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CHILD SEXUAL DEVELOPMENT

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Editor's Note: The late Dr. Haroian was a Professor at the Institute for Advanced Study of Human Sexuality for many years. This monograph was prepared for student use in the mid-1980's, and has been a part of the education of many sexologists. It is time it was made available to the general public, and the many teachers of sexuality education to our young people. The references to DSM-III are a bit outdated, but the information is still useful.

David Hall, Ph.D.
Editor

PART I

Sexual Health

Sexual health is more than the absence of sexual pathology. The anatomy, gender and function of the human body is the foundation of identity. The awareness of the sexual self as an integrated aspect of identity begins in infancy with the attitudes about the physical body communicated by the caretakers.

The sexual response cycle as described by William Masters, M.D. and Virginia Johnson, M.A., is present at birth, and there is evidence that the neurological maturation necessary to produce penile erections occurs in utero. The development and expression of the erotic response throughout the human lifespan is not a well studied phenomenon, and normative data have not been compiled for sexual behaviors of childhood and adolescence. As we know it, the erotic response consists of a complex interplay of physiological and psychological factors that are highly susceptible to familial, religious and cultural folkways, mores and attitudes. The styles of acceptable sexual attitude and expression fluctuate historically and culturally between generally positive and generally negative polarities. At this time, our own restrictive culture time is still preoccupied with imposing sexual constraints rather than promoting sexual competencies as a basic value system. We are certainly less zealous in this pursuit than the repressive Victorians, but fears of sexual excess and pleasure leading to a fall from grace are deeply imbedded in the Judeo-Christian ethic. The impacts of this often unconscious attitude on child rearing are the overt and/or covert discouragement of sexual interest, curiosity, expression and sexual behavior of children in the presence of adults and the continual obfuscation of the scientific answer to the question "What is normal?"

Sexually *permissive* cultures not only allow a less fettered expression of adult sexuality, but may give little attention to the sexual behaviors of children as long as they are not blatantly displayed. Sexually *supportive* cultures, believing that sex is indispensable to human happiness, encourage early sexual expression as a means of developing adult sexual competency and positive sexual attitudes. The children in sexually permissive and sexually supportive societies display a similar developmental pattern that is not apparent in sexually *restrictive* and sexually *repressive* societies:

In *infancy*, there is usually manual and oral genital stimulation of children of both sexes by parents as a means of comforting and pacifying them (most frequently between mothers and sons).

In *early childhood*, masturbation alone and in groups, leads to exploration and experimentation among children of same and opposite gender.

Late childhood (prepubescent) is characterized by heterosexual role modeling and attempted intercourse (girls may begin having regular coitus with older boys).

In *pubescence*, girls rapidly accelerate into a phase of intense sexual experience, culminating in the acquisition of basic sexual techniques at the adult level. Boys follow a similar pattern, but their learning process is not as rapid or complete because they are usually experimenting with younger girls. Heterosexual patterns replace masturbation and homosexual activities for the majority of both boys and girls.

In *adolescence*, there is increased sexual activity with peers and adults for both boys and girls; and it is believed that birth control is facilitated by the practice of multiple partners. Marriage is common for late adolescent girls, but boys may delay marriage for economic considerations and continue their adolescent sex patterns for longer periods (Ford and Beach, 1951)

History

It would appear that human sexual expression follows a logical, orderly and self regulating developmental pattern in much the same way as other aspects of human behavior and that psychosexual disorders may be the result of the interruptions of that sequential growth process. It is well to remember that prior to the Victorian idealization of childhood innocence, children were commonly used and abused physically and psychologically. Eighteenth century aristocratic tradition imposed a barrier between parent and child. It was the height of bad taste to love one's spouse and children, as parenthood was thought to render both men and women less fit for amorous adventure. Infants were removed from their parents and suckled by wet nurses; mortality was high, even for children who were well cared for. Infanticide was the major method of population control, and infants were abandoned, neglected and intentionally killed by drowning, burning, scalding, potting and overlaying. Those who survived were often maimed or crippled to make them more poignant beggars and were at the mercy of unscrupulous and exploitive adults. Sexual exploitation of children was freely indulged in until the latter half of the 18th century, at which time it was fully repudiated. This was a decisive turning point in parent child relationships in that parents began to punish children for their sexual curiosity and activity (DeMause, 1974).

The Victorian era was a period of sexual schizophrenia for children. The cultural dictum that childhood was free of, and was to remain free from, sexual knowledge, interest and behavior, was contradicted by a constant and continual adult preoccupation with, and surveillance of, children's sexual potential. Freud's attempt to bring some sanity into this schizophrenogenic bind was theoretically helpful; however, the sadistic trend in anti-masturbatory therapy accelerated when people became aware of infant sexuality (Spitz, 1952).

The repression of sexuality made any expectation of sexual health improbable, if not impossible, to achieve. It produced a pervasive negative preoccupation with the sexuality of others and a category of emotional disorders labeled "psychosexual." In keeping with the contradictions of the time, the sexual referent to all nonsexual symptomatology was diligently searched for or speculated about; and direct treatment of sexual symptoms was bypassed in favor of analyzing the "psychosexual" stages of childhood development. Although the expectation of both therapist and patient was that healthy sexual function would be restored by the exploration of the parent-child bonding relationship, this was rarely, if ever, the result of psychoanalysis.

Sexology

The mental health community continues to have a poorly defined concept of sexual health and is in fact only called upon to attend those who have experienced sexual trauma, dysfunction and/or sexual pathology. Although sexuality (i.e. sexual interest, sex drive) is

considered by many to be the life force, sexology (sexual science) is less than 100 years old. Clinical sexology (the diagnosis and treatment of sexual concerns and dysfunctions) as a specialty is newer still. Sex therapy has been a viable and identifiable health specialty since the 1960s, and the clinical sexologist is a phenomena of the late 1970s. However, the clinical child sexologist is a professional category of the future. Even so, pediatric professionals in both medicine and mental health are consulted by parents, caretakers, authorities and occasionally, youth themselves about sexual matters. It is no longer questionable to consider sexual health as the absence of sexual pathology, because sexual pathology is often a religious-cultural definition which fails to consider the broad range of human sexual activity and its developmental aspects and measurable frequencies, as well as its impact on the quality of human life.

Sexual Rights of Children

In the western culture, great controversy has been perpetuated over what adult (parent and professional) attitudes about children's sexual expression should be. Many child rights advocates believe that children are a disenfranchised minority in the age/class system and state that the privilege and responsibility of sexual behavior is one of the many human rights denied them. They suggest that the proper adult stance is one of permissiveness to encouragement (Farson, 1974; Yates, 1978). This argument is more than vaguely akin to the rhetoric of the pedophile groups who have a vested interest in the relaxation or abolishment of child protective (albeit restrictive) laws. Many child experts more conversant with the vulnerabilities of children in a complex pluralistic society opt for laws and social custom that, although somewhat limiting, provide protection from unscrupulous adults. Children, by definition, are not consenting adults in sexual matters and may need protection from the liability of sexual contracts in the same manner that they are not held accountable for business or labor contracts.

This position does not suggest that there is inherent harm in sexual expression in childhood; in fact, we have considerable evidence to the contrary. Sexologically, it is based on the knowledge that the benefits of free sexual expression of children can only occur in a sexually supportive society: a society in which all people have sex for sexual reasons, one in which sexual knowledge, skill and pleasure are valued for both males and females. A society that encourages sexual competency rather than constraint and in which every man, woman and child can say "yes" or "no" to sex without prejudice or coercion. To encourage children to be sexual in a sexually repressive or permissive/ambivalent culture is to exploit their healthy sexual interest, as they will be left alone to deal with a double standard and the sex-negative, self-serving attitudes of peers and adults.

