

Young Children's Problematic Sexual Behaviors, Unsubstantiated Allegations of Child Sexual Abuse, and Family Boundaries in Child Custody Disputes

Toni Cavanagh Johnson

ABSTRACT. Allegations of child sexual abuse are sometimes alleged based on a child's problematic sexual behaviors. When the allegations are unsubstantiated, child custody evaluators are asked to make recommendations regarding custody. Historically, it has been believed that if a child engages in problematic sexual behaviors it is strong evidence of child sexual abuse. Recent research finds that there are many reasons, other than overt sexual abuse, for children to engage in problematic sexual behaviors. This article outlines these reasons and provides a methodology for the evaluation of the boundaries in both parents' homes to assist in determining the possible etiology of the problematic sexual behaviors of the

Toni Cavanagh Johnson, PhD, is a licensed clinical psychologist in private practice in South Pasadena, California. She has been working in the field of child abuse for 24 years as a researcher, trainer, and clinician. For the past 20 years, Dr. Johnson has provided highly specialized treatment for children below the age of 12 with sexual behavior problems. She has published numerous books, articles, and chapters and two therapeutic games. Dr. Johnson is a member of the American Professional Society on the Abuse of Children and the APA. She has lectured on child abuse and domestic violence around the world. She provides consultation to protective service workers, mental health professionals, attorneys, the police, probation, and the courts in the area of victimization and perpetration.

Address correspondence to: Toni Cavanagh Johnson, PhD, 1101 Fremont Avenue, Suite 101, South Pasadena, CA 91030 USA (E-mail: toni@tcavjohn.com).

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child. Suggestions are made regarding visitation and reunification if boundary concerns are found. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2005 by The Haworth Press, Inc. All rights reserved.]*

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Factors such as the following can create concern that a child has been sexually abused: (a) a child's statements to a parent, other trusted adult, or friend; (b) observation of suspicious sexual or sexualized behavior directed at a child; (c) changes in a child's affect or behavior in relation to another person to whom the child has previously had a satisfactory relationship; and (d) changes in a child's sexual behaviors. During child custody disputes, it is not uncommon for allegations of sexual abuse to arise due to concern over a child's sexual behaviors. Despite recent research, there is still a pervasive belief among professionals that worrisome sexual behaviors are a strong indicator of sexual abuse.

In the 1980s and early 1990s, it was believed that if a child was engaging in problematic sexual behaviors then there was a strong likelihood that the child had been sexually abused. Some early studies (Friedrich, Beilke, & Urquiza, 1988; Gale, Thompson, Moran, & Sack, 1988; Gomes-Schwartz, Horowitz, & Cardarelli, 1990; Kendall-Tackett, Williams, & Finkelhor, 1993) found that the area that differentiated non-sexually abused children from sexually abused children who were all receiving mental health services was their reported sexual behaviors. After reviewing many studies of sexually abused children in an effort to identify indicators of sexual abuse, Slusser (1995) stated, "These studies empirically support the growing impression among clinicians that overt sexual behavior, inappropriate for age, is an indication of sexual abuse" (p. 481).

However, more recent studies have failed to support a significant relationship between problematic sexual behaviors and sexual abuse. Drach, Wientzen, and Ricci (2001) found no significant relationship between a diagnosis of sexual abuse and the presence or absence of sexual behavior problems in a sample of children referred for sexual abuse evaluation. Likewise, Silovsky and Nice (2002) found that in a sample

of children in therapy due to problematic sexual behavior, 65% had no history of sexual abuse. Yet, 47% of the children had been physically abused, and 58% had witnessed domestic violence. Friedrich (2002a) found that a child's sexual behaviors as measured on the Child Sexual Behavior Inventory could not distinguish between a non-abused psychiatric sample of children and a sample of sexually abused children.

While it remains important to evaluate a child displaying problematic sexual behaviors for the presence or absence of sexual abuse, research does not support the presumption that sexual abuse has necessarily occurred. It is therefore important not only to evaluate for sexual abuse, but to also look at a host of other factors that can influence the development of sexual behavior problems.

FACTORS THAT INFLUENCE CHILDHOOD SEXUAL BEHAVIORS

According to Johnson (2004d), children's sexual behaviors as well as their level of comfort with sexuality may be affected by the following factors: (a) the size of the family's living space, (b) their neighborhood, (c) the age of siblings, (d) their level of sexual interest, (e) religious, societal, and cultural norms, and (f) parental values and attitudes regarding sex and sexuality. The child's age, the level of stress in the family, family violence, family sexuality, and time spent in day care may also influence the type and frequency of children's sexual behaviors (Friedrich, Fisher, Broughton, Houston, & Shafran, 1998). Other factors that are sometimes found in the backgrounds of children with sexual behavior problems are poverty, single parents with little education, the presence of many stressful life events, and feelings of rejection by their mothers (Friedrich, 2002a; Friedrich & Fehrer, 2004).

