ASSESSMENT AND FORENSIC ISSUES

Boundaries and Family Practices: Implications for Assessing Child Abuse

Toni Cavanagh Johnson
Richard I. Hooper

SUMMARY. Family practices related to hygiene, affection behavior, and privacy were studied using a sample of mental health and child welfare professionals. The professionals were asked to use their own experience to state up to what age it was acceptable for parents and children of the same gender and mixed gender to engage in certain family practices. For virtually all family practices, respondents reported lower appropriate ages for mixed gender pairs. Family practices were acceptable for mothers with their daughters up to older ages than fathers with their sons. Results indicate high variability in the responses regarding appropriate ages, as well as whether the behavior was ever acceptable. The implications of these sub-

Address correspondence via e-mail to Toni Cavanagh Johnson, PhD, at Toni@TCavJohn.com

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stantial differences among professionals who often assess these practices as "soft signs" related to abuse are discussed.

KEYWORDS. Child abuse, age boundaries, clinician responses, family practices, hygiene, affection, privacy, appropriate touch, sex abuse assessment

BOUNDARY CONCERNS

"Boundaries" is a term that can refer to the often unspoken conventions that people follow regarding interpersonal behaviors. There are emotional, physical, sexual, role, and other boundaries that are set, sometimes unconsciously, between people. Many factors such as age, culture, religion and upbringing can influence boundaries. Obvious boundary violations occur when a child's genitals are penetrated or fondled. Yet, there are more subtle, personal boundary violations that may be a part of or a prelude to sexual abuse, or intrusive behaviors that are not illegal but inappropriate and confusing to children.

Child welfare workers and mental health providers are frequently presented with children who engage in worrisome sexual behaviors, either touching their own bodies excessively or touching other children, adolescents, or adults in a way that is considered beyond what is natural and healthy. Often the first issue that is addressed is whether the child has been touched on his or her private parts in an abusive manner. When the child does not acknowledge having been sexually abused, the worker is frequently at a loss as to how to proceed.

An area of research more recently explored is the intersection between certain family practices and increased sexual behaviors in children. Friedrich, Fisher, Broughton, Houston, and Shafran (1998) indicate that some family practices are related to an increased variety of sexual behaviors in children. A factor they label "family sexuality" which they describe as a more relaxed approach to co-sleeping, co-bathing, family nudity, opportunities to see adult movies, and to witness sexual intercourse accounts for 5.7% of the variance when looking at sexual behaviors in children. Friedrich and colleagues do not say that more relaxed family practices necessarily increase disturbed sexual behaviors, only the number and

types of sexual behaviors in which children engage. Because these family practices can increase sexual behaviors and confusion about boundaries and sexuality, Friedrich et al. created a Safety Checklist (Friedrich, 2002). The Safety Checklist asks parents about many issues related to boundaries including questions on co-sleeping, co-bathing, and family nudity in the home.

Gil and Johnson (1993) found that when children are experiencing difficulty with their sexual behaviors, information on the family practices related to co-sleeping, co-bathing, nudity, kissing, and privacy are valuable to explore. In some cases the child is being exposed to an increase in adult behavior, talk, sexual innuendo, and sexual behaviors, and boundaries in the home need to be tightened (Gil & Johnson, 1993).

Johnson (1999) describes extensive boundary violations that may occur in the homes of young children who engage in problematic sexual behaviors. Behaviors include those that decrease an individual's emotional and physical privacy, increase intrusive interpersonal practices, and sexualize the atmosphere in the home. The boundary confusion in children's homes may be as potent as direct hands-on sexual abuse in creating sexual confusion, anxiety and disturbed sexual behaviors in young children. Johnson (1999) describes "sexually-reactive" children whose worrisome sexual behaviors are a product of the confusion and anxiety that can be generated by living in these environments. A series of questionnaires to assess boundaries and family practices in homes has been developed by Johnson (1998a, 1998b).

Academic researchers and clinicians have suggested that crossing certain boundaries may be a subtle form of sexual abuse (Lewis & Janda, 1988; Srouf & Fleeson, 1986). Terms such as "emotional incest" (Bolton, Morris, & MacEachron, 1989) and "sexualized attention" (Haynes- Seman & Krugman, 1989) have been used to describe behaviors that overstep the boundaries of acceptable family interactions. The abuse of sexuality model (Bolton, Morris, & MacEachron, 1989) provides descriptions of family environments that may be sexually abusive or sexually overwhelming. In the permissive environments described by the authors, a child may be exposed to nudity or adult sexual behaviors without the adult recognizing that these behaviors may be over-stimulating to the child.