PART II

Development of the Erotic Response

In the absence of normative data on the behavioral manifestations of the development of the erotic response from birth through adolescence, we must, for the moment at least, hypothesize a normal distribution of an infinitive population. We assume then that there will be some highly sexed children for whom sexual concerns and sexual expression will be a dominant theme, positively or negatively expressed in their life as a whole, with some fluctuation in the various stages of development and in response to certain circumstances. There will be a like number of children for whom sexual concerns and expression are a consistently low priority in the organization of their life as a whole, with some fluctuations in the various stages of development and in response to certain life events. The middle 68% is hypothesized to fall equally distributed between these two extremes and to have a moderate focus on the sexual aspects of human existence with the aforementioned fluctuations. This group would be more responsive to the external cultural attitudes about sexuality and would

be more easily influenced by external events (i.e., they would be more liberal in sexually permissive times or cultures and more conservative in sexually restrictive times or cultures).

With the normal distribution of the population as a theoretical baseline, it would appear that a wholesale advocacy of more sexual expression in childhood would be as oppressive to the children at one end of the distribution, as a societal expectation of no sexual expression in childhood would be to the children at the other end of the continuum. It is a romantic notion that the encouragement of sexual freedom in childhood would produce a society of adults who rise to unparalleled heights of sexual intimacy and ecstasy and who are devoid of sexual dysfunction. If we can hypothesize the normal distribution of sexual interest and drive, can we also project the fluctuations that are subject to age, stage and life events? A close look at the developmental and sociological literature allows for some cautious extrapolation. Keeping in mind that developmental criteria for normative age and stage behavior are, to a degree, culture-bound, we can project some reasonable parameters of expected sexual behavior.

Overview

There are four stages of childhood and adolescence in which the focus of the body shifts between a primary and a secondary concern. The **first stage** is from birth to approximately 6 years of age. The physical body is primary; and sexual interests, curiosity, arousal and behavior are spontaneously expressed unless or until the child is taught to repress or inhibit her/his pleasure orientation.

The **second stage** is from approximately age 6 to pubescence (approximately age 12). The physical growth ratio slows, the basic gross and fine motor coordination is accomplished and reliable and the primary attention of the child shifts to the mental realm. The desire for sexual pleasure continues; however, most children are thoughtful and discriminating about their sexual behavior and expressions. Their needs for privacy and autonomy characterize this stage.

The **third stage** is pubescence to early adolescence, and the age range is highly variable: approximately ages 13 to 15. As the hormones come into play, the body is once again primary, with rapid growth spurts, the development of secondary sex characteristics, sensations of increased intensity and a new awareness of the physical self and its impact on others in the social sense. Sexual behaviors respond to a stronger biological mandate, becoming a preoccupation which may be characterized by poor social judgment, high risk behavior and lack of discrimination.

The **fourth stage** is mid to late adolescence; and again, the age range is variable: approximately age 16+. The body growth rate slows, the hormonal balance is achieved, the secondary sex changes are incorporated into the body image, the sexual response cycle is accommodated through masturbation or partner sex and sexual gratification is integrated into the context of a relationship.

The sexual maturation of a child reflects the overall pattern of development, from absorption in and dependency on the family of origin through the gradual acquisition of a sense of the autonomous self, to the confidence and desire to establish an intimate bond and form the family of choice. The erotic response of infancy is global, undifferentiated and polymorphously perverse. In childhood, it moves toward a genital focus (more surely for boys than for girls) and is expressed through purposefully directed masturbatory activity and perhaps some negotiated social interaction (often with same sex partners). At pubescence, the genital focus intensifies, the acquisition of opposite sex partners gains importance for heterosexual youth and sexual experience per se is the paramount goal. In adolescence, this motivation of curiosity and self gratification emerges into one of sexual reciprocity and mutual sharing. Partnerships are increasingly stable, interdependent and emotionally intimate. It is well to note that this developmental schema appears to be stable in all cultures, whether they be sexually repressive, restrictive, permissive or supportive; however, it is enhanced by, but not dependent on, the child's ability to engage in sexual behavior and is seen as a mental

construct in the absence of sexual experimentation. There is considerable evidence that adult sexual health and pleasure are positively correlated with age appropriate childhood sexual behavior. The interplay between the individual sex drive, importance of sex in a person's life and the sexual values of the culture (sex-negative or sex-positive messages) will determine the opportunity for sexual behavior in childhood and adolescence. The strongly sexed child may struggle through what constitutes a repressive childhood in a sexually negative culture, but emerge as a sexually healthy adult because s/he took every possible opportunity to be sexual and maintained a positive sexual focus despite censure and sanction (typically a male pattern). More at risk in our culture is the moderately sexed child or low sexed child who accepts the culturally negative values, is sexually inactive and unaware during childhood and finds him/herself out of phase with the sexual expectations of adulthood (typically female pattern).

Although it is currently popular to attribute all sex specific differences to cultural factors, it may well be that there are inherent differences; these constitute a major child rearing concern. A close look at American child rearing practices suggests that in terms of adult attitudes, boys exist in a heterosexually permissive culture. There is some expectation that "boys will be boys," which includes sexual experimentation and behavior; and as long as they do not blatantly flaunt their sexual interest and activities in front of adults, they receive little censure. Girls, on the other hand, are reared in what is essentially a sexually restrictive society in that their sexual interest, and certainly sexual behavior, is neither sanctioned nor ignored by adults.

Conversely, girls are expected to be nonsexual in childhood and adolescence. Sexual interest, curiosity and, especially, sexual experience cause girls to be devalued by family and peer group alike. Sexual innocence, inexperience and ignorance are cultural values for girls. They are permitted to express curiosity and receive information about their future reproductive function as their gender role is programmed. Sexual intercourse is presented as the gift they are to give the man they love--a marital duty, necessary for impregnation. They might, on occasion, enjoy it, but the pleasure aspect is reportedly dependent on love and is not considered sufficient reason for their engaging in sex. (Men have sex because they love sex, women have sex because they love the man). Girls are taught to withhold and begin to use their sexuality as a negotiable commodity. Concurrently, they are taught to devalue women who sell their sexuality, the prostitute being held out as the greatest threat to the sanctity of female virtue and family values. Girls are expected to be the guardians of cultural mores by restricting or diverting the male sex drive.

Boys are taught that it is their nature and their right to pursue sexual gratification, but that girls who, like themselves, seek sexual experience and pleasure, are less valued in society than girls who deny them sexual favors. Boys may be more egalitarian in their attitudes about their "sexual partner," expecting her to be uninhibited, willing and responsive. Although they appreciate and enjoy sex with a responsive partner, they expect her not to engage in sex with others, even though they may give themselves permission to do so. Often, without conscious awareness, they devalue the sexually responsive girl that they enjoy and dedicate themselves to a relationship of sexual frustration with a girl who uses her sexuality for secondary gain.

The girl who, true to the double standard, has sex to please (and control) the boy, rather than to please herself, offers a sense of security to an unsure male. If she does not enjoy sex or pretends that she is disinterested except to accommodate her partner, he need not worry that she will actively seek or willingly respond to sex with others. He may seek sex for pleasure outside his primary relationship and value, in a social sense, his non-sexual mate. If her prudishness is a sham, she may also seek outside sexual gratification and be seductive, responsive, assertive and/or experimental with another partner.

These adult patterns have antecedents in childhood and are easily traced through the ages and stages of development.

Birth to One

The first year of life is almost a purely physical experience for the infant. The growth functions are under better control as the body chemistry and the nervous system adjust to the post-natal environment. The increasing maturation of the neurological system, the adaptation to physiological independence, the ability to attend visually, the acquisition of basic gross motor coordination and the differentiation of self from the rest of the world through kinesthetic awareness, are all primarily physical tasks. The formation of the symbiotic bond and the quality of the interaction between child and caretaker is the foundation for the attitudinal structure of the child. The attitudes about the body and body functions are the bases for comfort or discomfort in sharing bodies in sexual intimacies and are also the basis for self acceptance and self-esteem in a much broader context. As early as four weeks of age, there is unmistakable psychological interest in the bodily functions. Infants will display a sense of well-being after completion of a meal, they enjoy their bath and contacts with mother's body and they respond to the snugness of being wrapped or held. They have a positive response to comforts and satisfactions and negative responses to discomforts and denials. They are wakeful, attentive and comforted by handling of the body, bathing, nudity, the caretaker's voice, closeness to another person, movement and genital sensations. They fret or cry when the alimentary tract or the eliminative organs are not functioning smoothly, and they express demands and discomforts through crying and body language.

