

Sibling Family Practices: Guidelines for Healthy Boundaries

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A questionnaire was given to 500 mental health and child welfare professionals asking for maximum acceptable ages for siblings to engage jointly in certain family practices related to hygiene, affection, and privacy. A large proportion of respondents felt it was never acceptable for siblings to take showers together (40%), kiss on the mouth (37%), or toilet together (32%). Some significant differences occurred based on the gender of the older sibling within sets of same gender or mixed gender pairs, with older brothers being acceptable up to lower ages than older sisters. The effects of child abuse, age, race, and the amount of education on the respondents' answers are investigated. The limitations of the age guidelines are discussed.

KEYWORDS child sexual abuse, child abuse, boundaries, siblings, co-bathing, co-sleeping

In the early 1980s and 1990s, the recorded incidence of problematic and forced sexual contact between siblings 12 and younger increased, and it was surmised that the sibling who instigated the abuse was almost certainly a victim of sexual abuse (Friedrich & Luecke, 1988; Johnson, 1988, 1989). As research in the area of the sexual behavior of children 12 and younger

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continued, it became evident that many children who had sexual behavior problems had not been sexually abused (Drach, Wientzen, & Ricci, 2001; Friedrich et al., 2001; Silovsky & Niec, 2002). Indeed, many factors can increase the problematic sexual behaviors of young children (Friedrich, Fisher, Broughton, Houston, & Shafran, 1998; Friedrich, 2002; Johnson, 2004, 2007).

Friedrich and colleagues (1998) indicated that certain family practices are related to an increased variety of sexual behaviors in children. A factor labeled *family sexuality* was described. It is comprised of co-sleeping, co-bathing, family nudity, opportunities to see adult movies, and opportunities to witness sexual intercourse. It was found that a more relaxed approach to these family practices accounts for 5.7% of the variance when looking at sexual behaviors in children. Because these more relaxed family practices can increase children's sexual behaviors and their confusion about boundaries and sexuality, Friedrich (2002) created the Safety Checklist. The Safety Checklist asks parents about many issues related to boundaries including co-sleeping, co-bathing, and family nudity in the home. Johnson (1999) described extensive boundary violations that may occur in the homes of young children who engage in problematic sexual behaviors. These boundary violations include behaviors that decrease an individual's emotional and physical privacy, increase intrusive interpersonal practices, and sexualize the atmosphere in the home.

A significant number of families live together in one room due to poverty. In these situations parents and children may share baths, toilets, and beds. Even when there are adequate sleeping facilities, some families sleep together in the same bed due to choice. In the vast majority of families this causes no problems. Yet, in some cases the poor boundaries in the home can be linked to sexual abuse or children with sexual behavior problems.

On the premise that boundary violations can lead to increased sexual behaviors in children and an environment that may be ripe for sexual abuse in the home, Johnson and Hooper (2003) studied the ages up to which certain family practices were appropriate between parents and children. The family practices studied included many of the same practices studied in the current study. More than 700 mental health and child welfare professionals responded to an anonymous questionnaire regarding these practices. For virtually all of the family practices studied, respondents selected lower acceptable mean ages for mixed gender family members than for same gender pairs. This differed by sex, with family practices considered acceptable for mothers with their daughters up to older ages than fathers with their sons. Results indicated high variability in the responses regarding appropriate ages for the family practices studied as well as whether the behavior was ever acceptable between a parent and child. There were no significant differences found based on the age, gender, or ethnicity of the

respondents. This study offered some guidelines for professionals when assessing the boundaries in the home when there were concerns about sexual abuse or increased sexual behaviors in children.

The current study is a continuation of the Johnson and Hooper (2003) study. In this study, we examined the ages up to which mental health and child protective services workers think it is suitable for mixed gender and same gender siblings to engage in family practices related to hygiene, affection, and privacy issues. Delineating the ages deemed acceptable for certain family practices between siblings may aid families in setting appropriate boundaries, which in turn may curtail sexual behaviors between children that go beyond what is natural and healthy. Since there are no guideposts available in the empirical literature, parents and practitioners have until now based their judgments on their own beliefs and experiences. This research will provide some preliminary guideposts for this topic based on the opinions of 500 child protective services and mental health professionals.

