

## Healthy Sexual Development: A Multidisciplinary Framework for Research

Alan McKee, PhD  
Kath Albury, PhD  
Michael Dunne, PhD  
Sue Grieshaber, PhD  
John Hartley, PhD  
Catharine Lumby, PhD  
Ben Mathews, PhD

**ABSTRACT.** A group of Australian researchers from a range of disciplines involved in studying children's sexual development developed a framework for researching healthy sexual development that was acceptable to all disciplines involved. The 15 domains identified were: freedom from unwanted activity; an understanding of consent; education about biological aspects; understanding of safety; relationship skills; agency; lifelong learning; resilience; open communication; sexual development should not be "aggressive, coercive or joyless;" self-acceptance; awareness and acceptance that sex is pleasurable; understanding of parental and societal values; awareness of public/private boundaries; and being competent in mediated sexuality.

**KEYWORDS.** Sexual development, sexuality education, children's sexuality, research design

### *INTRODUCTION*

There has been considerable public concern about the sexual development of children in

Australia in 2008 and 2009 (see for example, Devine, 2008; Perkin, 2008; Stedman, 2009; Topsfield, 2008). Of particular concern has been the question of whether children are reaching

---

Alan McKee, PhD, Film and Television, Queensland University of Technology, Kelvin Grove, Queensland, Australia.

Kath Albury, PhD, Journalism and Media Research Centre, University of New South Wales.

Michael Dunne, PhD, Faculty of Health, Queensland University of Technology, Brisbane, Queensland, Australia.

Sue Grieshaber, PhD, School of Early Childhood, Queensland University of Technology, Brisbane, Queensland, Australia.

John Hartley, PhD, ARC Center of Excellence for Creative Industries and Innovation, Queensland University of Technology, Brisbane, Queensland, Australia.

Catharine Lumby, PhD, Journalism and Media Research Centre, University of New South Wales.

Ben Mathews, PhD, Law School, Queensland University of Technology, Brisbane, Queensland, Australia.

This research was funded by a grant from the Institute for Creative Industries and Innovation at Queensland University of Technology.

Address correspondence to: Alan McKee, PhD, Film and Television, Queensland University of Technology, Creative Industries Precinct, Kelvin Grove, Queensland, QLD 4059, Australia. E-mail: a.mckee@qut.edu.au

sexual milestones too young (King, 2008). This public debate has been conducted in vague terms, worrying simply that children are developing too quickly (Hartley, 1998). No attempt has been made to describe what would constitute healthy sexual development.

Lagerberg (2001) suggests that this is in part because “the sexual development of normal children is neither fully explored nor understood” (p. 368; see also, Haugaard, 1996, p. 81; Okami, Olmstead, & Abramson, 1997, p. 339; Ryan, 2000, p. 34). There does exist a patchwork history of research from earlier decades which allows us to recover some sense of normal sexual development of children over the years (Hattendorf, 1932; Isaacs, 1933; Levy, 1928; Newson & Newson, 1963; Ramsey, 1943; Rutter, 1971; Sears, Maccoby, & Levin, 1957). And recently, a more systematic research approach to this topic has emerged (Fitzpatrick, Deehan, & Jennings, 1995; Friedrich, Grambsch, Broughton, Kuiper, & Beilke, 1991; Gold & Gold, 1991; Haugaard, 1996; Knoth, Boyd, & Singer, 1988; Lamb & Coakley, 1993; Larsson & Svedin, 2002a, 2002b; Leitenberg, Greenwald, & Tarran, 1989; Okami et al., 1997; Ryan, 2000; Sandnabba, Santtila, Wannäs, & Krook, 2003). There also exist a number of useful guides to healthy sexual development from distinct perspectives: clinical psychology (Sanderson, 2004), early childhood studies (Chrisman & Couchenour, 2002), and family planning (Family Planning Queensland [FPQ], 2006).

However, across this range of work, there is no agreement about what constitutes healthy sexual development. As Haugaard noted when he gathered data from professionals working in a number of different disciplines, there is “considerable disagreement” (1996, p. 88) between different professional groups about what characterizes acceptable sexual development for children.

### ***HEALTHY SEXUAL DEVELOPMENT: A MULTIDISCIPLINARY FRAMEWORK FOR RESEARCH***

It thus seemed that it would be a useful contribution to public debate on this topic to de-

velop a multidisciplinary framework for understanding healthy sexual development, drawing on the expertise of professionals from a number of related backgrounds. This article does not present the results of a traditional research project. Rather it sits in the field of “research design and methodology.” Work in this field seeks to “introduce, explain, and illustrate designs and methodologies” (Keith, 1998, p. 332). In particular, the current article sits within that subset of such work which aims to “clarify a research topic about which there are misrepresentations or confusion” (Keith, p. 333). It is targeted at researchers interested in healthy sexual development and presents an exploration of a possible paradigm within which research can take place in healthy sexual development.