At about 4 months, the child will cry for social stimulation alone and during breast feeding, will gaze intently at the mother's face. The neurological system has matured to the point that his/her hands pass the mid line of the body; and for the first time, s/he touches and is touched simultaneously. During the second 6 months of the first year, the infant has a compelling urge to use his/her hands for manipulation and exploration. The pincer grasp develops, and her/his hand is no longer predominantly fistled. The fingers are more nimble, and s/he fingers his/her fingers. The process of self-discovery begins as one attempts to explore his/her world through hands and mouth. The genito-urinary system is coming under better control, and some girls are dry through their naps at this age. Near the end of the first year, the emotions of affection, jealousy and sympathy can be evoked.

Age 1

The 1-year-old child likes an audience, enjoys applause and may be the very center of the household group. Responses from others to his/her thespian antics help him/her develop a sure sense of self-identity, as does the new skill of casting and releasing, which is the compliment of grasping behavior, learned at an earlier stage. Dropping or casting is the neurological forerunner of counting, bowel and bladder control and orgasm. The 1-year-old is much more mobile and autonomous, and if not walking, is cruising and can attain a sitting posture without help. Although there is a primitiveness about their posture and coordination, the assumption of the upright posture emancipates the hands for more sophisticated exploration and manipulations. The hands are not yet agile at the wrists, thus the purposeful stimulation of genitals is not often observed. Children at this age do show an increased interest in the products of elimination. Girls laugh when urinating and both genders love their bath and love taking off their shoes. They enjoy a bath with older siblings, and they resist being dressed. They like to undress themselves and run naked, especially out of doors, and if left alone, divest themselves of all clothing except their T-shirt, which is beyond their capability. They play alone on waking, and genital play is common, as is feces smearing if the necessary ingredients are available. Punishment and shame are commonly administered by parent to children of this age in connection with bowel and bladder function, and the child may begin to scold him/herself or cling to mother after an eliminatory accident.

Age 2

The growth continuum seems to take a giant leap at the second year. Two is an age and stage which is especially meaningful in terms of adult sexuality. Their neurological maturation has progressed through perpendicular and horizontal phases, and now they come into the circular phase. They have achieved the ability to rotate the forearm, which not only means they can turn the doorknob, but can effectively and purposefully stimulate their genitalia. The major

focus of their life has to do with bowel and bladder control; thus, much attention is directed to the pelvic area of the body. As they are in the process of sphincter control, they utilize these systems, along with genital manipulation, as tension release outlets. Most children at this age can differentiate between bowel and bladder, have fewer accidents and may demand to do it “themselves.” They are concerned about failures and successes and may scold or give themselves credit for what they consider bad or good behavior. They may be unable to move, may scream for help if they accidentally wet their pants and may demand that father attend their toileting when they need assistance.

The function of the genito-urinary system is not a simple local reaction. It is a total response of a total organism which is a developmental or maturational coordination of the involuntary mechanisms of the vegetative nervous system and the higher brain centers. The elaborate neurological network that allows for kinesthetic awareness and voluntary control of bowel, bladder and sexual system functions is basically complete within the first five years of life, although all systems remain highly susceptible to psychological vicissitudes in childhood, adolescence and adulthood.

Conscious control over the retention and release of bowel and bladder function is achieved by most children by age 6, if not before, and is considered a major developmental task of early childhood. Much parental/caretaker attention is directed toward the child's establishing a pattern of elimination that is physically healthy, culturally proper and socially aesthetic. The same attention has heretofore been denied the sexual function, which is governed by the same need for kinesthetic awareness, conscious control of retention/release and skill training. Adult sexuality has the added dimension of a socio-sexual component; for in contrast to bowel and bladder function, it is experienced and expressed in the context of a relationship and needs to be a reciprocal, mutually satisfying and erotic, interpersonal exchange.

Many 2-year-olds have problems going to sleep and may have nonproductive sensations of needing to void. They may awaken during the night to go to the bathroom (especially girls), and they love to be in the bathroom with other family members. They still like to be naked; they love to romp, flee and pursue, to fill up empty things, put in and pull out, tear apart and fit together, to taste, touch and rub. They have a genuine interest in mother/baby relationships, they love water and doll play; and both boys and girls pretend they are the mother of their dolls. They may become shy or affectionate with mother or caretaker; but in the later half of the second year, they emerge into an exasperating transitional stage which is equally balanced between alternatives. They are unable to think of one choice to the exclusion of the other, and they're aptly called extremists. They are conservative, ritualistic and paradoxical. They are learning opposites. If isolation to their room is used as a punishment or control, they may develop stable patterns of self stimulation in association with this new sense of independence and autonomy.

Age 3

Three is coming of age. It is characterized by a high degree of self control. Three likes to please and comfort and enjoys sedentary pastimes that use fine motor coordination. Many 3-year-olds have gained inhibitory control of sphincters and can almost toilet themselves during the day. They have an interest in persons and watch facial expressions for the purpose of finding out what they indicate. Three expresses affection, says, “I love you” and can affirm his/her own sex (“I am a boy”), but often in the negative (“I am not a girl”). They verbalize sex differences. Girls often try to urinate standing up, and there is a desire to touch mother's breasts. Threes have a great interest in marriage to the other parent and want the family to have a baby. There is some basic questioning as to where a baby comes from and an intense desire or need to relive their own infancy. They may act out being a baby, want to have a bottle or nurse at the breast and be carried in competition with a new sibling, even if the family does not have a baby. Three-year olds can be a delight during the day, but wakefulness at night is common; and often, a 3-year-old has a very active night life. Dreams begin to be reported, and they may be very frightening even though the child cannot recall or relate them. Three is also the age of imaginary playmates on whom most of the bowel and bladder

accidents are blamed. The 3-year-old will share stories of his/her imaginary playmate with mother, but s/he needs and wants stories about him/herself from her. Three wants to know everything about when s/he was a baby and wants the stories repeated over and over. This apparently solidifies a sense of self. Three is beginning to be able to make simple choices if the alternatives are clear. Worry, thoughtful concern and memory indicate significant mental growth. Threes will link events and reintroduce a topic of conversation with new insights. Three-year-old J was fascinated by her mother's method of determining the respective sexes of a litter of kittens. After the death and burial of one of the kittens, she thoughtfully remarked, "I bet God had to look under her tail, too."

In the later half of the third year, the child begins to feel great tension and expresses it through many compulsive patterns, such as stuttering, eye blinking, nail biting, thumb sucking, nose picking, masturbation, spitting and/or chewing on hair or clothing. It is an age of emotional extremes in which three seems to be strengthening his/her will by practicing domination. S/he may be extremely commanding and demanding with adults as well as peers and may be intensely jealous of his/her parents' attentions to each other, trying to separate them from affectionate embraces or demanding to be included. Three-and-a-half shifts rapidly between extreme shyness and exhibitionism, all in the quest of positive attention. His/her feelings are easily hurt by failure or by people ignoring him/her or not doing what s/he wants them to do. Threes' attempts at social interaction vacillate between demanding insistence and obsequiousness. The intense need for attention, preoccupation with bodily functions, interest and curiosity about reproduction and increased ability to communicate verbally with adults can culminate in a pseudo-mature seductive posture, especially in female threes who have been socialized to be more tractable than many male 3-year-olds. It is quite common at a party of adults to see the 3-year-old daughter of the host comfortably curled up in the lap or laps of a succession of male guests capturing their attention with her interpersonal magnetism.

She may even request that her "new friend" put her to bed and may hold thoughts of him and make reference to him for days or weeks after the party. This behavioral pattern is not exclusive to girls, but is somewhat more pronounced, is better tolerated in terms of gender role stereotypes and receives positive reinforcement from the involved adults. Similar behavior in boys may be discouraged by negative responses or extinguished by lack of response from most adults.