Johnson (2004b, 2004c, 2004d), Johnson and Hooper (2003) and Friedrich (2002b) have also investigated family boundaries as possible contributors to the development of problematic sexual behaviors in children. This article discusses the importance of assessing family boundaries in child custody evaluations involving unsubstantiated sexual abuse allegations that are based on a child's sexual behaviors. When this situation arises, it is the suggestion of this article that the emotional, physical, and sexual boundaries in the family be evaluated. Even when sexual abuse has been found, the boundaries in the homes where the child spends time should be assessed to determine whether modifica-

tions are necessary for the child's healthy sexual development. Instruments that can assist the evaluator in determining if boundary problems are contributing to problematic sexual behaviors will be suggested.

In evaluating family boundaries, the evaluator may determine that the atmosphere in one or both of the child's homes is so infused with sexuality that even if no overt sexual abuse is discovered, the child should not reside in that atmosphere until substantial changes have been made. It may also be determined that the boundaries are so compromised that it constitutes a sexually abusive environment. Case examples will be presented to illustrate the use of these instruments. Strategies are also provided for working with families in which boundary modification is necessary. It should be noted, however, that cultural differences regarding family practices and boundaries is an area that has not been adequately researched. The information that is presented in this article is based on cultural norms and research in the United States.

FAMILY BOUNDARIES

Using data gathered from the Child Sexual Behavior Inventory (CSBI), Friedrich (1997) found that the following factors in a home environment increased a child's sexual behaviors: (a) a more relaxed approach to co-sleeping, co-bathing, and family nudity, (b) opportunities to see adult movies or magazines, (c) opportunities to witness sexual intercourse in vivo or on television, and (d) pornography. Later research has indicated that co-sleeping and co-bathing, particularly prior to the age of 7, have little relationship to increased sexual behaviors. The factors that have a far stronger relationship to an increase in sexual behaviors are the more explicitly sexual issues of witnessing intercourse, viewing adults engaging in sexual intercourse in vivo or through the media, access to Internet pornography, and access to explicit television and videos (W. Friedrich, personal communication, January 25, 2005). Johnson (2004d) discusses several different boundary violations that may contribute to the development of problematic sexual behavior in young children. She explains that problematic sexual behaviors may be seen when the following factors are present:

1. Children are confused based on what they see or hear on television, radio, videos, video games, magazines, movies, or from "surfing the Net."

2. Children do not receive adequate supervision. When left alone, children may be with people who expose them to too much adult or adolescent sexuality.
3. Children live in neighborhoods in which sex is a major influence.
4. Children live in homes with a sexualized environment. Contributing factors can be (a) parental fights about sex; (b) sexual jealousy of partners; (c) sexual language; (d) sexual jokes; (e) sexual comments about others' bodies; (f) sexual gestures; (g) sexual comments (negative) about men and women; and (h) pornography, explicit videos, and R-rated or X-rated movies watched when children are around.
5. Children live in homes where there is little or no physical, sexual, or emotional privacy. For instance: (a) bathroom doors have no locks; (b) children are told the details of their parents' sex lives and problems; (c) children's bodies (over age 6) are inspected and discussed, groomed, and touched; (d) children must kiss people they do not like, regardless of their discomfort; (e) people do not knock before entering bedrooms or bathrooms; and (f) sexual behaviors and nudity occur in living areas of the home regardless of the discomfort of family members.
6. Children have been used to fulfill a parent's emotional needs that may be sexualized. Almost fulfilling the role of a substitute partner, the child may sleep in the bed with the parent, hear about the parent's problems, and/or spend time with the parent shopping and/or going to the movies. The parent overexposes the child to his/her own confused sexual attitudes, behaviors, and feelings. This may not constitute overt sexual abuse but covert abuse or emotional incest. It can be highly emotionally, physically, and sexually confusing to the child. The child may feel a generalized sexual tension in relation to the parent.
7. Children live with parents who act in sexual ways after drinking or taking drugs regardless of the presence of children.
8. Children live in places where sex is routinely paired with aggression, such as fights about sex, violent sexual language, or forced sex.
9. Children live in sexually explicit environments in which sex is used in exchange for drugs or to keep from being hurt.
10. Children have been physically and/or emotionally abused and/or neglected.

