

**Healthy sexual development: a multidisciplinary framework for research**

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*Abstract*

A group of Australian researchers from a range of disciplines involved in studying children's sexual development developed a framework for researching healthy sexual development that was acceptable to all disciplines involved. The fifteen domains identified were: freedom from unwanted activity; an understanding of consent; education about biological aspects; understanding of safety; relationship skills; agency; lifelong learning; resilience; open communication; sexual development should not be "aggressive, coercive or joyless"; self-acceptance; awareness and acceptance that sex is pleasurable; understanding of parental and societal values; awareness of public/private boundaries; and being competent in mediated sexuality.

*Introduction*

There has been considerable public concern about the sexual development of children in Australia in 2008 and 2009 (see for example Topsfield, 2008; Devine, 2008; Perkin, 2008; Stedman, 2009). Of particular concern has been the question of whether children are reaching sexual milestones too young (King, 2008). This public debate has been conducted in vague terms, worrying simply that children are developing too quickly (Hartley, 1998). No attempt has been made to describe what would constitute healthy sexual development.

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Lagerberg suggests that this is in part because: ‘the sexual development of normal children is neither fully explored nor understood’ (Lagerberg, 2001, p. 368; see also Haugaard, 1996, p. 81; Ryan, 2000, p. 34; Okami et al, 1997, p. 339). There does exist a patchwork history of research from earlier decades which allows us to recover some sense of normal sexual development of children over the years (Levy, 1928; Hattendorf, 1932; Isaacs, 1933; Ramsey, 1943; Sears et al, 1957; Newson & Newson, 1963; Rutter, 1971). And recently a more systematic research approach to this topic has emerged (Knoth et al, 1988; Leitenberg et al, 1989; Friedrich et al, 1991; Gold & Gold, 1991; Lamb & Coakley, 1993; Fitzpatrick et al, 1995; Haugaard, 1996; Okami et al, 1997; Ryan, 2000; Larsson & Svedin, 2002; Larsson & Svedin, 2002b; Sandnabba et al, 2003). There also exist a number of useful guides to healthy sexual development from distinct perspectives: clinical psychology (Sanderson, 2004); early childhood studies (Chrisman & Couchenour, 2002) and Family Planning (FPQ, 2006). However, across this range of work there is no agreement about what constitutes healthy sexual development. As Haugaard noted when he gathered data from professionals working in a number of different disciplines, there is ‘considerable disagreement’ (Haugaard, 1996, p. 88) between different professional groups about what characterises acceptable sexual development for children.

### *Healthy sexual development: a multidisciplinary framework for research*

It thus seemed that it would be a useful contribution to public debate on this topic to develop a multidisciplinary framework for understanding healthy sexual development, drawing on the expertise of professionals from a number of related backgrounds. This paper does not present the results of a traditional research project. Rather it sits in the

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field of ‘research design and methodology’. Work in this field seeks to ‘introduce, explain and illustrate designs and methodologies’ (Keith, 1998: 332). In particular, the current paper sits within that subset of such work which aims to ‘clarify a research topic about which there are misrepresentations or confusion’ (Keith, 1998: 333). It is targeted at researchers interested in healthy sexual development and presents an exploration of a possible paradigm within which research can take place into healthy sexual development.

A consultative group was gathered consisting of seven Australian experts across a number of disciplines relating to children, development and sexuality. The group included a psychologist specialising in preventing child sexual abuse; an early childhood expert; a legal expert in children’s rights; a specialist in sexuality education; experts on sexual socialisation; and on the media’s impact on children’s development. The group commissioned literature reviews of the research on children’s sexuality across their disciplines; and worked together to develop a consensual definition of healthy sexual development that drew on the insights of their various disciplines.

The group met and spent a day discussing this topic. One group member acted as a facilitator; another took notes. The facilitator led discussion, brainstorming all the possible domains which should be included under the definition of healthy sexual development. Each domain was then discussed by the group to ascertain whether it was agreeable to all disciplinary paradigms, and if so how it could best be expressed in a way that made sense to all participants.

A draft version of this paper was prepared from the notes taken at this meeting and circulated to all the contributing experts for discussion. Based on feedback, a second draft was developed and circulated to all participants, who then signed off on it.

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One key point emerged early in the discussions: this would be a holistic approach to healthy sexual development. In much of the literature in this area the sole concern is the prevention, diagnosis and treatment of child sexual abuse (see for example Haugaard & Emery, 1989; Lamb & Coakley, 1993; Ryan, 2000). The group agreed that preventing unwanted sexual encounters is a key element of healthy sexual element – but it is far from being sufficient for an understanding of the important elements in that development. There is more to healthy sexual development than simply preventing abuse. Important positive skills and understandings must be developed. We identified fifteen key domains which provide a multidisciplinary framework for understanding healthy sexual development:

*i. Freedom from unwanted activity.*

Healthy sexual development takes place in a context in which children are protected from unwanted sexual activity (Haugaard & Emery, 1989; Sanderson, 2004). This is a fundamental point. Its complexity must also be acknowledged. Hence the second point is:

*ii. An understanding of consent, and ethical conduct more generally.*

Healthy sexuality is not coercive (Wardle, 1998; Ryan, 2000; Chrisman & Couchenour, 2002; FPQ, 2006). And so children need to understand the nature and complexity of consent – not just their own, but also other people's – in sexuality. They need to learn about the ethics of human relationships, and how to treat other people ethically.

*iii. Education about biological aspects of sexual practice*

In healthy sexual development, children are provided with accurate information about how their bodies work. Research has shown that '[i]n the absence of adequate and

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systematic sex education, children invent their own explanations for biological and sexual processes often in the form of mythologies' (Goldman & Goldman, 1982, p. 392).