The potential for sexual stimulation in this situation is obvious, and available data confirms the incidence of pedophilic genital fondling at this age. The accessibility and vulnerability of the child may be beyond the capable limits of an adult male with poor impulse control. The sexualization of the adult-child relationship is not *sin qua non* a psychological trauma. The sex histories of many adult men and women contain such experiences that were not traumatic or that caused little concern until the sexual activity escalated beyond looking and fondling or until the situation was discovered and responded to negatively by other adults.

Age 4

Four-year-olds are out of balance, with both their muscles and their mind. The 4-year-old is not quite as sensitive to praise as s/he was at three; instead, s/he praises him/herself through bragging. Four is a great talker. Questioning comes to a peak at this age, and his/her imagination knows no bounds. S/he is a fabricator and alibi and will dramatize any experience. Four is a master at anti-social conduct, likes to call people names (often body parts or bathroom words), becomes defiant, emphatically refuses anything that is not to his/her liking and may run away from home. Actually, the 4-year-old is developing a strong sense of family and home, with mother and sometimes father often quoted as the court of last resort. "My mother said so," is the definitive end of many arguments at this age. Four-year-olds are truly social beings, and they are most relaxed and happy when they are alone with one adult. There is some hint of tribal sociology in the group life of 4-year-olds in nursery school, wherein groups form spontaneously with specific rules and regulations. Both boys and girls like to play house and may indulge in considerable household activity, including

dressing and undressing of their dolls. Four-year-olds are intensely interested in death and may continue to have bad dreams, especially about wolves. They are preoccupied with their belly button as something to consciously cover or expose and may still believe that babies are born through the navel. They ask where babies come from and may continue to believe that they are purchased at the hospital, regardless of the explanation given. In terms of genital play, they may play “show” with other children, boys or girls; and although they may want bathroom privacy for themselves for bowel movements, they are not so concerned about privacy for urination; and they have a continuing interest in watching everyone else in bathroom activities. They may grasp their genitals when under stress, and stable masturbation patterns from age 3 may continue.

This is an excellent age to test the reproductive interest of the child with accurate and more detailed explanations about procreation. Especially if their environment includes pregnant women or newborns, their curiosity will be stimulated; and they are quite capable of hearing the accurate details. If they continue to report that babies get out through the navel or that they are purchased at the hospital, it is not necessary to make an issue out of correcting their misinformation. At a more appropriate time, you may again tell the story of reproduction; and eventually, the information will be assimilated and reported correctly. Many children are quick to grasp the concept of intercourse and may make delightful, albeit inconvenient, reference to their new knowledge. Four-year-old A in a conversation with his mother said, “I’m a boy, and I have a penis; you’re a girl, and you have a vagina. We could put ours together. Do you want to, Mom?” Mother answered appropriately that boys and mothers don’t put theirs together, just mommies and daddies: “When you’re a Daddy, you will put it together with your wife.”

Age 5

Five is a golden age. Development is a smooth organization and synthesis of earlier experiences. Mother is the center of five’s world: s/he likes to be with her, please her, watch her, help her and be affectionate to her. “I love you, Mommy” is expressed frequently in a burst of emotional exuberance and quite often accompanied by hugs and kisses. Boys especially may derive mischievous joy from romancing Mother with tight hugs and long kisses in public or in front of father. Five’s want to please, they want to do what’s right and they like the social interaction of asking and receiving permission. “May I have a cookie?” and “I’m going to the bathroom now, Mommy; is that all right?” are common verbalizations of the 5-year-old and are a welcome change from the obstreperous four. Mothers are often more comfortable with the closeness and dependency of the 5-year-old girl and may be less so with a boy. Although cultural role stereotypes do not endorse dependency as a male value, a boy’s need at five to be close and loving with his mother is essential as he, like his female counterpart, moves from the make-believe, fantasy world of infant to the conscious reality of childhood.

Fives are stark realists and want the details of life and living. Death and after death, sex and reproduction are favorite topics for their emerging intellectual philosophizing. They express a greater awareness of time and can talk about past and future. They compare differences between the bodies of girls and boys and show increased awareness of differences between the sex organs of children and adults. With greater awareness of gender identity, boys may reject girls’ toys; but both boys and girls want a baby and may dramatize the event by enacting what they know and have assimilated about reproduction. They may attempt intercourse if the setting is conducive and may put a doll under their clothing or between their legs to simulate pregnancy and birth. They may verbally recall being in mother’s stomach or futurize a baby, in their own stomach. Boys may still occasionally say, “When I grow up to be a Mommy,” but respond upon questioning that they are destined to become fathers if they choose to parent. Fives talk of marriage, but expect to marry a family member and live at home with their baby. They may be upset and feel abandoned if the parent insists that they will marry a stranger and leave home.

During this time, increased fine motor control is much improved; and although the belly button may be omitted from human figure drawings, genitals are often added, much to the consternation of the kindergarten teacher collecting displays for public school open house! Sex talk is often embarrassing to parents, even though it is honest and forthright on the part of the child. Five-year-old B said, "Sometimes I see one fly sitting on top of another fly." Her mother replied, "Flies are like that." She continued, "I've thought and thought, and I've finally figured it out. That must be her big brother giving her a piggy-back ride."

Fives are basically in emotional equilibrium and evidence inhibitory poise. They can assess social situations and often respond appropriately, delaying their gratification to the proper time and place. They may continue some tension reduction behaviors that are annoying to adults, such as a thumb sucking or holding and rubbing of genitals; but pressure to discontinue the tension relieving behaviors may produce more tension, resulting in even younger patterns of behavior.

Fives have trust and confidence in themselves and others, but only to a point. Negative experiences with a person or expectations beyond their comfort level produce worries and fears that will be communicated to parents or produce symptoms of anxiety. A 5-year-old will often report sexual overtures or sexual behavior, especially from or with an adult, to mother in a matter-of-fact way. Quite often, they have already turned down the invitation; and little needs to be made of it. Five-year-old K reported to his mother that a 12-year-old neighbor girl wanted to see his penis and offered to show him her genitals in return. He had a social conscience and explained, "You know, Mom, she doesn't have a brother to look at, but I told her if she wanted to see a penis, to ask her dad because he has one." Although there is little reason to suspect peer sex play is a negative experience for 5-year-olds, parents may be uncomfortable with it and hypothesize dire consequences at a later date in order to give themselves permission to prohibit it. In point of fact, every child is initially subject to the value system of his or her parents and the arbitrary rules of the household. It is best to be clear about what the rules are without burdening the young child with fear, doubt and guilt.

Five is an age of fears of violence, the unknown and power (e.g., thunder, darkness, abandonment, retaliation and punishment) that may cause nightmares and inability to sleep alone through the night. It is wise not to inadvertently include sexual concerns in this matrix of anxiety. Fives also have fantasies of omnipotence (Superman) and a sense of humor (tricks, riddles, bathroom jokes, etc.) that can be marshaled to combat their worries and fears. Stories with victorious or humorous outcomes can replace their bad dreams, worries and fears. Five-year-old C dreamed that a snarling wolf came into his bedroom and wanted to bite off his penis. His therapist rewrote the dream so that the wolf was snarling because he was hungry and he had a thorn in his paw. When he saw C's penis sticking up (as it often did during the night), he thought it was food. C woke up and helped the wolf get the thorn out of his paw and fed him some dog food, and they became friends. He gave the wolf a name, and the wolf agreed to watch over him while he slept so no harm could befall him. This revised scenario caused C to gleefully announce that the wolf probably thought that his penis was a weenie, and he revealed that a nursery school companion used that term to designate his penis.