METHOD

Sample

The sample of 500 mental health and child welfare professionals was collected from participants at lectures given by the first author in New York, Indiana, Hawaii, California, and Idaho in 2004. When the participants registered for the lecture, they were given a questionnaire along with the handouts. Each participant was told that the questionnaire was for research by Dr. Johnson on family practices and that participation in the research was both anonymous and voluntary. It was explained that any completed questionnaires the participants chose to hand in would be gathered before the lecture began. Eighty-five percent of the participants filled out and returned the questionnaires.

Instrument

The Family Practices Questionnaire (version VII) was used to measure all variables in this study. It contained demographic information about the respondents, followed by 12 questions regarding appropriate ages for siblings to be involved in a variety of family practices. Each question was structured to ask whether activities were suitable at *no age*, *some ages*, or *all ages*. Those who answered *some ages* then entered an age limit for each of four sibling combinations: (a) older sister/younger sister, (b) older brother/younger brother, (c) older sister/younger brother, and (d) older brother/younger sister (see Appendix for a sample question). It was intended that the initial selection of *no age*, *some ages*, or *all ages* apply to all possible gender combinations of siblings. If a participant answered separately for

different genders (e.g., they stated *no age* for one gender but *some ages* for the other gender), they were categorized as *some ages*.

The 12 questions represented three areas of family practices: Hygiene, Affection, and Privacy issues. The Hygiene category included three “suitable age” questions regarding taking baths, showers, and cleaning after toilet use. The Affection category included two questions: siblings kissing one another on the mouth and siblings giving one another hugs with body contact. The final category, Privacy, included five questions addressing suitable ages for siblings to be naked together, sleep in the same bed, sleep in the same room, see each other using the toilet, and change clothes in the same room (including underwear). Two questions (cleaning a sibling after toilet use and being naked together) were not analyzed since on review of the respondents’ answers there appears to have been some confusion due to the wording of the question.

Due to the structure of the questionnaire, respondents who said that a practice was not acceptable at any age and those who thought it acceptable at all ages did not input any ages. Only those who responded that it was acceptable at *some ages* inserted an actual number. Thus, caution should be observed in interpreting acceptable ages, as they are not representative of the whole sample but only of those who thought the practice acceptable for a range of ages. Because of this issue, we do not report ages for questions in the Affection category, for which less than half the sample entered an age due to large numbers of people selecting either *no ages* or *all ages*. For the questions where *some ages* was selected, the majority of the respondents entered an age, and so we believe we can satisfy the intent of this study, which is to offer information on ages for sibling family practices that is more informed than personal experience or opinion.

Statistical Procedures

Percentages of respondents answering each of *no age*, *some ages*, and *all ages* were computed. In order to identify differences due to demographic variables among those responding *no age*, *some ages*, or *all ages* to each of the questions, chi-square tests were computed. Percentages did not add up to 100% in cases where there were missing data. For respondents answering *some ages* and filling in appropriate ages for siblings in various gender combinations, we calculated median ages and interquartile ranges. The lower and upper endpoints of the interquartile ranges are the 25th and 75th percentiles, respectively, and they can be interpreted as the range of ages within which half of the respondents’ maximal suitable age values fall. The appropriate ages for older and younger siblings were considered separately in the analysis. Differences between all gender pairs were identified using Wilcoxon tests. Nonparametric tests were chosen because the variable of interest is a maximal suitable age and

maximums are rarely normally distributed. A Bonferroni correction was used for all p -values.