11. Children have observed physical violence, particularly between their parents/caregivers, due to sexual jealousy and sexual mistrust.
12. Children have been sexually abused by direct physical contact to their bodies or being used to sexually stimulate others' bodies.
13. Children are physically or hormonally different from other children.

ASSESSING BOUNDARIES

It is important to evaluate the boundaries in homes in which the child lived both before the custody dispute and after the parents have separated. If the problematic sexual behaviors arose after the separation, it is still important to assess the pre-separation home. Parents and children can be asked to describe if one or both parents engaged in boundary violations in the pre-separation home.

The list of potential boundary violations in the preceding section (Johnson, 2004d) can be used to interview parents, children, and collaterals. Given proper waivers of confidentiality, useful collateral sources of information about boundaries in the child's home are nannies, older siblings, grandparents, or any relatives or friends who have spent considerable time in the child's home.

Helpful Instruments

Safety checklist. Friedrich (2002b) developed a Safety Checklist for use with families in which sexual abuse has occurred. It has groups of questions about co-sleeping, co-bathing, family nudity, family sexuality, pornography/witnessing sexual intercourse, family violence, community violence, PTSD triggers, and monitoring. This checklist can be useful when there are questions about the boundaries in the home.

Family Roles, Relationships, Behaviors, and Practices. An instrument entitled Family Roles, Relationships, Behaviors, and Practices (Johnson, 2004a, 2004c) was specifically developed to catalog boundary problems that may precipitate problematic sexual behaviors in children. Based on findings in her clinical work, Johnson found that a substantial amount of the confusion about sex and sexuality that converted to sexually inappropriate behaviors in young children was due to boundary violations in the home. Many of the family practices were so ingrained that sometimes neither the parents nor child saw them as

problematic. In some cases, the parents were aware that the boundaries in the home were too loose or too strict, but they had learned them in their own families of origin and accepted them without further thought.

The Family Roles, Relationships, Behaviors, and Practices instrument contains 69 emotional, physical, and sexual boundary violations and can assist the evaluator in understanding possible etiological factors for a child's problematic sexual behaviors. It can also provide an insight into the atmosphere of the child's past and current residence and aid in recommendations about custody. This instrument can be used with all adults and for children as young as eight years of age. If the child has difficulty reading, it can be read to him/her. It is important to make sure that the child understands what he or she is endorsing. If the evaluator is not sure, the child can be asked to give an example.

Family Practices Questionnaire VI. The Family Practices Questionnaire VI (Johnson, 2004a, 2004b) asks respondents the age up to which they believe certain family practices should occur between mothers and fathers and sons and daughters. Among the many practices explored are parents and children: (a) taking baths and showers together, (b) sleeping together, (c) being nude together, (d) kissing each other on the mouth, (e) hugging, and (f) putting medicine on the genitals. This instrument is helpful in determining whether there are any family practices that may feel physically intrusive or sexually confusing for the child and thus stimulating the sexual behaviors of concern.

The responses of 717 mental health and Child Protective Services professionals were gathered on the Family Practices Questionnaire VI (Johnson & Hooper, 2003). The means and standard deviations of the responses indicate that there are wide age differences in beliefs about the ages during which parents and children should engage in certain family practices.

The Family Practices Questionnaire VI should be administered to both parents and their new partners (if applicable). It is best if each couple (if applicable) completes the questionnaire simultaneously, as the questions relate to the practices in each home and collusion can occur. Cross checking the answers with the former spouse and children is warranted if there is concern about the veracity of any party's answers.

Assessing the Pre-Separation Home

An assessment of the boundary issues between the father and mother in the home that they shared with the child should be conducted separately. When completing Family Roles, Relationships, Behaviors, and

Practices, each parent can be asked to describe who was most responsible for the boundary violation. The discrepancies between the parents' answers can then be discussed with each parent. Collateral sources (nanny, babysitter, live-in domestic, relatives, etc.) can be interviewed about the boundaries. Discrepancies between information from parents and collateral sources can be further investigated. Additionally, children can be questioned regarding the boundaries in the home they lived in prior to their parents' separation. If children are asked to fill in Family Roles, Relationships, Behaviors, and Practices, it should be done simultaneously to the parents so that the parents do not try to influence the children's answers.