Age 6

Six is the center of his/her own universe. S/he wants to be first, wants to win and wants to be popular and well liked. S/he is impulsive, indecisive, volatile, compulsive and excitable. Six is plagued by bi-polar opposites that vie equally in the decision making process. No matter what six decides, s/he is sure the alternative should have been chosen. Six forgets his/her manners, is active, restless and overextends to accident proneness. Six is replacing milk teeth with permanent teeth, is physically less robust and is susceptible to infectious diseases and somatized stress. S/he has many fears (wild animals, ghosts and subhumans, strangers, physical injury, deformities, dark, God, being buried in the ground and mother dying) and at times, seems overwhelmed with his/her growing awareness of the complexities of life. Six-year-old L reported that when his penis got hard, he hit it to make it go down. When

questioned, he admitted that it felt good when it got big, but queried, “Have you ever heard of the story of Pinnochio?”

Six is egocentric, thinks s/he knows it all, believes his/her way is right, projects his/her emotions and thoughts on others and cannot contemplate the full person hood of others. His/her dual life at school and home is hard to balance internally, and the academic and societal demands of school may produce younger patterns of behavior at home or the wish to be a baby again to escape responsibility. The sense of self as a member of the first grade allows the child to defy and be critical of parents and siblings. “So what?” is a favorite response in family interactions. Sixes love and hate mother, but are most dependent on her for emotional sustenance. Six is expansive or over controlled on a minute-by-minute basis. They are curious about anatomy, but may be highly critical about the nudity and/or masturbation of younger siblings. They like to talk to mother privately about many topics including sex, marriage and death. Girls especially like to talk about having babies, and both boys and girls want a baby in the family to take care of and hold. They are curious about how the baby gets out and how it gets in. They want details, but may be disturbed about thoughts of coitus and/or delivery. Six-year-old W remarked that she would be “embarrassed to have a baby with a doctor present.” After a lengthy discussion of the history of childbirth, midwifery and infant and maternal mortality, etc., she philosophically proclaimed that she would have a physician in attendance because “even though it would be embarrassing, it would be better than dying.”

If sex talks with mother are open and comfortable, girls may ask to see their mother's vulva. Some women are quite comfortable in complying with this request, while others are not and may provide pictures of adult genitalia and encourage the use of a mirror to inspect her own instead. Boys and girls look at father in a new light as they imagine the details of parental sexual interaction, and their questions may persist over a long period of time and may be quiet personal. They have an increased ability to conceptualize sexual information at this age; and even though it may have been available at earlier ages, it has new impact and meaning at six. Obviously, the quality and quantity of sex talk between parent and child is dependent on the parent's comfort with and willingness to entertain the subject. Children are quick to sense parental discomfort or unwillingness to discuss sexual topics and many inhibit their interest and curiosity and/or reserve the topic for peer discussion. The primary nature of the body and the attention to physical concerns in the first five or six years of life stimulate a spontaneous flow of questions and comments about sex, anatomy and physiology from the child and offer a multitude of opportunities for a parent to introduce appropriate levels of sexual conversation. Conversely, it is easy to inhibit the sexual spontaneity of the child and pass up the opportunity to carefully weave the threads of sexuality through the fabric of childhood. In doing so, parents forfeit awareness of the child's sexual development and nullify their influence in the tumultuous adolescent years when sexuality is a primary developmental task.

Some sixes show a marked interest in anatomical differences; and playing “show” and “doctor” help satisfy that curiosity, especially for children who haven't had opposite gender siblings or playmates. Six-year-old K was crying because her 14-year-old brother had locked her out of the bathroom. Her mother explained that he wanted his privacy because his penis was beginning to grow. K continued to cry and bang on the door as she replied “But he's my brother, and I want to see his penis grow.” Penetration, either in masturbation or mutual sex play, is most likely to occur at this age and may be vaginal or anal (simulating the taking of body temperature anally, which is in their experiential background). Sex play with older children is also common, and a 6-year-old's interest and curiosity about sex may be easily exploited by older siblings or extended family members and caretakers. Sixes are much more apt to report to mother sexual contacts with older children or adults than peer sex play, which most often goes unreported.

Significant changes in the sexual focus of the child occur somewhere between the ages of 5 and 7. Freud suggested that this was the onset of sexual latency and that the healthy child ceased all sexual interest and behavior and was vulnerable to sexual trauma if his/her environment was not devoid of sexuality. Sexologists find little or no evidence to support the

latency theory, despite its durability as a concept in analytical psychiatry and its continuing influence among the clinical mental health community. Observation of children does reveal a higher order of development and an organization of behavior that might lead to the hypothesis of sexual latency; however, sexual interest and behavior is a durable, and ever-present phenomenon throughout the tenure of childhood. The significant change has to do with the child shifting from bodily concerns to mental concerns.

Age 7

Seven is an age of assimilation. Self-absorbed in a world of his/her own, 7-year-olds order and assimilate knowledge, experience and philosophical and psychological constructs through reflective fantasy. Seven learns the meaning of things and people and develops “feelings” about them. The importance of his/her mental activity produces moodiness, shyness and extremism. Seven feels no one loves him/her, everyone hates him/her, s/he can never do anything right, things are never going to work out, s/he always loses and everyone has it better. Seven broods over things in terms of the impact they will have on him/her. S/he sees people and things in perspective and achieves a new sense of self through detachment from mother. Relationships with others are important, relinquishing dependency on mother; and sevens often fall in love with their second grade teacher. Speech becomes increasingly important as the personality development fosters self-reliance. With verbal negotiations and reminders, sevens can become handy helpers. They are assertive, have definite ideas and mutter, argue and sulk if they are treated like a child. Sevens are not good losers and easily drop into self-pity and self-righteousness. Seven is ashamed to cry, doesn't want peers to laugh, hates to be teased and fears humiliation. S/he blames others, create alibis for their shortcomings and may engage in behavior that is labeled lying and stealing by adults. The emerging ethical sense is in the process of sorting out the import of actions on self and others; and what appears to be dishonesty is more accurately described as advantaging self with the result, if not the intent, of disadvantaging others. Seven is reflective and self-critical and is often called the “eraser” age. They persevere and repeat always with the anticipation of an improved result. They have growing awareness of time and space orientation and can tell time, but cannot keep track of it. They are less fanciful than they were at six, and they have an interest in cause and effect and how things actually work. Sevens can bathe and dress themselves, but may need help in getting started and reminders to stick to the task until it is completed, as they have a tendency to get distracted. They often love their bed and do not resist going to bed, but may lay awake for an hour or more and develop nighttime rituals to combat fears and tension.

Few report regular masturbatory rituals at this age, and masturbation tends to be spontaneous rather than premeditated. Sevens may begin wearing their underwear under their night clothes for a sense of security. Few sevens still wet the bed; and if they arise to toilet during the night, they do not need help. Sevens have many tensional outlets that are seen as bad habits to parents. Thumb sucking may persist, but usually it gives way to nail biting, nose picking, fidgeting, loose tooth wiggling and holding or rubbing the genitals. Their insecurity and withdrawal tendencies include sensitivity about exposing their bodies. They are embarrassed if younger siblings are blatant about nudity and/or sex, and they are especially sensitive about the opposite sex sibling or playmate seeing them without clothing. If stimulated to think of sexual things, sevens may draw sex pictures.

They are curious about pregnancy, especially if there is a baby expected in the family. They know that having babies can be repeated, and they express a desire for a same-sex sibling. They want answers to their sexual questions recounted, and many enjoy private sex talks with mother. They love to feel the baby kick, they have more interest in how the baby gets out than in and they have practical questions about delivery, such as cost, mother's hospitalization, post natal events, etc. Seven may have a romance, write notes, give gifts and fantasize marriage; but the loss of the boyfriend/girlfriend is accepted as a matter of course. They have interest in sex role differentiation and less concern with anatomical differences. A 7-year-old boy with interests and behavior considered female may illicit derision and teasing from peers. Usually called “sissy” or “girl,” the term “homo” may be introduced at this age and used as a

synonym for effeminate. Girls do not suffer the same derogation, even if they are labeled “tomboy.” Sevens have grown out of their baby look and their baby ways. They are not cute and cuddly and do not elicit the same responses from adults.