Defining Boundaries

In their study entitled *Defining Sexual Boundaries Between Children and Adults: A Potential New Approach to Child Sexual Abuse Prevention*, Disimone-Weiss (2000) surveyed the opinions of professionals

including child psychologists, child psychiatrists, and pediatricians regarding when selected behaviors between parents and children related to nudity, co-sleeping, and kissing on the lips become inappropriate. An interaction between child and parent gender was found for all investigated behaviors. The age at which behaviors related to nudity and co-sleeping were said to become inappropriate was younger for different-gender parent and child than for same-gender parent and child. The opposite was found for kissing. Psychologists and psychiatrists were not found to differ significantly in their responses, yet pediatricians generally responded with significantly older age cut-offs.

Dr. Spock (1976), whose advice did not come from a concern about sexual abuse but from a developmental perspective, wrote:

> I don't want to claim that all children are bothered by parental nudity. No study has been made of normal children. But since we know that it's a possibility, I think it's a little wiser for parents to give their children the benefit of the doubt, and as a general rule . . . keep the child out of the bathroom while a parent is bathing. (p. 45)

Due to his belief that it is important to know what is normative sexual socialization to contrast it with possible sexual abuse, Rosenfeld, Seigal, and Bailey (1987) surveyed parents about sexually related home behaviors. An anonymous questionnaire was used to survey parents' affectionate and sexual patterns. Open and closed ended questions were asked concerning bathing practices. The closed ended questions used a five-point rating scale with three responses: never, sometimes, and always. No significant differences were found, and thus data reported by mothers and fathers were aggregated. Mothers were rated as bathing more frequently with their daughters and fathers more frequently with their sons. It was uncommon for mothers to bathe or shower with sons older than 8 years of age or for fathers to bathe or shower with daughters older than 9 years of age. When assessing why parents stopped bathing with their children, 12.3% mentioned a rule the parents made, usually because the child had behaved in a way that, at least to the parent's eye, was sexual. For instance, the mother of a 4-year-old girl remarked that her daughter "bathed once with father (when she was 2 years of age). She wanted to play with his penis and he decided not to bathe with her." The mother of a 6-year-old boy stated that she had felt uncomfortable about bathing with her son in the past six months because of his open curiosity about her body. In a few cases, the parents had not yet decided to stop bathing with their child when the child decided to no longer bathe

or shower with the parent. For instance, the mother of a 6-year-old girl said that within the last few months the child decided she did not want to shower with her father anymore.

Harrison-Speake and Willis (1995) studied parents' perceptions of the appropriateness of different kinds of touch including parents kissing children on the lips, sleeping with them, and giving them a bath. Approval of the various practices was lower for older children. Higher approval ratings were obtained for mothers than for fathers for kissing and bathing. African-Americans gave consistently lower approval ratings for ever engaging in the behaviors than Caucasians.

Atteberry-Bennett (1987) attempted to determine the point at which various behaviors were considered by respondents to be abusive and when intervention was warranted. This study used a sample from Virginia of 255 psychotherapists (psychologists, social workers, and counselors), protective service workers employed by the Department of Social Services, legal professionals (lawyers and judges), law enforcement agents (probation and parole officers), and parents. Using a vignette format, the investigators varied the gender of the parent, gender of child, age of child, and the type of behavior. Some behaviors that were studied were (a) parent often hugs child, (b) parent often kisses child on the lips as he/she goes to work in the morning, (c) parent often enters the bathroom without knocking while the child is bathing, (d) parent is often nude in front of child, (e) parent often sleeps in same bed as child, (f) parent often photographs child nude, (g) parent often touches child's genitals, and (h) parent often has sexual intercourse with child (Atteberry-Bennett, 1987, p. 40). Respondents were asked whether outside intervention would be required in response to these behaviors and what sorts of interventions would be most appropriate.

Results indicated that significant numbers of professionals of all types considered intervention required for behaviors such as frequent hugging of a child, kissing a child on the lips (as when leaving for work in the morning), entering the bathroom without knocking while the child is bathing, co-sleeping, and exposure to parental nudity. There were some differences between the opinions of the respondents with psychotherapists consistently rating the vignettes more abusive than all other groups of professionals or parents.

Seventy-five percent of respondents considered intervention required in cases in which a mother "often" appeared nude in front of her 5-year-old son, and 80% thought intervention required in cases in which a father "often" slept in the same bed as his five-year-old daughter. Approximately 47% of respondents favored intervention in cases in which a mother

"often" kissed her 10-year-old son on the lips when leaving for work, and 51% where a father "often" entered the bathroom while his five-year-old daughter was bathing. Virtually 100% of respondents believed intervention was required in cases of a parent photographing a small child nude.