Assessing the Post-Separation Home

When either or both of the parents are in a new relationship, their new partners can be asked to describe the boundaries in the post-separation home in which the child lives or visits. Both the separating parents and their new partners (if applicable) should be given the assessment instrument at the same time in separate offices, or on the same day (back-to-back) to preclude them from discussing it before filling it out. Children and other collaterals are also helpful respondents on the post-separation home.

CASE EXAMPLE 1

Ed and Jane were married for 15 years prior to their separation and eventual divorce three years ago. They shared the custody of their three boys, ages, 12, 10, and 9. Both parents now had new partners. The elementary school called in a suspected child abuse report on John, the youngest son. John was grabbing girls' breasts and buttocks, saying he wanted to have sex with them ("f_k"), talking about their genitals using graphic language, running into the girls' bathroom, dropping his pants, showing his genitals, and simulating sex with a light pole. John, who had been diagnosed with ADHD when he was 4, also engaged in a host of oppositional defiant behaviors at home and at school. Interviews with John did not reveal any sexual abuse, access to the Internet, or pornography use.

When the evaluator assessed John's sexual behaviors, the parents variously indicated that John touched his genitals at home and in public, used bad language at home and in public, liked to dance like a teenager,

rubbed his body against people, furniture, and other objects, made sexual sounds, used explicit words for sexual acts, talked about wanting to do sexual things, and seemed overly interested in sex and things related to sex. While there was not 100% consistency of response between the parents and their new partners, these were all behaviors that had been seen by two or more of the four parental figures. John's mother and new partner were most consistent in describing John's behaviors. John's father and new partner were far less consistent and described fewer behaviors. To test the accuracy of the father and his new partner's observations, John's two brothers were asked about John's sexualized behaviors and where they occurred. The brothers' observations about John's current sexualized behaviors at the two homes confirmed the mother's responses far more than the father's.

John's biological parents and their new partners filled out the suggested instruments in this article. On the Family Practices Questionnaire VI, the biological father said that parents and children could bathe, shower, be nude around each other, and be present while they used the toilet throughout their lives. The biological mother had more restrictive views but wanted the evaluator to know that when they were married, the boys' father engaged in all of these with the boys and she never approved. The father's new partner also had more restrictive views of the ages at which parents should engage in these practices with their children. When queried, both the biological father and his new partner acknowledged that the father still engaged in these practices with the children, even though the children often complained about it.

On the Family Roles, Relationships, Behaviors, and Practices, the three boys (who filled out the form separately) indicated that the following occurred in their father's current home and many occurred when they lived with their biological parents, mostly by their father.

1. Children are bathed after they are old enough to do it themselves.
2. Parent takes baths or showers with children.
3. Children's "private parts" are cleaned by others after the children are old enough to do it themselves.
4. Medicine is applied to children's "private parts" after they are old enough to do it themselves.
5. People come in the bathroom when children want privacy.
6. Little or no privacy is given in the bathroom.
7. Children's bodies are looked at and talked about.
8. Sexual comments are made about other people's bodies like:
 - a. "Look at those ta-ta's."

- b. "Now there's a really fine butt."
9. Nudity is displayed in front of children that makes them uncomfortable.
10. Parents talk about sexual things when the children are around.
11. The parents' sexual problems are discussed when the children are around.
12. Children may hear some of the details of their parents' sex lives.
13. Sometimes children act like a good friend or buddy to their parent, for instance, sharing secrets or trying to make the parent feel better.
14. Sometimes the children feel like they need to take care of their parents.
15. Children are pulled into the arguments of their parents.
16. Movies about sex are watched on television or on the Internet.
17. Bad language and dirty jokes are told when children are around.

The father acknowledged a few of the above behaviors occurred in his present home and in his pre-divorce home. The father's new partner acknowledged a few of the above behaviors occurring in their present home, but not the same ones as the biological father. The biological mother said that none of these behaviors occurred in her current home, but many did occur, fostered by the father, in the pre-divorce home. There was approximately 90% agreement between the mother and the boys for the pre-divorce home. There was approximately 95% agreement between the boys, mother, and mother's new partner about their current home.

While none of the behaviors that were endorsed as occurring in the pre-divorce home or in the father's current home were in and of themselves sexually abusive, this level of emotional, sexual, and physical intrusiveness can cause disruptions in a child's sense of personal space and emotional and sexual development. While the two older boys were not openly displaying as many sexual behaviors of concern as John, they too were less conservative in their sexual expression than their peers. However, John was less able to inhibit his more sexualized behavior because he had ADHD, and thus kept getting caught. The other two boys did not get caught due to their better impulse control and social judgment.