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

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

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

One key point emerged early in the discussions: This would be a holistic approach to

healthy sexual development. In much of the literature in this area, the sole concern is the prevention, diagnosis, and treatment of child sexual abuse (see for example, Haugaard & Emery, 1989; Lamb & Coakley, 1993; Ryan, 2000). The group agreed that preventing unwanted sexual encounters is a key element of healthy sexual development—but it is far from being sufficient for an understanding of the important elements in that development. There is more to healthy sexual development than simply preventing abuse. Important positive skills and understandings must be developed. We identified 15 key domains which provide a multidisciplinary framework for understanding healthy sexual development.

### ***Freedom from Unwanted Activity***

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

### ***An Understanding of Consent and Ethical Conduct More Generally***

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

### ***Education About Biological Aspects of Sexual Practice***

In healthy sexual development, children are provided with accurate information about how their bodies work. Research has shown that “[i]n the absence of adequate and systematic sex education, children invent their own explanations for biological and sexual processes often in the form of mythologies” (Goldman & Goldman, 1982, p. 392).

### ***An Understanding of Safety***

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

### ***Relationship Skills***

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

### ***Agency***

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

### ***Lifelong Learning***

Every researcher who has studied the healthy sexual development of children insists that children are naturally “curious” about their bodies and about sex (Sanderson, 2004, p. 62). Studies during many decades have shown that children explore their bodies—including touching and sometimes masturbating their genitals—from birth (Larsson & Svedin, 2002a; Levy, 1928; Ryan, 2000); they ask questions about sex at the same time as they begin to ask questions about other aspects of society (Hattendorf, 1932; Larsson & Svedin, 2002b); and they play “sex games” like doctors and nurses with other children from an early age (Chrisman & Couchenour, 2002; Isaacs, 1933; Lamb & Coakley, 1993; Larsson & Svedin, 2002a; Sandnabba et al., 2003). Research has shown that this behavior is not only normal, it is healthy and has no harmful effect on later sexual development

(Greenwald & Leitenberg, 1989; Kilpatrick, 1992; Larsson & Svedin, 2002a; Leitenberg et al., 1989; Okami, Olmstead, Abramson, & Pendelton, 1998). Similarly, learning about sexuality does not stop at the point where sexual intercourse begins. Adults continue to learn about their sexuality throughout their lives, improving their knowledge of and attitudes toward their sex lives.

### ***Resilience***

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

### ***Open Communication***

Healthy sexual development requires open communication between adults and children, in both directions. As noted above, this means that children are provided with age-appropriate information about sex (SIECUS, 1995) and particularly that they are given honest answers to any questions they may ask (Chrisman & Couchenour, 2002). There is absolute agreement in the literature that this is important for preventing sexual abuse (Krafchick & Biringen, 2002, p. 59; Sanderson, 2004, p. 55), development of a healthy attitude toward their own bodies and sexuality (Chrisman & Couchenour, p. 14; Impett et al., 2006), and preventing unwanted pregnancies and STDs when they do become sexually active (Lindberg, Sonfield, & Gemmill, 2008). On the other hand, in healthy situations, children feel comfortable in coming to adults with problems, concerns, or issues they may have about their bodies or what is happening to them.

### ***Sexual Development Should Not Be 'Aggressive, Coercive, or Joyless'***

This is a key distinction between healthy and unhealthy sexual development. Healthy sexual development is “fun,” playful, and light-hearted (Okami et al., 1998, p. 364). Unhealthy sexual

development is aggressive, coercive, or joyless (Sanderson, 2004, p. 79).

### ***Self-Acceptance***

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

### ***Awareness and Acceptance That Sex Is Pleasurable***

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

### ***Understanding of Parental and Societal Values***

In healthy development, children learn social and parental values around sexuality to enable them to make informed decisions about their own sexuality in relation to them. These vary greatly (WHO, 2002). Research shows that parental values around sexuality range from extremely conservative to extremely liberal (Okami et al., 1998) and that judgments about what is appropriate sexual behavior in children differ dramatically in different societies (Ariès, 1962; Higonnet, 1998; Jenkins, 1998).