Caution Regarding Overreactions to Parent/Child Interactions

While there is literature in the child abuse field warning of excesses and potential problems with little privacy and loose boundaries between family members, there are others who are concerned with pathologizing certain family practices. Okami (1995) voices considerable concern over what he describes as an overreaction to family practices such as co-sleeping, co-bathing, kissing children on the lips, or being nude in front of children. He points out that experiences such as exposure to parental nudity or sexuality may be constructed of very different "meanings" within a family whose values include beliefs in the "naturalness" of nudity and sexuality than within the context of family whose values include endorsement of "conservative" attitudes toward nudity and sexuality. He cites anthropological and ethnographic data showing that child exposure to parental nudity and parent-child co-sleeping is very common cross-culturally.

Research into childhood exposure to parental and other adult nudity has provided neutral or mixed results, or results open to interpretation, but have not indicated that it has dire aftereffects on children (Lewis & Janda, 1988; Okami, Olmstead, Abramson, & Pendleton, 1998; Story, 1979). In a study of college undergraduates that asked about early childhood experiences, a positive outcome for boys who observed their parents nude when they were between the ages of 0-5 was self-reported comfort with physical affection. For girls at this age it was related to an increased frequency of sexual behavior (Lewis & Janda, 1988). Witnessing parental nudity during ages 6-11 for boys and girls was positively related to a tendency to engage in casual sexual relationships (Lewis & Janda, 1988). A more positive "body self-concept" was found in boys 3 to 5 years old who were the sons of social nudists (Story, 1979). Male undergraduate students indicated that sleeping in their parents' bed when younger than 12 was related to increased self-esteem and less guilt and anxiety about sex. For females, it was modestly related to increased comfort with physical contact as well as increased sexuality (Lewis & Janda, 1988).

There are advocates for more closeness between family members. In her book *The Family Bed*, Thevenin (1987) advocates that children and

parents sleep together in the same bed. She argues that it is the most natural and practical way to soothe children and increase their feelings of security. She does not give an age for the children to leave the family bed but indicates it could be over 10 years old (Thevenin, 1987).

Placing a Marker in the Sand

In this era of sexual abuse allegations, family practices related to behaviors between parents and children have come under increased scrutiny. In divorce custody cases where there are allegations of sexual abuse, questions frequently arise about the family practices of the parent with his or her child if hands-on sexual abuse is not acknowledged by the child (Faller, 1991b). In some cases one parent accuses the other of inappropriate sleeping, bathing, kissing, hugging, or nudity with the child, suggesting this may be a grooming behavior or abusive in its own right. Should the father be bathing with his 5-year-old daughter? Should the mother be sleeping with her 8-year-old son?

Are there family practices related to physical boundaries in homes in the United States that we can measure? Although there may be a wide range of what is considered acceptable, are there some limits? Is sleeping in bed with a child of the opposite sex acceptable? Up to what age is this acceptable? Is this different for mothers and daughters, mothers and sons, fathers and sons, and fathers and daughters?

While there are certainly differences in family practices in the United States, it is the intent of this research to place a marker in the sand regarding physical boundaries in families. This will provide some gauge of family practices currently considered acceptable in the United States between parents and children in relation to their age for: (a) bathing together, (b) showering together, (c) sleeping in the same bed with a single parent, (d) hugging between parents and their children, (e) kissing on the mouth, (f) changing clothes together (including underwear), (g) giving back rubs, (h) parents' washing their children's bodies, (i) applying medicine to private parts, and (j) cleaning children after they use the toilet.

METHOD

Design and Procedures

This study used data collected from mental health and child welfare professionals attending trainings provided by the first author during

1999 and 2000 on the subject of children with sexual behavior problems. The trainings were held in Missouri, Illinois, Nebraska, Maine, Florida, Georgia, and New York. It is estimated that 70% of the participants returned the questionnaire (based on attendance and survey returns). The questionnaires were handed out prior to the training, and time was allowed for them to be filled out before the training started. A box was provided in which the completed questionnaires could be deposited during the first break. Completing and turning in questionnaires was on a voluntary basis. Anonymity of participants was assured since no names were included on the forms. The only identifying information was type of current work, gender, race, and level of education.

Population and Sample

A nonrandom, purposive sample was used to maximize the number of clinicians and practitioners participating in this project. The sample of 717 participants was taken from trainings held at in Missouri, Illinois, Nebraska, Maine, Florida, Georgia, and New York in 1999 and 2000. Participants ranged in age from 20 to 84, with a mean age of 39 years of age.

Demographics

This sample of seminar participants was predominately female (77%), Caucasian (79%), and middle aged (mean age of 39.2 years, *SD* = 11.5). Nine percent of the sample was African-American, 7% Hispanic, 4% Asian, and 1% Other. Over 27% were college graduates with a bachelors of science. An additional 69.6% of participants held graduate degrees of either a masters or PhD. Some participants had experienced emotional abuse (29.3%), physical abuse (14.6%), sexual abuse (19%), were emotionally neglected (25.8%), observed violence in their family (26.4%), or had been physically neglected (5.1%) as a child or teenager.

