



Pergamon

Child Abuse & Neglect 26 (2002) 289–312

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Child Abuse  
& Neglect

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## Sexual behavior problems in sexually abused children: a preliminary typology

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Received 15 March 2000; received in revised form 29 August 2000; accepted 18 September 2000

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### Abstract

**Objective:** The goal was to develop an empirically derived typology for sexually abused children exhibiting sexual behavior problems to assist practitioners in differential assessment, treatment, and case planning.

**Method:** Data were systematically gathered from the clinical records of 100 sexually abused children, aged 3 years to 7 years, enrolled in two treatment programs. Twelve indexes were created corresponding to major areas of child and family history, functioning, and treatment response. After initial sorting into subgroups based on the presence or absence of interpersonal sexual behavior problems, further subdivision was based on hierarchical cluster analysis.

**Results:** Five distinctive sexual behavior profiles emerged: (1) developmentally expected; and developmentally problematic (2) interpersonal, unplanned, (3) self-focused, (4) interpersonal, planned (noncoercive), and (5) interpersonal, planned (coercive). Elements of the child's sexual abuse experience, opportunities to learn/practice problematic sexual behavior, and familial variables best differentiated between the types.

**Conclusions:** The five types differed not only in child sexual behavior but in most areas of child and family functioning, including treatment outcome. The findings offer support for the development of an empirically-based typology for children with sexual behavior problems utilizing a range of variables which go beyond typical classification systems based on offender and victim characteristics.

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*Keywords:* Sexual behavior; Sexually abused children

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## **Introduction**

Clinicians are recognizing that children with sexual behavior problems are not a homogeneous group, and that different treatment approaches may be required for various “types” of sexual behavior (Araji, 1997; Cantwell, 1995; Johnson & Feldmeth, 1993; Pithers, Gray, Busconi, & Houchens, 1998b). Unfortunately, empirical research exploring the relationship between types of child sexual behavior problems and treatment outcomes is in its earliest stages. Of the five published typologies created specifically for the pre-adolescent child with sexual behavior problems (Berliner, Manaois, & Monastersky, 1986; Johnson, 1993a; Johnson & Feldmeth, 1993; Pithers et al., 1998b; Rasmussen, Burton, & Christopherson, 1991), only one has been developed empirically (Pithers et al., 1998b). A recent study conducted by Bonner, Walker, and Berliner (1999) also provides additional information about child and family characteristics associated with treatment outcome in children with sexual behavior problems.

Berliner et al. (1986) advanced a typology to guide treatment consisting of three categories on a continuum from the least to most problematic developmentally unexpected sexual behaviors including: Sexually Inappropriate Behavior, Developmentally Precocious Behavior, and Coercive Sexual Behavior.

The categorization system developed by Rasmussen et al. (1991) focuses primarily on the legal accountability of children, rather than treatment considerations. Two main categories were proposed: Sexually Reactive (for children less than 9 years old) and Pre-adolescent Offenders (aged 9–12 years). Each of these two main categories was further divided into three subcategories including: Victim Perpetrator, Delinquent Perpetrator, and Family Perpetrator. This system combines general characteristics of both victim and offender in defining its categories, as well as some aspects of the context and assumed motivation.

Johnson and Feldmeth (1993) described a sexual behavior continuum which has elements of a taxonomic system. Four anchor points along their continuum correspond to the child’s level of sexual disturbance including Type I—Normative Sexual Exploration, Type II—Sexually Reactive, Type III—Extensive Mutual Sexual Behaviors, and Type IV—Children Who Molest. Each type is distinctive, varying in developmental appropriateness and pervasiveness of sexuality, primary affect associated with sexual behavior, resistance to limit-setting, level of coerciveness, and responsiveness to treatment.

Most of these clinical typologies share a common notion, that is, that child sexual behavior exists on a continuum, and that aggression, coercion, and force represent the most pathological end of that spectrum. They also share many of the same difficulties. Some do not consist of mutually exclusive categories. Others rely on designations more relevant to the social service and criminal justice systems as opposed to the treatment sector. Most are based on offender and/or victim characteristics and exclude developmental (nonsexual) and familial characteristics which may be related to treatment outcome. Since none of these typologies for children or youth were created through full-scale empirical research, all have yet to be validated. As such, they may best be used as heuristics for research.

An empirically derived typology for children aged 6- to 12-years-old with sexual behavior problems has been developed by Pithers et al. (1998b). It is based on a theory-driven

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