RESULTS

Questions on Demographics

The sample was predominantly female (78.6%), White (83.2%), and middle-aged ($M = 40.7$ years, $SD = 11.2$). Other racial groups represented included African American (4.4%) and Asian (4%), and 1.6% categorized themselves as Hispanic ethnicity and 1.7% an Other ethnicity. Approximately 30% were college graduates with a bachelor of science degree. An additional 66.2% of participants held graduate degrees of either a master's degree or PhD. Some participants had experienced emotional abuse (27.2%), physical abuse (15.4%), sexual abuse (20.8%), emotional neglect (25%), physical neglect (5.8%), or had witnessed violence in their family (27.4%) as a child or teenager. Forty-seven percent experienced no forms of abuse at all. Sixty-seven percent had raised or were currently raising a child in their household. On average, the number of children currently living in the participants' households was 1 ($SD = 1.17$).

In order to address the question of whether the demographic background of the respondents affected their answers, chi-square tests were calculated comparing the frequencies of *no age*, *some ages*, or *all ages* among each of the demographic groups. These groups included: (a) gender, (b) race, (c) age, (d) education, (e) whether the respondents had raised children, and (f) whether they had experienced emotional, physical, or sexual abuse, had witnessed domestic violence, or had experienced emotional or physical neglect. Race was categorized as White or non-White, age as below or above 50 years of age, and education as whether graduate school had been completed or not. The age threshold was chosen to look at the possibility of differences in attitude due to generation. Results were similar for an alternate threshold of 30 years but are not shown. The other groupings were chosen in order to ensure sufficient numbers of subjects in each of the categories. For example, since 83% of the subjects were White, the other races were not adequately represented to be confident of the results, if considered separately.

There were no significant results for any of the questions when testing for differences in gender, age, any of the abuse/neglect questions, or those who had or were currently raising children compared to those who were not. Changing clothes together was the only significant finding for race, $\chi^2(2, N = 425) = 22, p = .002$, with non-Whites indicating older ages than Whites. Non-Whites answered *no age* 35% of the time compared to 12% of Whites, and non-Whites answered *some ages* 60% of the time as opposed to 78% of Whites. The question about changing clothes together also showed significant differences, $\chi^2(2, N = 455) = 22, p = .002$, depending on the

education of the participants, with 10% each of the most educated group choosing *no age* or *all ages*, while the remaining 80% chose *some ages*. Of the less schooled group, 25% selected *no age*, 9% *all ages*, and 66% *some ages*.

Questions on Family Practices

There was a minority of respondents who answered the *no age*, *some ages*, or *all ages* portion of the questions differently for same gender and mixed gender pairs. Generally, subjects answered *all ages* for the same gender pairs and either *same age* or *no age* for the mixed gender pairs. For the Hygiene and Affection categories, the number of these respondents was small (nine and two, respectively). However, for the Privacy questions there were many more subjects who answered in this way. Almost 7% of all respondents did so for sleeping in the same bed, 12.8% for sleeping in the same room, 9.6% for changing clothes together, and 4.6% for using the toilet together.

Table 1 compares the sibling practices based on the percentage of subjects who responded that the practice was acceptable at *no*, *some*, or *all ages*. Table 2 compares the median acceptable ages for older and younger siblings along with the interquartile ranges (IQRs). Further detail about tests for differences in ages for each of the three categories of questions is given in the following sections.

Hygiene Scores

The two hygiene indicators of this study were questions regarding siblings taking baths and showers together. For bathing, tests for all pairwise differences

TABLE 1 Sibling Family Practices: Percentage Answering No Age, Some Ages, and All Ages for Each Question

Behavior	No age	Some ages	All ages
HYGIENE			
Bathing together*	7%	92%	1%
Showering together**	40%	57%	1%
AFFECTION			
Hugging*	10%	15%	71%
Kissing**	37%	36%	23%
PRIVACY			
Sleeping in the same bed	19%	72%	7%
Sleeping in the same room*	4%	72%	23%
Going to the toilet together**	32%	58%	6%
Changing clothes together	14%	74%	9%

Note: The most acceptable practices are marked with *, chosen by the highest percentages of respondents answering “all” or “some” ages. The least acceptable practices are marked with **, chosen by the highest percentages of respondents answering “no” ages.