Variables and Instruments

The Family Practices Questionnaire (Johnson, 1998c) versions 5 and 6 were used to measure all variables in this study. Both versions contain demographic information about the practitioners, followed by 13 questions regarding appropriate ages for mothers and fathers to be involved with their sons and daughters in a variety of physical contact, such as taking baths, washing their children's bodies, or cleaning their children after they have used the toilet.

All items common to both versions were included in this study. Additionally, one question, new to version 6, "What ages are suitable for parents and children changing clothes (including underwear) in the same room?," was included in this study. The independent variables in this study were distinguishing characteristics of the participants, while the dependent variables were their responses to appropriate ages for situational physical contact between mothers and fathers and their sons and daughters.

Variables

The variables analyzed in this study were three areas of intimate behaviors: (a) hygiene, (b) affection, and (c) privacy. The Hygiene category included five "suitable age" questions regarding taking baths, showers, washing children in the bath, cleaning after toilet use, and placing medicine on children's private parts. The Affection variable included three "suitable age" questions regarding parents kissing children on the mouth, giving back and neck rubs, and hugs with body contact. The final category, Privacy, included four questions addressing "suitable ages" where parents were naked with children, children seeing their parents on the toilet, parents and children changing clothes, and parents engaged in sex while children are sleeping in the same room.

Statistical Procedures

Descriptive statistics were used to explore the individual independent and dependent variables by parent/child gender combinations. ANOVA and t-tests were used to identify significant gender pair differences of mean appropriate ages regarding physical boundaries.

RESULTS

Hygiene Scores

The five hygiene indicators of this study were questions regarding taking baths, showers, washing children in the bath, cleaning after toilet use, and placing medicine on children's private parts. Table 1 shows participants' responses to suitability for parents and children to be together while engaging in hygiene activities.

The data are reported by ages for mother/son (M/S), mother/daughter (M/D), father/son (F/S) and father/daughter (F/D) in Table 2. ANOVA was used to determine if ages given for mother/son, mother/daughter, father/son, and father/daughter were significantly different, setting alpha to .001. As shown in Table 2, there were significant age differences, at the 0.001 level, in 4 of the 5 family hygiene behaviors. Only suitable ages for parents cleaning their children after using the toilet were not significantly different. Additionally, suitable ages for hygiene behaviors did not vary significantly ($p < .001$) by race or by respondent history of prior abuse or neglect.

T-tests were calculated for the hygiene activities where significant differences between gender pairs were found. Results are found in Table 3. It is noteworthy that all mother/father gender pairs were significantly different, except when considering mother/son and father/son gender pairs for washing children's bodies while giving them a bath.

Affection Scores

The three affection indicators of this study were questions regarding appropriate ages to kiss children on the mouth, give back, neck, or shoulder rubs, and hugs with body contact. Table 4 shows participants' responses as to what ages it is suitable for parents and children to be engaged in intimate physical contact while engaged in affection activities.

The data are reported by ages for mother/son (M/S), mother/daughter (M/D), father/son (F/S) and father/daughter (F/D) in Table 5. Results of ANOVA for suitable ages for affection are also found in Table 5. None of the three behaviors were significantly different when considering the mother/father/son/daughter ages. Furthermore, suitable ages for affection behaviors did not vary significantly ($p < .001$) by race or by respondent history of prior abuse or neglect.

TABLE. 1 Percent Indicated for Suitable Ages for Hygiene Activities

	Taking baths together (%)	Taking showers (%)	Washing children (%)	Cleaning post toilet (%)	Medicine on private parts (%)
No age	23.8	27.0	1.0	1.8	4.2
Some ages	75.9	72.7	98.2	97.2	91.0
All ages	0.3	0.3	0.8	1.0	4.8

TABLE 2. Suitable Ages, in Years, for Hygiene Care of Children

	Taking baths together				Taking showers				Washing children				Cleaning post toilet				Medicine on private parts			
Group Mean	3.3				3.3				4.7				4.0				6.1			
	M/S	M/D	F/S	F/D	M/S	M/D	F/S	F/D	M/S	M/D	F/S	F/D	M/S	M/D	F/S	F/D	M/S	M/D	F/S	F/D
Mean	3.0	3.7	3.7	2.67	3.2	4.3	2.9	2.9	4.7	5.0	4.9	4.3	4.0	4.1	4.1	3.9	6.1	6.6	6.3	5.1
Median	3.0	3.0	3.0	2.0	3.0	4.0	3.0	3.0	5.0	5.0	5.0	4.00	4.0	4.0	4.00	4.00	5.0	6.0	5.0	5.0
Mode	2.0	2.0	2.0	2.0	3.0	3.0	2.0	2.00	5.0	5.0	5.0	4.00	3.0	3.0	3.00	3.00	5.0	5.0	5.0	5.0
Std.Dev.	2.0	2.3	2.3	1.96	2.1	2.3	2.1	2.13	1.8	2.0	1.9	1.86	1.4	1.4	1.47	1.428	3.2	3.5	3.6	3.0
	***F = 12.69				***F = 27.39				***F = 15.26				F = 2.82				***F = 10.94			