Age 8

Eight emerges from 7-year-old inwardness to expansiveness. Reminiscent of the out-of-bounds 4-year-old, eight is truly four plus four. Eights are speedy, adventuresome and confident in their ability to accomplish new feats and challenges, both physically and mentally. They are curious, energetic and robust. They are in perpetual high gear. It is an age of excess; and although their boisterous bravado is an age norm, it often is more pronounced in boys than in girls. This onset of prepubescence finds the sexes drawing apart in terms of gender role behaviors and segregating into same-sex groups for work and play.

The sense of self is demonstrated in gender identity and status concerns. Eights need and often ask for praise. They are extremely sensitive to criticism and are easily humiliated if their shortcomings are publicly pointed out. They retain a close attachment to mother as they are detaching from dependencies in other relationships. Mother is their confidant for worries, fears and confessions of misdeeds. “Mom, I have to tell you something, but promise you won't tell Dad” is a common preface to revelations of worrisome situations. It is important to keep these confidences to ensure an ongoing trust bond. If the incident is something that father should eventually know, the child can be encouraged to confide in father and, helped by an understanding mother, to select the best time and method if father is difficult to approach. Trust between parent and child can easily be lost forever by not respecting the privacy needs of the vulnerable 8-year-old, sacrificing the coveted role of sexual consultant in the upcoming teen years. When asked if they would be the first or last to know if their child were in serious trouble (pregnancy, V.D., drugs, etc.), most parents of teens usually answer “first.” When children of these parents are asked the same question, they invariably answer “last.” Scores of adolescents seek sex counseling, abortions, medical care for V.D., etc., without parental knowledge, not to mention teens who run away from home or commit suicide due to problems they feel they cannot entrust to the family for help and support.

Eight is less dependent on teacher as the peer group becomes increasingly self regulating. Interest groups are spontaneously formed, with rules and regulations adapted as they are needed. Eights can give and accept just criticism from peers, have a germinal sense of justice, can negotiate, abide by rules and can admit wrong-doing if allowed to justify, qualify and explain what they believe are mitigating circumstances. Eights like to challenge themselves and to master skills. They are dramatic and expand into new worlds through fantasy, exaggeration and wishful thinking. They collect, organize, serialize and hoard. They love money: they like to save, spend, barter and bargain. They have a curiosity about life in other countries, the origin of life, procreation, marriage and babies. They want to know more about the insides of the human body and the insides of the earth and the geography of heaven. Their sex interest is academic rather than erotic; however, the greatly enhanced peer group activity is conducive to group masturbation and homosexual or heterosexual experimentation. Younger children and/or girls are often allowed into the secret boys' club for sex play and denied admittance at other times. Passwords, initiation rites and membership dues are often focused around sexual and/or monetary issues; and privacy is insured by an appointed look-out in the club treehouse or fort.

Eights are glad to be alive. They do not dwell on negative thoughts, they are more comfortable with adults and they are beginning to doubt the infallibility of parents. They like to tease and test adults with jokes, riddles and exaggerations.

Physically, eights are graceful, coordinated and sure of their bodies. Despite prepubescent lengthening of arms and increased hand size, fine motor performance is smooth and reliable. Eights like to draw the human body in action and may include sexual and eliminatory activities in their graphic repertoire. Their tensional outlets are minimal at eight, but may include a need to urinate or a pulling at their pants, either at front or back. Other outlets such

as thumb sucking, nail biting, etc., drop out or are systematically phased out by the child determined to master his or her own impulsive behaviors. Eights are competitive with others, as well as being in continuous competition with themselves. They set up obstacle courses for themselves, rewarding and withholding rewards for their own personal demands. Eight is increasingly aware of him/herself as a person. They are more conscious of how they differ from others and want to be recognized as individuals. They respond well to special privileges, “because they are eight”; and in keeping with their increased interest in sex (specifically, father's part in reproduction), appropriately inscribed sex books are a perfect gift for the 8-year-old.

There is much confusion over sexual facts at this age, and many children are not knowledgeable enough or comfortable enough to ask parents the appropriate questions. Parents may be willing to answer if asked and assume that if the question is not forthcoming, it is too early to offer information. Both boys and girls are curious about the total process of reproduction, and few can accurately piece together the information received thus far. They are also beginning to be interested in boy/girl relationships and may be involved in sex play (often with older children who may have established coital expectations). Eights expansive curiosity and daring, their admiration for older children and their susceptibility to a reward system combine to produce an easily exploitable sexual situation. Eight-year-old C wanted desperately for her mother to have a baby. Her mother said she and her new husband were trying to have a baby, but with little success. When C found out that her mother was taking birth control pills to prevent conception, she angrily refused to communicate with her mother or her stepfather and vowed to have her own children when she grew up. One day she queried her therapist, “If you want to have babies when you grow up, do you have to practice when you're young?” After assurance that most women do not have difficulty getting pregnant and that prepubescent practice was unnecessary, C revealed that her friend P, aged 12, was suggesting that if she didn't practice now, she might not be able to have a child when she grew up. He was also kind enough to volunteer his services in this regard.

Although eight is the age of separation into same-sex play and interest groups and a critical appraisal of the difference between boys and girls, a child's “best friend” may still be of the opposite gender. Sex information is often exchanged in this dyad, with each child sharing information from other sources as well as his/her own conclusions and concerns. Boys with a female confidant are fortunate because they are more likely to learn about menstruation, and girls are more apt to be interested in the sexual function of the man's body (beyond just planting the seed). After reading an age appropriate sex book, 8-year-old S remarked to her mother, “I have to read the chapter on the man a few more times before I get all that vas deferens stuff straight.” Eights maintain a high interest; and the importance of accurate sex information cannot be over-emphasized, as the amount of information to be assimilated is well beyond that which is mastered in a typical “birds and bees” lecture. Books of their own, lovingly inscribed by their parents, endorse a child's interest and curiosity about sex and provide a reference that can be returned to and shared with friends. Graphic depiction, photos or sketches, are also important learning aids as our culture becomes increasingly visual. Books and pictures about the body and sex help children understand that human sexuality is a legitimate academic subject that can be explored objectively as well as subjectively. They learn to satisfy a good deal of their sexual curiosity vicariously and become less dependent on trial and error learning. Most eights read well, love comics and picture magazines (especially catalogs) and enjoy being read to. Children who have difficulty reading or dislike reading may stick with a sex book because they are vitally interested in the subject matter. Age appropriate sex books are needed by both boys and girls, but may be considered more crucial for boys, as boys tend to get more sex information from friends and printed material and less from conversation with parents than girls do. Eights want to be good and they seek permission, praise and parental endorsement. They like to collect things and to admire their possessions. A growing library of sexual reference materials, endorsed by parents, bequeaths automatic status among peers, ensures continual sexual dialogue between parent and child and minimizes the possibility of sexual exploitation by more knowledgeable children or adults.

Age 9

Nine is an intermediate age--no longer a child, but not yet a youth. Characterized by self motivation, nine can put his/her mind to things on his/her own initiative. Nines are less dependent on environmental support, like to plan in advance and have to "think about things" first before doing them. Nines can sustain repetitive tasks and are interested in perfecting skills. They are capable of objective self appraisal and are critical of others as well. Nine is often called absent-minded, but s/he is actually mentally preoccupied. They like to identify, classify, seriate and categorize. Nines have insight and can give accurate descriptions of the character traits of individuals and the dynamics of specific relationships. These estimates of people and their interactions can be penetrating and candid. Nines have a keen emotional and intellectual interest in justice, punishment, privilege, rules and procedures. They are basically honest, can accept blame and are preoccupied with "fairness." They have a loyalty and pride in home and family, but do not want to be babied by their parents. They often prefer peer activities to family doings, and they ask to bring a friend on family outings. They love to talk and build friendships of depth and duration. Clubs are still popular, with passwords, dress codes, rituals, secret meeting places and taboos helping to establish a sense of camaraderie and brotherhood.