TABLE 2 Median Ages for Family Practices Between Siblings: Comparison Between Same Gender and Mixed Gender Pairs

Behavior	Gender group	Median age for older child	IQR for older child	Median age for younger child	IQR for younger child
HYGIENE					
Bathing	OS/YS	5 yrs	4–6 yrs	4 yrs	3–5 yrs
	OB/YB	5 yrs	4–6 yrs	4 yrs	3–5 yrs
Showering	OS/YB	4 yrs	3–5 yrs	3 yrs	2–4 yrs
	OB/YS	4 yrs	3–5 yrs	2 yrs	1.5–4 yrs
	OS/YS	6 yrs	5–8 yrs	4.25 yrs	3.25–6 yrs
	OB/YB	6 yrs	5–8 yrs	4 yrs	3–6 yrs
	OS/YB	4.75 yrs	3–6 yrs	3 yrs	2–4 yrs
	OB/YS	4 yrs	3–5 yrs	3 yrs	2–4 yrs
PRIVACY					
Sleeping: Bed	OS/YS	8 yrs	5–12 yrs	7 yrs	4–10 yrs
	OB/YB	8 yrs	5–10.5 yrs	6 yrs	4–10 yrs
	OS/YB	5 yrs	4–8 yrs	4 yrs	3–5 yrs
	OB/YS	5 yrs	4–7 yrs	4 yrs	2–5 yrs
Sleeping: Room	OS/YS	14.5 yrs	10–18 yrs	12 yrs	8–18 yrs
	OB/YB	14 yrs	10–18 yrs	12 yrs	8–17.25 yrs
	OS/YB	6 yrs	5–10 yrs	4 yrs	3–6 yrs
	OB/YS	6 yrs	4–9 yrs	4 yrs	2–6 yrs
Toilet	OS/YS	7 yrs	5–15.5 yrs	5 yrs	3–10 yrs
	OB/YB	7 yrs	5–13.5 yrs	5 yrs	3–10 yrs
	OS/YB	5 yrs	4–10 yrs	4 yrs	2–5 yrs
	OB/YS	5 yrs	3–7 yrs	3 yrs	2–5 yrs
Changing Clothes	OS/YS	10 yrs	5–18 yrs	7 yrs	4–16 yrs
	OB/YB	10 yrs	5–18 yrs	7 yrs	4–16 yrs
	OS/YB	5 yrs	4–7 yrs	4 yrs	2–5 yrs
	OB/YS	5 yrs	3–6 yrs	3.5 yrs	2–5 yrs

Note: IQR indicates the range of ages given by the middle 50% of the respondents. OS refers to older sister, OB to older brother, YS to younger sister, and YB to younger brother.

between the four sibling groups were highly significant for older siblings, $\chi^2(1, N \geq 339) > 21, p < .001$, after multiple test correction. For younger siblings, the differences were significant, $\chi^2(1, N \geq 339) > 118, p < .001$, when one gender combination was the same and the other was mixed. Comparisons between older sister/younger sister (a) and older brother/younger brother (b), and between older sister/younger brother (c) and older brother/younger sister (d) were significant, but the corrected p -values were .04, $\chi^2(1, N = 366) = 13$ and .02, $\chi^2(1, N = 341) = 15$ respectively. The significance tests for showering showed similar trends, with the main difference being that for older siblings the comparison between the two same gender pairs had $p = .02, \chi^2(1, N = 410) = 14.5$, and for younger siblings, the comparisons between the two same gender pairs and the two mixed gender pairs were not significant. All other comparisons had p -values $< .001, \chi^2(1, N \geq 395) > 26$.

Affection Scores

The two affection indicators of this study were questions regarding siblings kissing one another on the mouth and hugging one another with body contact. For both questions, there was a relatively low percentage of subjects who answered *some ages*, so median ages are not reported from this data because they would not represent the majority of the respondents. Twenty-three percent of the subjects answered *all ages* for the question on kissing, while 71% answered *all ages* to hugging. A further 37% and 10% answered *no age* for kissing and hugging, respectively, meaning that 36% of the respondents actually gave ages for kissing, and only 15% did so for hugging.