The boundaries in the father's home were tightened up, the father and his new partner took a parenting course, and a combination of individual, conjoint, and family therapy was used to assist in the development of a healthy home environment with far less intrusiveness and open

sexuality. John's sexual behaviors of concern decreased rapidly. The sexual over stimulation and confusion that was being experienced by all three boys diminished, and a healthy sexual environment was established.

CASE EXAMPLE 2

Annie's mother strongly believed that her ex-husband had molested Annie, their 10-year-old daughter. As the mother took Annie to therapist after therapist, several therapists made reports to the Child Abuse Hotline. All of the therapists interviewed Annie and had some suspicion of abuse, but none were able to confirm the mother's grave concerns. The mother divorced the father based on her suspicions and requested that the father be limited to supervised visits with Annie as well as their other son and daughter. Monitored visits were not ordered, and the mother and father had equal time with the children. During the custody dispute, which took over a year, the youngest daughter, age 7, started engaging in very sexualized behaviors. The mother was sure the youngest daughter was being abused on the visits with the father and went back to court asking for no visitation or only monitored visits for the father with all of the children. An evaluation of the child was ordered. After interviewing failed to substantiate sexual abuse, both parents filled out the instruments suggested above. Neither parent had a new partner but there was a housekeeper at the mother's house who spent six days a week with the children.

Assessment of the child's sexual behaviors indicated that her youngest daughter was fondling her breasts, humping her, and trying to put her hands down the mother's pants. Neither the father nor the housekeeper had seen these behaviors. On the Family Practices Questionnaire VI, the mother said that bathing, showering, sleeping, toileting, changing clothes together, nudity, etc., should never occur between fathers and their children. She indicated that all of these behaviors should be allowed between mothers and daughters and mothers and sons throughout their whole lives. The father's answers were similar to those of the normative sample (Johnson & Hooper, 2003).

When the mother was interviewed about her youngest daughter's sexual behaviors, she reported that the child did these while she was nursing her and that this had been going on for over a year. When questioned about how she responded when the child engaged in these behaviors, the mother said that she gently pulled her hand away. The mother

described that she and the daughter would lie together in the bed as the daughter went to sleep, and she would give the child her breast. The child would often cuddle up with the mother and fondle the breast she was nursing from or the other breast. She would often then get on top of the mother and try to put her hands down her pants.

When questioned more about the behavior, it became clear that the mother could not see that her behavior could be fostering the child's behavior rather than curtailing it. When asked how long she planned to nurse the child, she said she did not know. Her child, she reported, was suffering greatly from the divorce and the abuse by her father and might need to be breastfed for years. She reported it was the only thing that would calm the child. It was strongly suggested that if the mother was going to continue to nurse the child, she should do so sitting up in a chair so that they would not be lying prone. It was further suggested that the child sit next to the mother under her arm and the child read the mother a book the child holds, or the mother read the child a book the child holds, thus occupying the child's hands. After many weeks of encouragement by the therapist and housekeeper, the mother finally took the suggestion. The child's overt sexualized behaviors diminished within two weeks. A further recommendation was that the mother and father no longer sleep with any of their children. This was very hard on the mother and father but they did finally accomplish it.

WHEN BOUNDARY VIOLATIONS REQUIRE MODIFICATION FOR THE CHILD'S HEALTHY SEXUAL DEVELOPMENT

When there are allegations of sexual abuse to a child, the court may require that the person against whom the allegations have been made have only supervised or monitored visits with the child. When a full evaluation of the child and parents is unable to determine with any certainty whether the allegations of sexual abuse are accurate, the court may want to increase visitation with the alleged perpetrator and decrease the monitored visits. This often creates a great deal of anxiety for the parent who believes his or her child has been molested. When the evaluation has discovered boundary (or other) issues in one or both parental homes that may be contributing to the child's behavior, these can be modified before relaxing the monitoring requirements or while decreasing the monitoring and increasing visitation. This process will teach the child or children what the boundaries in the parental homes

should be and encourage them to discuss them openly with their parents and the parents' new partners (if applicable).

In the case described above of Ed and Jane and their three sons, it was determined that there were some boundary violations in the father's home that may have contributed to John's sexual acting out. The boundaries that needed defining regarded bathroom use, the application of medicine, privacy for changing clothes, personal privacy, the use of sexual language, television and video viewing, Internet use, and discussion of sexual topics and parental fighting in front of the children.