School and interest groups include both boys and girls, but spontaneous groups and birthday parties are usually unilateral. Boys roughhouse and wrestle; girls giggle and whisper. They tease each other about opposite sex friendships, and each group cordially disdains each other. The love-hate vacillation between sexes at this age abounds with prepubescent energy. The 9-year-old's sense of independent self is accomplished in terms of age (detachment from parents) and gender (differentiation of the sexes). This reinforced gender role identity, expressed at nine most often in the negative preoccupation with the traits and characteristics of the opposite sex, allows for subsequent heterosexual attraction. Girls are nearer pubescence than boys at nine, but both are increasingly aware of their impending transformation. They are interested in sex information in an intellectual, realistic sense, but may not connect it to their own social interactions. Boys and girls are interested in babies, have affection for and patience with younger siblings and can be depended on for short stints of baby-sitting or childcare. They are more interested in their own origins and functions than those of the opposite sex. They may show little interest in reproduction if questions have been answered earlier. They may have a girlfriend or boyfriend, but usually in name only. They may share this friend with a friend, expressing no jealousy. This rather impersonal relationship may in fact have been arranged by a friend; and although notes are passed, Valentines exchanged and the boys may seek a kiss as a conquest, these relationships tend to be off-again/on-again with little personal involvement. Kissing games are common at mixed parties, but most parties at this age are gender specific. Nines are shy in formal boy-girl situations, and they may be shy about undressing, even in front of younger siblings of the opposite sex if a same sex peer is visiting. There is a heightened differentiation of boys and girls of this age, and they remind each other of appropriate gender role behavior. Sex talk is reflected in swearing by both boys and girls; bathroom talk is still used, but sex words and jokes are increasing. They may shock mother with crude jokes, riddles and rhymes and need much help in defining words and concepts, as well as differentiating funny, acceptable sex jokes from gross, offensive ones.

The ethical sense is rapidly developing at this age, and nines feel guilt and shame when they fall short of their own expectations and/or the expectations of others. Their critical and judgmental abilities are often sharp, and their need to know themselves through recognizing their differences from others sets the stage for the possible development of prejudice. Although their intellectual realism and overriding sense of fairness can be appealed to, the roots of sexual prejudice are often left unchecked at this age. The terms "fag" and "homo" are used as pejoratives even though they may be poorly understood. Boys control their friends and taunt their enemies with these words and in doing so, contribute to their own homophobia. Few adults address this issue as they might tackle a similar situation involving religious or racial prejudice. Although some adult homosexuals recall incidents in childhood which they identify as precursor to their later sexual lifestyle, 9-year-olds are not conscious of

their future sexual preference. If they learn to view homosexuality as a despicable state, they will suffer severe cognitive dissonance when they later find themselves attracted to same-sex partners or when they discover a valued friend to be gay. The terms “fag” and “homo,” like “MR” and “spastic” and various racial or ethnic derogations, are most often used as generic insults without empathy for the sensitivity of any person for whom the reference is applicable. A significant component of homophobia is ignorance; and when the terms are used, they should be defined and explained by a knowledgeable adult. Boys tend to use “fag” and “homo” to describe immature and/or effeminate behaviors of their peers; thus, a discussion of the differences between androgyny, homosexuals, transsexuals and transvestites is appropriate. If terms are used in response to affection or physical closeness expressed between boys, a discussion of our cultural stereotype of masculinity as the denial of feelings and emotional needs can be initiated.

Age 10

Ten is an age of glorious equilibrium, with many qualities of adulthood. The gender differences are pronounced, with girls manifesting social behavior which is considered more mature. Ten is impressionable and adaptable. One can appeal to the reason of a 10-year-old because his/her mental process can objectively consider the fundamentals of human welfare. Fifth graders are interested in social problems. It is a phase in which ideas can be broadened and it is an age of prejudices. Adverse conditions can lead to delinquency and gang violence, including sexual violence.

At this age, tendencies and abilities emerge that are predictable of adult traits and careers. Leadership is assumed by some children, and individual differences are accepted. Tens have opinions about everyone and everything, and their descriptive appraisals include the positive and the negative aspects, pronounced matter of factly. Tens enjoy family and groups, are capable of hero worship and love to share secrets. Boys' activities tend to focus around gross motor games and sports, and their spontaneous play is action oriented, with one challenging the other to informal bouts of wrestling, racing, climbing, etc. At 10, many boys are involved in organized team sports that focus the family on their performance.

Girls' physical touching is affectionate rather than aggressive. They hold hands or walk with their arms around each other, and they are more interested in relationships. They gossip, write notes, keep diaries and play dolls to act out their interest in romance, weddings, marriage and children. Girls are more interested in and aware of interpersonal relationships and will begin and end relationships based on their evaluation of the personal qualities of the other person. There is less team play or team spirit (i.e., accepting faults and inadequacies along with talents and strengths) in girls than in boys. Girls operate in smaller, more personal groups, and they are more aware of themselves, their appearance and their expectations of others. Girls have more interest in love and romance, and peer boys are a consistent disappointment in this regard. Girls at this age are often in love with a considerably older boy or adult male. Girls and boys are about equal in size; however, many girls will experience nipple enlargement and the beginnings of pubic hair in their 10th year. Girls have an increasingly practical interest in menstruation, some looking forward to it as a symbol of maturity and others resisting and denying that it will happen to them. Girls are less likely to tell sexual jokes, but are interested in the parental sexual relationship and may ask personal questions about it. If parents are divorced and dating, daughters may probe for the intimate details of their new relationships. The balance between open communication and confidentiality of intimate relationships may be aided by the use of age appropriate sexual reference books. Some 10's are embarrassed to receive sex information and even deny reading sex books. Many are embarrassed to be seen without clothes on, especially by opposite sex siblings or opposite sex parents. This shyness is especially true when secondary sex characteristics begin to appear, and it is exacerbated if they are teased about their body changes.

Boys are less likely to question parents about sexual matters and more apt to repeat sexual and elimination jokes and rhymes and to use sexual words as pejoratives. Most are aware of the male's role in reproduction, understand the fundamentals of intercourse and have had

some sexual experience. Few have noticeable physical changes, but may require bathroom and dressing privacy from mother and sisters. These same boys may peek at sister and friends whenever possible. Boys begin to differentiate sex jokes that can be appropriately shared with mother or girls, and a few 10-year-old boys develop a strong attraction for a specific girl. Boys and girls consider their mother a friend, confide in her, request private time with her and think up nice things to do for her (e.g., surprises, breakfast in bed, etc.). Fathers are often idolized, and companionship with father is sought by both boys and girls. Tens respect their parents and want them to be fair--not too strict, but not too easy.

Ten is good with siblings under five, but has real problems with siblings from six to 10 and is often considered a nuisance and a pest by older siblings. Friends are paramount at this age and ever-present if allowed. Sleeping over is a favorite activity, and sex talk and experimentation is common. Few children are encouraged or allowed to entertain opposite sex friends overnight, so there is a tacit parental endorsement of same-sex acts. Most children feel that same-sex experimentation is normal and age appropriate, but that heterosexual coupling should be reserved for adulthood and reproduction. That is not to say the heterosexual play does not occur at 10, because it does for some. However, it is wise to consider that the age specific division of the sexes, the earlier focus on reproductive information and the parental unconcern over the sexual potential of same-sex friends all combine to produce in the mind of a 10-year-old, a tacit adult approval of homosexual experimentation, all the while producing quite a different mind set about heterosexual experimentation.

Age 11

Eleven is the age of beginning adolescence and a time of perpetual motion; the inner hormonal activity produces a new awareness of the physical self. New feelings and sensations are physically expressed in accelerated growth and gender specific anatomical differentiation, as well as in gross and fine motor movements, facial expressions, emotional swings, verbal excesses and boundless curiosities. Sixth graders can be the life of the party, but are often described as pests. They are critical of parents and other adults and argue for the sake of argument. It is the age of the worst rejection of mother, but they are also rebellious with teachers. They may hate school and attend only to have contact with friends.

