. Prentice Hall and the New York Times. NY.

Smith, M., Grocke, M. (1995). *Normal family sexuality and knowledge in children*. Royal College of Psychiatrists/Gorkill Press.

Sgroi, S. M., Bunk, B. S. & Wabrek, C. J. (1988). "Children's sexual behaviours and their relationship to sexual abuse". In S. M. Sgroi (ed.) *Vulnerable populations and treatment of sexually abused children and adult survivors*. (vol.1 pp 1 – 24) Lexington, MA: Lexington Books.

Sivan, A., Schor, D., Koeppl, G., Noble, L. (1988). "Interaction of normal children with anatomic dolls". *Child Abuse & Neglect*, 12:295 – 304.

Söderquist, M. (1995). *Jag känner mig normal nu! Om samarbete med sexuellt utsatta barn och deras föräldrar*. Mareld.

Turner, P. & Gervai, J. (1995). "A multidimensional study of gender typing in preschool children and their parents: Personality, attitudes, preferences, behavior and cultural differences". *Developmental Psychology*, vol. 31; no. 5:759 – 772.

Vance, C. (1991). "Anthropology rediscovers sexuality – A theoretical comment". *Social Science Med.* Vol.33 no. 8:875 – 884

Weeks, J. (1981/1989). *Sex, Politics & Society – sex regulation since 1800*. Longman Group UK. Limited.

Weeks, J. (1985). *Sexuality and its discontents: meanings, myths & modern sexualities*. Routledge, NY.