### iv. *An understanding of safety.*

In healthy sexual development, children learn what is safe sexual practice. This is meant in the widest possible sense, including physical safety, safety from sexually transmitted diseases (Allen, 2005, p. 2), and safety to experiment.

### v. *Relationship skills.*

In healthy sexual development, children learn relationship skills more generally. This includes, but is not limited to, communication and assertiveness skills. Children learn to ask for what they want assertively in relationships generally. At an appropriate point this also includes sexual relationships (Impett et al, 2006).

### vi. *Agency.*

Emerging from the previous point, in healthy sexual development children learn that they are in control of their own sexuality, and in control of who can take sexual pleasure from their bodies. They are confident in resisting peer pressure. They understand their rights. They learn to take responsibility for making their own decisions (SIECUS, 1995).

### vii. *Lifelong learning.*

Every researcher who has studied the healthy sexual development of children insists that children are naturally 'curious' about their bodies and about sex (Sanderson, 2004: 62). Studies over many decades have shown that they explore their bodies – including touching and sometimes masturbating their genitals – from birth (Levy, 1928; Ryan, 2000; Larsson & Svedin, 2002b); they ask questions about sex at the

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same time as they begin to ask questions about other aspects of society (Hattendorf, 1932; Larsson & Svedin, 2002); and they play 'sex games' like doctors and nurses with other children from an early age (Isaacs, 1933; Lamb & Coakley, 1993; Chrisman & Couchenour, 2002; Larsson & Svedin, 2002b; Sandnabba et al, 2003). Research has shown that this behaviour is not only normal, it is healthy and has no harmful effect on later sexual development (Kilpatrick, 1992; Greenwald & Leitenberg, 1989; Leitenberg et al, 1989; Okami et al, 1998; Larsson & Svedin, 2002b). Similarly, learning about sexuality does not stop at the point where sexual intercourse begins. Adults continue to learn about their sexuality throughout their lives, improving their knowledge of and attitudes towards their sex lives.

### viii. *Resilience.*

There is a necessary element of risk in all learning. This is also true of sexual learning (Chrisman & Couchenour, 2002, p. 3). In healthy development, children develop agency in order to facilitate resilience, so that bad sexual experiences are opportunities for learning rather than being destructive.

### ix. *Open communication.*

Healthy sexual development requires open communication between adults and children, in both directions. As noted above, this means that children are provided with age-appropriate information about sex (SIECUS, 1995), and particularly that they are given honest answers to any questions they may ask (Chrisman & Couchenour, 2002). There is absolute agreement in the literature that this is important for preventing sexual abuse (Krafchick & Biringen, 2002, p. 59; Sanderson, 2004, p. 55), development of a healthy attitude towards their own bodies and sexuality (Chrisman & Couchenour, 2002, p. 14; Impett et al, 2005), and preventing unwanted

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pregnancies and STDs when they do become sexually active (Lindberg et al, 2008).

On the other hand, in healthy situations, children feel comfortable in coming to adults with problems, concerns or issues they may have about their bodies or what is happening to them.

*x. Sexual development should not be 'aggressive, coercive or joyless'*

This is a key distinction between healthy and unhealthy sexual development. Healthy sexual development is 'fun', playful and lighthearted (Okami et al, 1998, p. 364).

Unhealthy sexual development is aggressive, coercive or joyless (Sanderson, 2004: 79).

*xi. Self-acceptance.*

In healthy sexual development children are supported in developing a positive attitude towards their own sexual identity (Impett et al, 2006); and a 'positive body self concept' (Okami et al, 1998, p. 363).

*xii. Awareness and acceptance that sex is pleasurable.*

Children learn to understand that it is acceptable for sexuality to be pleasurable in healthy development (SIECUS, 1995; WHO, 2002, p. 5). It is not shameful to enjoy it. It is a desirable outcome that when they become adults they will have to option of enjoying satisfying and high quality sexual relationships should they choose to do so (Okami et al, 1998, pp. 361, 365).

*xiii. Understanding of parental and societal values.*

In healthy development, children learn social and parental values around sexuality to enable them to make informed decisions about their own sexuality in relation to them. These vary greatly (WHO, 2006: 6). Research shows that parental values around sexuality range from extremely conservative to extremely liberal (Okami et al, 1998),

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and that judgments about what is appropriate sexual behaviour in children differ dramatically in different societies (Aries, 1962; Higonnet, 1998; Jenkins, 1998).

### *xiv. Awareness of public/private boundaries.*

As a particular subset of values, children learn how the public/private distinction works in their culture as part of healthy sexual development. This allows them to manage their own privacy, understand public behaviour, and how to negotiate the boundaries between the two (Larsson & Svedin, 2002; Sanderson, 2004, p. 60).

### *xv. Competence in mediated sexuality.*

In healthy sexual development, children will develop skills in accessing, understanding, critiquing and creating mediated representations of sexuality in verbal, visual and performance media (Higonnet, 1998; Hartley & Lumby 2003; Buckingham & Bragg, 2004; Ward et al, 2006; Mazzarella & Pecora, 2007; Lafo, 2008).

## *Conclusion*

This paper sits in the field of ‘research design and methodology’ and has sought to ‘clarify a research topic about which there are misrepresentations or confusion’ (Keith, 1998: 332, 333). It brings together and reconciles the literatures from a number of disciplines in order to produce a coherent framework for understanding healthy sexual development. This framework has the potential to inform any research project which is interested in exploring healthy sexual development. For example, it will be useful for researchers interested in interaction between social variables - such as the effects of exposure to media, or new communications technologies – and healthy sexual development. We hope that it proves useful to researchers interested in these issues, and functions as a starting point for a range of future research projects.



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