When there has been mistrust between parents related to abuse, it is often helpful for a neutral therapist to work with the children and both sets of parents during alternate sessions. One week one set of parents brings the children; on the alternate week the other set of parents brings the children. It is essential that the children see that the therapist's main focus is to help the children have a healthy relationship with both sets of parents. If the children are having difficulties that they cannot resolve, the therapist, who is not aligned with either set of parents, can help them.

Using the case of Ed, Jane, and the three boys as an example, the therapist would work with the three boys during the initial sessions to define rules that would provide them with privacy and firmer emotional, physical, and sexual boundaries in both home environments. The purpose of these sessions would not be to determine if the abuse occurred; rather, the focus would be on things the boys would like changed in the home's boundaries as well as boundaries the therapist may encourage. After the therapist worked with the boys to understand their concerns and perceptions related to the boundary issues, the four of them would write up the rules together. The therapist and the boys could make up scenarios of what has happened previously, what might happen in the future, and then decide how the boys want to handle those situations in the future. Through this process, the therapist would develop a relationship with the boys and acquire a better understanding of what needs to be done to help their parents. The focus would be on both homes.

The therapist would then invite each set of parents in separate sessions to discuss the list of suggested rules. Questions could be asked and answered and any reasonable additions or deletions made. If there are any substantive changes to the rules, a session with the boys to go over the changes would be warranted.

The therapist would then invite the three boys and the mother or father and new partners in to discuss these rules. The rules would be reviewed, and examples of how they will work in the parents' home could

be discussed. It would be beneficial to create potential scenarios and talk with the boys and parents about how they want to handle them. When the therapist meets with the father, his partner, and the children, discussion is limited to the father's home. If the father is concerned about what is going on in the mother's home, the father should refer the child to the mother and the therapist. The therapist would then repeat this process with the other parent and his or her partner, with the discussion limited to this home.

Any concerns that the child has about rules in one parent's home can be discussed with that parent. If this is not satisfactory, the child can discuss it with the therapist, who will help the child discuss it with that parent. If one parent believes that abuse is occurring, the parent should contact the therapist directly.

A fun way to review the boundaries is to play a game of who can remember the most rules. Going around in a circle, each person states a rule. The person who remembers the most rules gets the applause. A variation is to write the rules on cards and put a number on each card. Duplicate the cards so that a form of Concentration can be played. In Concentration, all of the cards are put face down randomly, and each person has to find a number pair. When a pair is found, the rule is read and an example given of how that rule could be broken or why that rule is included. Doing this for many weeks reinforces the rules and sets the stage for a child to talk about a rule violation or confusion about a rule.

When the therapist believes that the rules have been well defined in both homes and that boundary violations have been stopped or greatly minimized, unmonitored visits can begin. It is generally best to start unmonitored visits for a few hours during the day, gradually increasing in time to multiple days and eventually overnights. The extensions and additions of overnights can be suggested by the therapist based on the work in the therapy sessions. If the case is in a Family Law court, this may require the child to have an attorney to whom the therapist can make recommendations. The child's attorney can then make recommendations to the judge. If the child has a protective services worker, the therapist can make recommendations to the worker who can advise the court.

The therapy should continue for a minimum of 6-9 months after the monitoring has stopped and overnights are in place. The frequency between therapy meetings can be gradually increased until the children meet in session with each parent on a monthly basis. If difficulties arise regarding the boundaries in either home, the therapist, children, and parents will be able to address them in a knowledgeable and

non-adversarial manner. The therapy can be gradually decreased over successive months after the boundaries in both homes have been cemented and healthy sexual, physical, and emotional environments have been established.

SUMMARY

When allegations of sexual abuse that cannot be substantiated are brought forward during a custody dispute due to concerns about the child's sexual behaviors, it is valuable to assess the child's sexual behaviors and the boundaries in the child's home with each parent. During this assessment, comparisons can be made between the data gathered from the two parents in their separate homes, the home in which they raised the child together, and from collateral sources, such as new partners and the children themselves. In some cases, embellishments in the allegations about the sexual behaviors, fabrications, or distortions may be found. In others, boundary violations that may be the cause of the child's problematic sexual behaviors may be identified. And in still other cases, an environment may be found that is so suffused with sexuality and boundary violations that it may constitute a sexually abusive environment for the child. The results of the assessment can help the custody evaluator make recommendations.

If the assessment of the boundaries in the homes reveals problems that are likely contributing to the child's problematic sexual behaviors, a process can be put in place to modify the boundaries while assisting the children and parents in becoming aware of healthy boundaries and reporting any crossing of these boundaries in the future.

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