### ***Awareness of Public/Private Boundaries***

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

### Competence in Mediated Sexuality

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

### CONCLUSION

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

### REFERENCES

- Allen, L. (2005). *Sexual subjects: Young people, sexuality, and education*. Basingstoke, UK: Palgrave Macmillan.
- Ariès, P. (1962). *Centuries of childhood*. London: Pimlico.
- Buckingham, D., & Bragg, S. (2004). *Young people, sex, and the media: The facts of life?* Basingstoke, UK: Palgrave MacMillan.
- Chrisman, K., & Couchenour, D. (2002). *Healthy sexual development: A guide for early childhood educators and families*. Washington, DC: National Association for the Education of Young Children.
- Devine, M. (2008, May 1). Parents: Beware the Cyrus call. *The Sydney Morning Herald*, p. 13.
- Family Planning Queensland. (2006). *Sexual behaviors in children and adolescents: A guide for adults to identify, assess, and respond to sexual behaviors which cause concern*. Brisbane, Australia: Author. Retrieved November 26, 2008, from [http://www.fpq.com.au/pdf/Fs.Sexual\\_Behaviours.pdf](http://www.fpq.com.au/pdf/Fs.Sexual_Behaviours.pdf)
- Fitzpatrick, C., Deehan, A., & Jennings, S. (1995). Children's sexual behavior and knowledge: A community study. *Irish Journal of Psychological Medicine*, 12, 87–91.
- Friedrich, W. N., Grambsch, P., Broughton, D., Kuiper, J., & Beilke, R. L. (1991). Normative sexual behavior in children. *Pediatrics*, 88(3), 456–464.
- Gold, S. R., & Gold, R. G. (1991). Gender differences in first sexual fantasies. *Journal of Sex Educational Therapy*, 17, 207–216.
- Goldman, R., & Goldman, J. (1982). *Children's sexual thinking: A comparative study of children aged 5 to 15 years in Australia, North America, Britain, and Sweden*. London: Routledge and Kegan Paul.
- Greenwald, E., & Leitenberg, H. (1989). Long-term effects of sexual experiences with siblings and non-siblings during childhood. *Archives of Sexual Behavior*, 18, 389–399.
- Hartley, J. (1998). ‘When your child grows up too fast’: Juvenation and the boundaries of the social in the news media. *Continuum: Journal of Media & Cultural Studies*, 12(1), 9–30.
- Hartley, J., & Lumby, C. (2003). Working girls or drop-dead gorgeous? Young girls in fashion and news. In K. Mallan & S. Pearce (Eds.), *Youth cultures: Texts, images, and identities* (pp. 47–67). Westport, CT, and London: Praeger.
- Hattendorf, K. W. (1932). A study of the questions of young children concerning sex: A phase of an experimental approach to parent education. *Journal of Social Psychology*, 3, 37–65.
- Haugaard, J. J. (1996). Sexual behaviors between children: Professionals' opinions and undergraduates' recollections. *Families in Society*, 77(2), 81–89.
- Haugaard, J. J., & Emery, R. E. (1989). Methodological issues in child sexual abuse research. *Child Abuse and Neglect*, 13, 89–100.
- Higonnet, A. (1998). *Pictures of innocence: The history and crisis of ideal childhood*. London: Thames and Hudson.
- Impett, E. A., Schooler, D., & Tolman, D. L. (2006). To be seen and not heard: Feminist ideology and adolescent girls' sexual health. *Archives of Sexual Behavior*, 35(2), 131–144.
- Isaacs, S. (1933). *Social development in young children*. London: Routledge and Kegan Paul.
- Jenkins, H. (1998). Introduction: Childhood innocence and other modern myths. In H. Jenkins (Ed.), *The children's culture reader* (pp. 1–37). New York: New York University Press.
- Keith, T. Z. (1998). Research design and methodology section: Introduction to a new section of ‘School Psychology Quarterly.’ *School Psychology Quarterly*, 13, 332–333.