M/S = Mother/son
M/D = Mother/daughter
F/S = Father/son
F/D = Father/daughter
*** $p < .001$

Privacy Scores

The five privacy indicators of this study were questions regarding ages of children when/if it is appropriate for adults to be naked around their children (yes/no response), children being present while parents are using the toilet, parents and children changing clothes (including underwear) in the same room, parents engaged in prolonged sexual interactions with children asleep in the same room (yes/no response), and sleeping with a single parent. Table 6 shows participants' responses as to what ages it is suitable for parents and children to be together while privacy activities are occurring.

The data are reported by ages for mother/son (M/S), mother/daughter (M/D), father/son (F/S) and father/daughter (F/D) in Table 7. Results of the ANOVAs for Privacy behaviors are found in Table 8. All three privacy behaviors that measured gender of parent/child were found to be significantly different by gender combinations. However, suitable ages for hygiene behaviors did not vary significantly ($p < .001$) by race or by respondent history of prior abuse or neglect. It should be noted that two privacy behaviors were not measured by gender combinations, so are not listed in Table 8. These two questions include: (a) age after which parents should try not to be naked around their children, and (b) age that

TABLE 3. Results of Hygiene T-Tests by Mother/Son-Father/Son and Mother/Daughter-Father/Daughter Gender Pairs

	Taking baths together		Taking showers		Washing children		Medicine on private parts	
	F/S	F/D	F/S	F/D	F/S	F/D	F/S	F/D
M/S	7.71***		3.25**		1.87 (n.s.)		2.06*	
M/D		51.85***		12.12***		8.72*		9.86***

*** $p < .001$, ** $p < .01$, * $p < .05$

TABLE 4. Percent Indicated for Suitable Ages for Affection Behaviors

	Kissing on mouth (%)	Back & neck rubs (%)	Hugs (%)
No age	19.6	4.4	4.8
Some ages	40.1	23.5	10.7
All ages	40.3	72.1	84.5

it is alright for parents to engage in prolonged sexual interactions with children asleep in the same room.

T-tests were calculated for the privacy behaviors where significant differences between gender pairs were found. Results are found in Table 9. Significant differences were found between all mother/son-father/son and mother/daughter-father/daughter gender pairs.

DISCUSSION

Hygiene Behaviors

Most respondents agree that it is appropriate for parents and caretakers to be involved in hygiene activities such as taking baths and showers together, washing their children in the bathtub, cleaning them after they use the toilet, and putting medicine on their private parts. Overall, re-

TABLE 5. ANOVAs of Suitable Ages for Affection by Gender Combinations

	Kissing on mouth				Back & neck rubs				Hugs			
Group Mean	5.0				8.0				8.6			
	M/S	M/D	F/S	F/D	M/S	M/D	F/S	F/D	M/S	M/D	F/S	F/D
Mean	5.5	4.5	4.9	5.2	7.8	8.4	8.2	7.5	8.1	9.1	9.0	8.1
Median	5.0	5.0	5.0	5.0	8.0	8.0	8.0	8.0	8.0	10.0	9.5	8.0
Mode	5.0	5.0	5.0	3.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0
Std.Dev.	3.3	3.3	3.2	3.2	3.8	4.0	3.8	3.7	5.0	5.0	4.8	3.9
	F = 1.10, n.s.				F = 1.26, n.s.				F = 0.76, n.s.			

TABLE 6. Percent Indicated for Suitable Ages for Privacy Activities

	Adults naked w/ children	Children see parents using toilet	Changing clothes together	Sexual interactions in same room	Sleeping w/ single parent
No age	10.8% (no)	17.3%	11.0%	79.9% (no)	15.6%
Some ages	89.2 (yes)	73.3	78	20.1 (yes)	78.9
All ages		9.4	11.0		5.5

spondents consistently report lower appropriate hygiene behavior ages for mother/son and father/daughter. This lower age for opposite gender pairs likely stems from social norms and concerns regarding sexual abuse.