Privacy Scores

The four privacy indicators of this study were questions regarding sleeping in the same bed, sleeping in the same room, being present while another sibling is changing, and being present while a sibling is using the toilet. A large proportion of the respondents answered *some ages* for these questions, with approximately 70% doing so for changing clothes and sleeping either in the same room or the same bed. Fifty-eight percent answered *some ages* for using the toilet together.

For all privacy practices and for both older and younger siblings there were highly significant differences between same gender sibling pairs and mixed gender sibling pairs, $\chi^2(1, N \geq 305) > 41, p < .001$. There were more mixed results for comparison between the two same gender sibling pairs (groups 1 and 2). This was significant only for the question about sleeping in the same bed, with $p = .002$ for older siblings, $\chi^2(1, N = 359) = 19$, and $p = .03$ for younger siblings, $\chi^2(1, N = 359) = 14$. The final comparison between the two mixed gender sibling pairs (groups 3 and 4) for the most part showed significant differences for both sets of siblings. For older siblings, all four questions were significant, $\chi^2(1, N \geq 312) > 13, p < .037$, with the greatest differences occurring for sleeping in the same bed, $\chi^2(1, N = 332) = 25, p < .001$, and the smallest differences occurring for sleeping in the same room, $\chi^2(1, N = 312) = 13, p = .037$. For younger siblings, the comparison between groups 3 and 4 was significant for all questions except sleeping in the same room, with p -values of .008, $\chi^2(1, N = 332) = 16$ for sleeping in the same bed, $\chi^2(1, N = 311) = 15, p = .012$ for changing clothes together, and $\chi^2(1, N = 343) = 13, p = .037$ for using the toilet together.

DISCUSSION

Same Gender Versus Opposite Gender Siblings

The present study found results generally consistent with Johnson and Hooper's (2003) study on parent/child family practices. In broad terms, it is

thought more acceptable for same gender family members to engage in family practices related to Privacy, Hygiene, and Affection up to older ages than mixed gender pairs. For every question in this study, there were significant differences between any same gender pair and any mixed gender pair for both older and younger siblings. These were the most significant differences, and they indicate that the main issue in determining acceptable ages is whether or not the pair of siblings is of the same or mixed gender. The median age for an older child in a same gender sibling pair could be up to eight years older than for the older sibling in a mixed gender pair. For instance, for a pair of same gender siblings sleeping in the same room, the median age for the older girl was 14.5 years old and the median age for the older brother was 14 years, whereas in a mixed gender pair, the median age for the older sibling was six years old.

In contrast to Johnson and Hooper's (2003) study, fewer restrictions were placed on male interactions with younger females in mixed gender pairs. In that study, the ages up to which it was found acceptable for fathers to interact with their male or female children were consistently lower than for mothers. In the present study, we frequently saw a lack of significance in testing differences between two same gender and two mixed gender pairs for the same family practice. This indicates that once we remove the effect of comparing a same gender pair with a mixed gender pair, brothers and sisters are viewed quite similarly in terms of their ability to be helpful and cooperative with younger siblings in the studied sibling practices.

Hygiene

It is interesting to note that there was a wide difference in opinion about siblings bathing together as opposed to taking showers together. Seven percent of the respondents said it was never acceptable for siblings to bathe together, while 40% said it was never acceptable to shower together. The differences are great but the reasons are not clear. In both situations the children are together naked and have access to look at and touch one another's genitals, breasts, and buttocks. In general, those respondents who felt that bathing together for same gender siblings was acceptable suggested age five for the older child and four for the younger child. In mixed gender pairs, the suitable age for the older child was four. For the mixed gender pair with the older child being a boy, there was a two-year age difference suggested. If the older child was a girl, only a one-year age difference was suggested. This difference in the ages between the younger boy and girl in the mixed gender pair was statistically significant. The young ages suggested may have to do with the size of the children's bodies in a tub together but the younger ages for the mixed gender likely reflects concerns about possible genital touching or play as the children become more aware of their body differences.