- Kilpatrick, A. C. (1992). *Long-range effects of child and adolescent sexual experiences: Myths, mores, and menaces*. Hillsdale, NJ: Lawrence Erlbaum.
- King, M. (2008, November 15). Facing a sex bomb. *The Courier Mail*, p. 68.
- Knuth, R., Boyd, K., & Singer, B. (1988). Empirical tests of sexual selection theory: Predictions of sex differences in onset, intensity, and time course of sexual arousal. *Journal of Sex Research*, 24, 73–79.
- Krafchick, J., & Biringen, Z. (2002). Parents as sexuality educators: The role of family therapists in coaching parents. *Journal of Feminist Family Therapy*, 14(3/4), 57–72.
- Lafo, R. R. (2008). *Presumed innocence: Photographic perspectives of children*. Lincoln, MA: DeCordova Museum & Sculpture Park.
- Lagerberg, D. (2001). Parents' observations of sexual behavior in preschool children. *Acta Paediatrica*, 90, 367–369.
- Lamb, S., & Coakley, M. (1993). 'Normal' childhood sexual play and games: Differentiating play from abuse. *Child Abuse and Neglect*, 17, 515–526.
- Larsson, I., & Svedin, C.-G. (2002a). Sexual experience in childhood: Young adults' recollections. *Archives of Sexual Behavior*, 31(3), 263–273.
- Larsson, I., & Svedin, C.-G. (2002b). Teachers' and parents' reports on 3- to 6-year old children's sexual behavior: A comparison. *Child Abuse and Neglect*, 26, 247–266.
- Leitenberg, H., Greenwald, E., & Tarran, M. (1989). The relationship between sexual activity among children during preadolescence and/or early adolescence and sexual behavior and sexual adjustment in young adulthood. *Archives of Sexual Behavior*, 18, 299–313.
- Levy, D. (1928). Finger-sucking and accessory movements in early infancy: An etiologic study. *American Journal of Psychiatry*, 84(6), 881–918.
- Lindberg, L. D., Sonfield, A., & Gemmill, A. (2008). Reassessing adolescent male sexual and reproductive health in the United States: Research and recommendations. *American Journal of Men's Health*, 2(1), 40–56.
- Mazzarella, S. R., & Pecora, N. O. (2007). Girls in crisis: Newspaper coverage of adolescent girls. *Journal of Communication Inquiry*, 31(1), 6–27.
- Newson, J., & Newson, E. (1963). *Patterns of infant care in an urban community*. London: Allen & Unwin.
- Okami, P., Olmstead, R., & Abramson, P. R. (1997). Sexual experiences in early childhood: 18-year longitudinal data from the UCLA Family Lifestyles project. *The Journal of Sex Research*, 34(4), 339–347.
- Okami, P., Olmstead, R., Abramson, P. R., & Pendleton, L. (1998). Early childhood exposure to parental nudity and scenes of parental sexuality ('primal scenes'): An 18-year longitudinal study of outcome. *Archives of Sexual Behavior*, 27(4), 361–384.
- Perkin, C. (2008, September 9). Catalogue may reignite Henson row. *The Australian*, p. 3.
- Ramsey, G. V. (1943). The sexual development of boys. *American Journal of Psychology*, 56(2), 217–233.
- Rutter, M. (1971). Normal psychosexual development. *Journal of Child Psychiatry*, 11, 259–283.
- Ryan, G. (2000). Childhood sexuality: A decade of study. Part 1 — Research and curriculum development. *Child Abuse and Neglect*, 24(1), 33–48.
- Sanderson, C. (2004). *The seduction of children: Empowering parents and teachers to protect children from child sexual abuse*. London and Philadelphia: Jessica Kingsley Publishers.
- Sandnabba, N. K., Santtila, P., Wannäs, M., & Krook, K. (2003). Age- and gender-specific sexual behaviors in children. *Child Abuse and Neglect*, 27, 579–605.
- Sears, R. R., Maccoby, E. E., & Levin, H. (1957). *Patterns of child rearing*. New York: Harper and Rowe.
- Sexuality Information and Education Council of the United States. (1995). *NCASH consensus statement on adolescent sexual health*. New York: Author.
- Stedman, M. (2009, March 17). Battle heats up over lewd signs. *Hobart Mercury*, p. 3.
- Topsfield, J. (2008, June 7). Teen mags 'not for tweens.' *The Age* (Melbourne), p. 3.
- Ward, L. M., Day, K. M., & Epstein, M. (2006). Uncommonly good: Exploring how mass media may be a positive influence on young women's sexual health and development. In L. Diamond (Ed.), *Rethinking positive female adolescent sexual development: New directions for child and adolescent development* (p. 112). San Francisco: Josey Bass.
- Wardle, F. (1998). The expected and the dysfunctional: Dealing with child-to-child sexual behavior. Retrieved March 17, 2009, from the Early Childhood News Web site: [http://www.earlychildhoodnews.com/earlychildhood/article\\_view.aspx?ArticleID=120](http://www.earlychildhoodnews.com/earlychildhood/article_view.aspx?ArticleID=120)
- World Health Organization. (2002). *Defining sexual health: Report of a technical consultation on sexual health, 28-31 January 2002, Geneva*. Retrieved December 19, 2008, from [http://who.int/reproductive-health/publications/sexualhealth/defining\\_sh.pdf](http://who.int/reproductive-health/publications/sexualhealth/defining_sh.pdf)

RECEIVED: 05/07/2009  
 REVISED: 01/09/2009  
 ACCEPTED: 08/09/2009

Copyright of International Journal of Sexual Health is the property of Taylor & Francis Ltd and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.