While four of the five hygiene behaviors (taking baths and showers, washing children, and putting medicine on private parts) were significantly different by parent/child gender pairs, the differences were small. For example, while the differences in appropriate ages for taking baths together were statistically significant ($p < .001$), the practical age differences were actually quite small. The differences in appropriate ages for taking baths together ranged from 2.67 years (father/daughter) to 3.7 years (father/son), only about a 1-year difference. There was a 1.4 year age range difference for taking showers together (mother/daughter 4.3

TABLE 7. Suitable Ages for Privacy Behaviors

	Adults naked w/ children	Children see parents using toilet				Changing clothes together				Sexual interactions in same room	Sleeping w/ single parent			
Group Mean		4.8				5.6					5.4			
	Age if yes	M/S	M/D	F/S	F/D	M/S	M/D	F/S	F/D	Age if yes	M/S	M/D	F/S	F/D
Mean	4.6	3.7	6.2	6.0	3.4	4.9	6.6	6.5	4.4	2.3	5.2	5.7	5.6	4.9
Median	4.0	3.0	4.0	4.0	3.00	5.0	5.0	5.0	4.00	2.0	5.0	5.0	5.0	5.0
Mode	5.0	3.0	3.0	3.0	2.00	5.0	5.0	5.0	4.00	1.0	5.0	5.0	5.0	5.0
Std.Dev.	2.5	2.0	6.0	5.7	2.1	2.5	5.9	5.2	2.4	1.6	2.8	3.1	3.0	2.8

TABLE 8. ANOVAs of Suitable Ages for Privacy Behaviors by Gender Combinations

	Children see parents using toilet				Changing clothes together				Sleeping w/ single parent			
	M/S	M/D	F/S	F/D	M/S	M/D	F/S	F/D	M/S	M/D	F/S	F/D
Mean	3.7	6.2	6.0	3.4	4.9	6.6	6.5	4.4	5.2	5.7	5.6	4.9
Median	3.0	4.0	4.0	3.00	5.0	5.0	5.0	4.00	5.0	5.0	5.0	5.0
Mode	3.0	3.0	3.0	2.00	5.0	5.0	5.0	4.00	5.0	5.0	5.0	5.0
Std.Dev.	2.0	6.0	5.7	2.1	2.5	5.9	5.2	2.4	2.8	3.1	3.0	2.8
	***F = 46.0				***F = 14.9				***F = 6.8			

*** $p < .001$

TABLE 9. Results of Privacy T-Tests by Mother/Son-Father/Son and Mother/Daughter-Father/Daughter Gender Pairs

	Children see parents using toilet		Changing clothes together		Sleeping w/ single parent	
	F/S	F/D	F/S	F/D	F/S	F/D
M/S	13.38***		7.34***		3.42***	
M/D		16.30***		10.52***		7.08***

*** $t < .001$

to father/daughter 2.9), a 0.7 year age difference for washing children in a bathtub (mother/daughter 5.0 to father/son 4.3), and a 1.5 year age range difference for putting medicine on private parts (mother/daughter 6.6 to father/daughter 5.1). Overall, the reported age differences were between 0.7 and 1.5 years.

While the age differences were not great, the differences were statistically significant by t-tests on the mother/father gender pairs. There appears to be a strong tendency for respondents to find it acceptable for the same gender parent and child to engage in hygiene behaviors together rather than mixed gender parents and children. This held true except when the parent was purposely bathing the child and cleaning the child after the child used the toilet. Then there was no statistical difference regarding mothers or fathers engaging with the other gender child. It is hypothesized that these behaviors are considered child-care responsibilities of parents and thus less prone to sexualization. Also the genitals of the parent are not involved in these cases. Interestingly, the age for parents to apply medicine to the genitals is considerably older, yet still with the acceptable ages younger for mixed gender parents.

Affection Behaviors

As was found for hygiene behaviors, most participants agreed that affection behaviors such as kissing on the mouth, giving back and neck rubs, and hugs were appropriate at some ages or all ages (84.4%-95.6%). Similarly, lower appropriate ages were reported for opposite gender parent/child pairs, except for kissing on the mouth. Disimone-Weiss (2000) also found the ages were higher for kissing for opposite gender parent/child pairs. However, these age differences, when tested using ANOVA, were not found to be significantly different.

Privacy Behaviors

The pattern of lower reported ages for opposite gender parent/child pairs continued for privacy behaviors, as reported in Table 8. The highest reported ages were for same gender parent/child pairs, with the highest ages reported for mother/daughter pairs. The age range for children seeing parents using the toilet was 3.4 years (father/daughter) to 6.2 years (mother/daughter). For changing clothes together the ages ranged from 4.4 years (father/daughter) to 6.6 (mother/daughter). For sleeping with a single parent the ages ranged from 4.9 years (father/daughter) to 5.7 years (mother/daughter). These ages differed by between 0.8 to 2.8 years. This age difference is greater than the age range for hygiene behaviors (0.7-1.5 years). The narrower age range for hygiene may be related to the respondents' discomfort with parents and children being in close physical proximity when both their genitals are exposed as in bathing and showering. Eighty-nine percent of the respondents agreed with adults being naked around children up to 4.6 years, thus the lower ages for bathing and showering appear to be the physical proximity and, perhaps, the amount of time together naked in this close proximity.