While showering was seen as unacceptable by 40% of the respondents, those who did find it acceptable gave older ages for both the older child and younger child in the sibling pairs than for bathing. First graders with kindergarten age siblings were acceptable for same gender sibling pairs to shower together. Mixed gender sibling showering was acceptable only in the preschool years, with the older child being around four and the younger child being three. The older ages suggested for children showering together may reflect the large number of people who said *no age* was ever acceptable, leaving only those people with a more liberal attitude toward children being naked together giving age responses. It is also notable that the older ages found suitable for children showering together is still only six years old, which may relate again to the issue of children being nude together (whether same or mixed gender). There also may be concerns for dangerous horseplay with older children and, perhaps, no real cleaning being accomplished.

Affection

Of the family practices surveyed for this study, siblings kissing on the mouth was second only to showering together for a behavior that a large number of respondents felt was not acceptable at any age. The interesting aspect was that while 37% of the respondents said it was never acceptable, 23% said *all ages*. There were no significant gender, age, educational, racial, or abuse status differences between the respondents' answers on this question. This likely indicates that decisions about ages for kissing may be generated from one's family of origin or in connection with a current partner's family practices. This also alerts us to how differently people see this issue and might respond when viewing it in a family where there is a suspicion of sexual abuse.

Privacy

Of the privacy practices, there were general acceptances (approximately three-quarters) that up to some age it is suitable for siblings to sleep in the same bed, sleep in the same room, and change their clothes together (including their underwear). Yet, there were very wide differences between the suitable age for the older sibling between the mixed and same gender pairs. The median age for an older sibling in a same gender pair for changing clothes together was 10, whereas in a mixed gender pair it was five, a five-year age difference. While the overall acceptance of these family practices seems to acknowledge the practical issue of space limitations in homes, the far lower ages when it is a mixed gender sibling pair seems to harken back to concerns about possible inappropriate behavior when mixed gender children of older ages spend time

together in more relaxed atmospheres without supervision and possible nudity.

There was far less acceptance of a sibling being present when another sibling was using the toilet. Thirty-two percent said it was never acceptable for siblings to toilet together. In the Johnson and Hooper (2003) study, 17% of the respondents thought it was never acceptable for children to see their parents using the toilet. This smaller number may be due to practicality in that young children frequently do not want to separate from their parents when they go into the bathroom.

Privacy is the area where respondents indicated the most marked difference in the suitable ages for same gender versus mixed gender pairs to engage in family practices, yet the age difference between sibling pairs was generally quite narrow. This indicates that regardless of the ages up to which these family practices are found acceptable, a wide age difference between the siblings is discouraged.

Most Acceptable Sibling Practice

The greatest agreement among the respondents for any of the family practices studied was in regard to hugging, sleeping in the same room, and bathing together. The majority of respondents (86%) said hugging was acceptable for all or some ages. Ninety-five percent of respondents said sleeping in the same room was acceptable for all or some ages, and 92% said bathing together was acceptable for all or some ages (see Table 1).

Least Acceptable Sibling Practices

There are certain practices between children that a large percentage of the respondents felt were never acceptable between siblings. These were taking showers (40.2%), kissing on the mouth (36.8%), and toileting together (32.4%; see Table 1). In the Johnson and Hooper (2003) study, some of these same practices were the least acceptable for parents and children to do together, yet not at such high rates. Between parents and children, the percentage of respondents who said the behaviors should never occur were as follows: taking showers (27.0%), kissing on the mouth (19.6%), and toileting together (17.3%).

Step- and Half Siblings

Sixty-seven percent of the respondents said that they would change the acceptable ages for stepsiblings to engage in the family practices, while 78% would change the ages if they were half siblings. While the question did not ask specifically in what direction the respondents would change their

answers, all responses indicated that they would decrease the ages or say *no age*. The majority of the reasons given were that the siblings would not know one another as well and therefore might not have developed mutually acceptable boundaries and have adequate respect for the other's boundaries. There was an implication in many of the answers that sibling boundary violations were more likely to happen between completely non-biological siblings, such as stepsiblings.