Race and Past History of Abuse

It was anticipated that there would be differences in respondents' answers regarding the ages at which family practices related to hygiene, privacy, and affection behaviors would occur based on the race or ethnicity of the respondent. No significant differences were found. It is possible that the high level of education of the respondents may have washed out differences that may occur in other populations. Since the respondents were all mental health and child welfare workers, their training and observation of many families may have influenced their answers.

Secondly, it was of interest that respondents reporting childhood emotional, physical, and sexual abuse or neglect, or witnessing domestic violence did not report significantly different appropriate ages for hygiene, privacy, and affection behaviors when compared to respondents who reported no abuse history. It is possible that any diffusion of boundaries learned from their homes of origin may have been mitigated by their education, training, and their work helping people who have suffered child abuse and neglect.

General Guidelines

Child Protective Services, therapists, pediatricians, school-teachers, day-care providers, and others who work closely with children remain alert to potential "soft signs" in the child's life that may indicate abuse or neglect. When suspicion arises about sexual abuse, the family's child-care practices may come under scrutiny. The data discussed in this article show what a large group of professionals believe about the suitable ages for parents and children to interact in certain standard family situations related to hygiene, affection and privacy.

An important feature of the data gathered in this study is the wide variation between respondents regarding whether certain family practices are ever acceptable, and at what ages they are acceptable. These great differences may account for some of the significant variability in practice when cases are evaluated and decisions regarding possible abuse are made.

For instance, the data in Table 4 show that 40.3% of the sample of mental health and child welfare workers indicated that it is acceptable at all ages for parents and children to kiss on the mouth while 40.1% said it is only acceptable at some ages, and 19.6% said it is not acceptable at any age. For the group who think kissing on the mouth is acceptable, the average acceptable age is 5 years old. That means that 84% of these professionals who said it was appropriate find it acceptable for parents and children to kiss on the mouth up to 8.2 years old. Another 13.6% (the second standard deviation above the mean) believe it is acceptable for parents and children to kiss on the mouth up to 11.4 years of age.

With these data in mind, what could happen when a child protective services (CPS) worker is asked to respond to a school principal's call who says an 8-year-old boy has tried to kiss his teachers and class-mates, both male and female, on the mouth? The CPS worker questions the boy about sexual contact and gets a negative response. The CPS worker suggests that the school counselor see the boy. The school counselor makes no progress and sends the boy to a therapist who determines that this boy's mother and father and all of his relatives kiss him on the mouth. The therapist does not think parents should ever kiss children on the mouth and certainly not kissing eight-year-old boys, and calls CPS. The CPS worker finds parents kissing their children an acceptable practice at any age and cannot see how this concern of the therapist is relevant. It is possible that the issue of the boy kissing the adults and children on the mouth could become obscured by the focus on the professionals' focus

on the acceptability of parents kissing their children, which may or may not be relevant to the boy's issues.

This study found similar results as Rosenfeld et al. (1987) and Harrison-Speake and Willis (1995) regarding the ages for family practices. The data indicate that only young ages are considered suitable for showering, bathing, children seeing parents using the toilet, and parents being nude around their children. As there is a significant difference between the ages found suitable for same gender versus mixed gender parents and children for these activities, this may reflect a concern with young children seeing the genitals of the other gender parent. According to Okami and colleagues (1998), this may reflect a rather puritanical tradition in the United States regarding showing our unclothed bodies.

With the data on showering in mind, consider the case of a 4-year-old girl whose mother and father have been separated for a year. The 4-year-old tells her mother that she likes showering with her father and wants to shower with her mother also. The mother who has been suspicious because her daughter has started openly masturbating and being interested in seeing her mother naked calls Child Protective Services (CPS), who interviews the child and father who both acknowledge they shower together. The child responds negatively to questions regarding any form of sexual abuse. The CPS worker says since it is not a secret, there is no contact between the father's penis and the child, the little girl likes it, and it is a fast way to wash the child, there is no problem, although the worker recommends the showering stop. The father does not stop. The mother divorces the father the following year and asks for only monitored visits alleging very intrusive and possibly sexually abusive behavior during the divorce proceeding. The judge, who does not see anything wrong with showering, believes the mother is trying to alienate the affection of the child and is guilty of making repeated false allegations of sexual abuse. The judge admonishes the mother to stop this or removal of the child from her custody will be considered.

The data in this survey indicate that the average age found acceptable for father-daughter showering is 2.9 with a standard deviation of 2.13 years. Hence, 84% of the sample population would accept this practice up to about 5 years of age, and an additional 13.6% would accept father/daughter showering up to approximately 7 years of age. The data also indicate that almost 27% of the professionals sampled felt the practice was never acceptable. If the mother had spoken to a CPS worker when the child was 4, who felt that fathers and daughter showering together was never acceptable, or gone before a judge in the family law

matter, who believed fathers showering with daughters was only acceptable up until 3 and was aware that the father had been told to stop the practice, would the outcome of the case be different?