Demographics

For this data set, there were no significant differences in the respondents' answers based on their gender, age, abuse/neglect status, or whether they had raised children or not. There was only one significant difference based on race, namely that non-Whites held more conservative views on changing clothes together. In general, Whites were more likely to say that the sibling family practices were acceptable at all ages. Unlike the Johnson and Hooper (2003) study, this study found a difference in the respondents' answers based on their level of education. The privacy area (changing clothes together) where this occurred was also significant for race, which is often correlated with level of education.

A MARKER IN THE SAND

Professionals and parents frequently question how long siblings should engage in certain family practices. This research attempted to affix some ages that can be used as guideposts until further research can be done to overcome the limitations of this study. As previously noted, these ages were affected by the questionnaire format, and there were wide differences in opinion demonstrated by the large ranges of answers. Yet, some age markers came forth from the data.

Hygiene

BATHING

Bathing together is appropriate for same gender siblings up until age five for the older sibling; in mixed gender siblings, bathing together is only acceptable up until age four for the older child.

SHOWERING

Showering together is acceptable for same gender siblings up until age six; for mixed gender siblings, showering together is acceptable up until about

four and one-half. Forty percent of respondents thought siblings should never shower together.

The median age difference between siblings for all questions is one year, except two years for older brother/younger sister bathing together.

Affection

KISSING

There are strong disagreements about whether siblings should ever kiss, with 37% saying siblings should never kiss on the mouth and 23% of people saying they should kiss at all ages.

HUGGING

Opinions on hugging are heavily weighted in one direction, with over 70% of respondents being in favor of it being acceptable at all ages.

Privacy

SLEEPING IN THE SAME ROOM

Same gender siblings can sleep in the same room up to age 14 for the older child; in mixed gender siblings, sleeping in the same room is acceptable up to age six for the older child.

SLEEPING IN THE SAME BED

Same gender siblings can sleep in the same bed up to age eight for the older child; in mixed gender sibling pairs, sleeping in the same bed is acceptable up to age five for the older child.

CHANGING CLOTHES INCLUDING UNDERWEAR

This is appropriate for same gender siblings up to age 10 for the older child; in mixed gender siblings, changing clothes together including underwear is acceptable up to age five for the older child.

USING THE TOILET TOGETHER

Same gender siblings can use the toilet together up until age seven for the older child; in mixed gender siblings, using the toilet together is acceptable up to age five for the older child.

The age difference between siblings for all Privacy questions is one to two years. The only exception is for same gender siblings changing clothes together, which is three years.

Limitations and Assets

A limitation of this study is that the educational level of the respondents was high compared to the general population, and, additionally, all of the participants were Child Protective Services workers and mental health professionals. Educational level and professional status may affect people's judgment regarding family practices, and thus readers who are very dissimilar in these areas may find they disagree with the results. Additionally, although the respondents' current socioeconomic status (SES) and profession is known, knowing their SES as children would have added another helpful dimension when evaluating their responses. The opposite side of these limitations is their 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 sometimes used, consciously or unconsciously, as a soft sign of possible abuse or neglect, the opinions of these professionals are often used for decision making in CPS (Child Protective Services) cases. Rather than professionals basing judgments on their own opinions garnered from their own upbringing, this data informs practitioners about the opinions of 500 fellow professionals.

Suggestions for Future Research

It is suggested that in the future a sample of nonprofessionals with multi-level socioeconomic backgrounds be surveyed regarding these sibling family practices to compare and contrast the responses to those gathered here. A more diverse and racially and ethnically balanced sample should also be gathered. This would help CPS and mental health workers to be more in tune with others' ideas of sibling family practices. Additionally, some changes could be made to the format of the questionnaire in order to clarify the intent of the questions for the respondents. For example, the questionnaire should be restructured to give an age range when the respondents choose *some ages*.

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APPENDIX: THE FAMILY PRACTICES QUESTIONNAIRE
(VERSION VII) SAMPLE QUESTION

What ages are suitable for siblings to *take baths together*? Check one.

No age___ Any and all ages___
Some ages___ If you checked this, please specify ages below.

Specify the oldest age for each child in the pair:

Older sister___	and younger sister___
Older brother___	and younger brother___
Older sister___	and younger brother___
Older brother___	and younger sister___