The cases demonstrate that if a limited sampling of a child's or parent's behavior is considered when there is suspicion of abuse, the individual worker's opinion on certain family practices can have a substantial impact on case decision-making. It is hoped that the data in this article can help establish some markers to assist workers when they are confronted with such cases. Being aware of the wide range of opinions will encourage the workers to consult with colleagues and look at a wide range of the family's practices and all other aspects of the case when making decisions. While workers always try to look at the entire case, some workers zero in on certain aspects of a case, such as family practices, and this can color the worker's judgment. The attitudes of the mother, father and children regarding the behaviors and the pre-separation history of the concerning family practices (if there has been a separation or divorce) need also be considered.

Like Disimone-Weiss (2000) this study found that women are always allowed an older age or a longer time in a child's life than men to engage in the family practices studied. We found that the ages found suitable for fathers and daughters to engage in baths, showers or nudity are the youngest ages found suitable for any combination of same or mixed gender parents and children for any behavior. Is this a societal assumption about the role of women as mothers and the primary caretakers of children? Or are these results perhaps based on an assumption these behaviors may be possible precursors to sexual abuse and that women do not sexually abuse children? In a recent study Burton (2000) found that in an anonymous survey of incarcerated adolescent sexual offenders (N = 122), 20% of the sample said that a woman or women had committed sexual offenses against them when they were children (Burton, 1999). In addition several researchers and writers have found mounting evidence regarding adult and adolescent female perpetrators (Faller, 1991a; Higgs, Canavan, & Meyer, 1992; Kaufman, Wallace, Johnson, & Reeder, 1995; Rosencrans, 1997; Travin, Cullen, & Protter, 1989; Worling, 1995) and sexually aggressive female children (Burton, Nesmith, & Badten, 1997; Johnson, 1989).

The limited age range during which fathers are "allowed" to interact in certain family practices with their own children may be supported by concern in the United States about the potential sexual deviance of men if they are given too much access to children, particularly when nude. In this era of focus on sexual abuse, this concern about men may be subtly

eroding their comfort with their young children and may be decreasing the amount of physical contact men have with their children. This could have a negative effect on father-child attachments, particularly for father-daughter relationships.

Nudity in and of itself may have little or no effect on young children if it is in the service of changing clothes, bathing, showering or other natural behaviors. Sleeping with children at any age is likely not to have negative effects if the reasons are clear and the physical contact between the persons does not intrude into their sense of privacy and body boundaries. The problems with these behaviors most likely happen when they co-occur with other boundary violations, when the atmosphere is sexualized, and when people are trying to meet their emotional needs through the children (Johnson, 1998b).

When men and women who were sexually abused as children have children of their own, sometimes they are uncertain when to discontinue certain family practices related to hygiene, affection, and privacy, especially if this was part of their own victimization. Perhaps the information included in this article can be helpful to those abuse victims who are unsure. It has been found that in families with children who have sexual behavior problems, a large number of the parents have been abused (Burton et al., 1997; Johnson, 1988, 1989; Johnson & Berry, 1989). This may account for some of the boundary violations which occur in their homes and which appear to contribute to the premature sexualization of the child's behavior (Johnson, 1999).

A Marker in the Sand

The mean age differences between mother/son, mother/daughter, father/son and father/daughter pairs for the family practices were fairly small, although generally significantly different. Thus, it is suggested that the overall group means for all parent/child pairs are the most helpful for Child Protective Services, therapists, counselors, teachers, and others to use when consulting with parents who want to know an age at which to consider discontinuing certain family practices. As noted in Tables 1, 5, and 6, the group means are:

1. Hygiene Behaviors: parents and children bathing and showering together until 3.3 years, 4.7 years for washing children's bodies, 4.0 for parents wiping children after they toilet, and 6.1 years old for applying medicine to their private parts.
2. Affection Behavior: parents kissing children on the mouth until 5 years of age, giving back and neck rubs until 8 years of age, giving hugs until 8.6 years of age.

3. Privacy Behaviors: adults naked with children until 4.6 years old, children seeing parents using toilet until 4.8 years, parents and children changing together including underwear until 5.6 years of age, sexual interactions with a child in the same room until child is 2.3 years old, and children sleeping with a single parent until 5.4 years of age.

Limitation and Asset

A limitation of this study is that the educational level of the respondents is high compared to the general population, and all of the participants are child protective service workers and mental health professionals. Their educational level and professional status may affect their judgment regarding family practices. While educational level is a limitation, it is also a strength in the context of abuse and neglect work, as the participants are all people who work with children and are mandated reporters. Since family practices are frequently used as a "soft sign" of possible abuse, the opinions of these professionals are currently used for decision-making. Rather than professionals basing judgments on their own opinions garnered from their upbringing, these data inform practitioners about the opinions of 717 fellow professionals.

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