They are resistant to logic and reason, have discovered the relativity of right and wrong and have no guilt over wrongful acts perpetrated in self-righteous anger or to get revenge. They swear, cheat, steal and lie to get out of jams. Some report occasional smoking and drinking. The group continues to be important, and interpersonal relationships are paramount. Friends continue to sleep over, but there is a great deal of breaking up and making up. Jealousy, quarreling and fault-finding is at an all-time high, with boys somewhat less intense than girls in interpersonal matters. Boys maintain more of a group spirit and are often naughty and disruptive in the classroom and on the playground.

Many girls are still in an anti-boy stage and have a consuming interest in horses. As girls begin to develop secondary sex characteristics, they gain status among other girls and popularity with the boys. The more mature boys court and tease the developing girls, wanting to know bra sizes, trying to see up skirts, etc. Recreation centers are the meeting place, for the physical female form is well serviced in the athletic arena. Not only is sports attire revealing; but, if well directed, the periodic water balloon fights produce a spontaneous wet Tshirt contest. Female athletes do well socially in the sixth grade because of proximity to sports minded 11-year-old boys. Athletic prowess is still the major rite of passage for American boys, and they are preparing for junior high and senior high school competition.

Elevens are gaining increasing understanding about sex and elimination functions. Understanding sexual complexities at 11 is facilitated by discussing sex as a body function. Moral and social considerations are better left for later. Eleven has been described as a "nothing age" because sixth graders await promotion to junior high with anxious anticipation laced with varying degrees of trepidation. This transition is somewhat dependent on public

school patterns (i.e., K-6, K-8, etc.); however, for most youngsters, junior high represents P.E. and showering at school, often in group showers. For some, this may be their first experience of public nudity, coming at a time of intense concern over the acceptability of their changing body.

Age 12

Twelve is the age of enthusiasm, initiative and diplomacy. The peer group gains in importance; however, relationships with adults are characterized by reasonableness, objectivity, empathy and insight. Twelves are emotionally less volatile than elevens or thirteens; they are self-disciplined, have greater self-control and accept and fear control and direction from teachers and others. Twelve is an intellectual age in which mental tasks intrigue and inspire. Twelves like to debate political and civic issues and plan group projects. They have sustained capacity for fact learning and an increase in conceptual thinking. They are more literate, more articulate, more realistic and more tolerant. They often write letters to public figures, start businesses, enter contests, publish newspapers, etc., extending themselves well beyond the world of childhood. Their health and stamina is basically sound and reliable. Girls experience their most rapid growth in both height and weight, achieving 95% of their mature height. Breasts fill out and nipples darken, axillary hair sprouts, menarche occurs near the end of the 12th year and freckles appear. Body odors change and intensify, and hygiene needs increase. Some girls may express self-consciousness about breast development by attempts to minimize their changing form, while others augment nature and flaunt their new proportions. Girls need acknowledgment and endorsement of their emerging sexuality from family members if they are to integrate their sexual self into their total self-concept. It is important that parents neither over-value nor under-value (ignore) the physical changes of pubescence, but rather that they celebrate reproductive potential as the passage from childhood to adulthood that it truly signifies. It is an artifact of complex civilization, not biology, that girls will probably delay childbearing for close to another decade even though the physical and psychological readiness to reproduce is a phenomenon of adolescence.

Many girls look forward to menarche, but even so, may be ambivalent when it occurs. Twelve-year-old A, eagerly anticipating menarche, began her first period on a Friday and that evening, asked to spend the night with her grandma. Her mother asked if she had included sanitary napkins in the overnight bag. She had not and asked if it was necessary. Mother explained that Grandma would not have any at her house and that she should take at least two. As A went off to get them, she muttered, "this having your period isn't as wonderful as I thought it was going to be."

As girls adjust to the rituals of menstruation and their periods become more uniform in nature and regular in occurrence, they become more positive about growing up and more knowing about sexual matters in general. Because the early periods are not usually accompanied by premenstrual signals, most girls experience the embarrassment of spotting, and/or they may be excused from P.E. or showering, which serves notice to peers that they have reached the milestone of menstruation. Girls who mature more slowly may be pleased that they do not have to experience the inconvenience of menstruation and/or concerned that they are not one of the group. Girls talk in the abstract about sexual matters and may need to clarify previously held misconceptions with peers, parents and/or other adults. Sometimes, a specific teacher develops a reputation as a reliable source of sex information and is queried regularly to clarify the myths and misconceptions that reliably surface during these junior high years. It is remarkable that despite their inaccuracies, sex jokes and stories are perennial, resurfacing at the same age generation after generation.

Boys are more interested in hearing and repeating sexual jokes and in acquiring sexually graphic materials. Twelves have a good sense of humor and wit and love the double entendre. They can be embarrassed by sexual situations or jokes, especially if the joke is on them, i.e., sexual naiveté or ignorance in the midst of others' knowing. Understanding the sexual components or meanings of heretofore nonsexual words and actual sexual vocabulary is a major task of the pubescent child. It is a rite of passage that separates childhood and

adolescence. Boys are usually more conversant with sex words and meanings than girls, but they too must learn. Social custom dictates that if you understand the sexual implication, you acknowledge that understanding. If you do not understand, you ignore the implied sexual connotation. You never attempt to learn by asking the meaning or definition because this is the age of jokes and secrets. The harder you try to find out what was funny, the more secret the information becomes and you become the joke.

There is a wide range of physical growth differential among 12-year-old boys, but the majority show some evidence of beginning puberty. Growth of the penis and scrotum is common and may precede or succeed pubic hair. Pubertal fat is most common at 12, but gradually emerges into accelerated growth and a myriad of secondary sex characteristics, e.g., broader shoulders, longer arms and increased muscle density and definition. Twelve-year-old boys are becoming more interested in sex, especially their own sexuality. They are more fully aware that sex occurs for reasons other than reproduction, and heterosexual boys begin to acquire pictures of nude females. They tend to think of sex as dirty, want accurate information and would prefer to seek information from a neutral adult. If they do consult with a parent in sexual matters, it will more often be the mother for specific information rather than a full discussion of sex in general. In the absence of a sexual confidant, boys will seek out information from printed sources and have bull sessions with peers to discuss sexual matters to the extent of their pooled knowledge.

Masturbation increases in frequency, may be experienced alone or in groups and may or may not produce ejaculation. Erections occur with or without external cause and may happen spontaneously at inappropriate moments, causing embarrassment and anxiety about future situations. Externally triggered erections may also be embarrassing, as they are caused by various stimuli often deemed inappropriate by the boy (e.g., sex talk, shuffling or physical contact with male peers, fear, rage, embarrassment, etc.). Twelve-year-old heterosexual boys are interested in girls; and although most prefer group activities, some fall in love and openly express their affectionate feelings. Kissing is a favorite activity; however, having a girlfriend or boyfriend is more a social phenomenon than an interpersonal one. The assignment of couple status has little or no interpersonal responsibility. It is changed frequently without emotion and is often decided by a group or a "marriage broker" within the group. A few boys at this age, or seventh grade boys who may be in or closer to their 13th year, may actively seek sex with girls. They do not ask permission, thus exempting the girl from verbalizing responsibility, but begin simply to see how far they can go. It is common for junior high girls to stay overnight with a friend and arrange to meet boys who are doing the same. Boys are always aware of girls' slumber parties and make themselves available. When sex occurs between a boy and a girl of this age, the boy tells his friends who, in turn, question him for details. He acquires status among peers as they learn about sex acts, socio-sexual negotiations and their female peers. Girls do not confide in their friends, neither are they questioned by their friends about sexual encounters.

Thirteen-year-old B performed cunnilingus on 12-year-old F. He was the first in his circle to have the experience, and so he became the "man of the hour" among his curious friends. The information was passed to the girls, who were shocked and unbelieving, but none asked F for confirmation, denial or details. This pattern is stable through high school, with boys talking and sharing sexual experiences for knowledge and endorsement and girls gossiping about the sexuality of others but rarely, if ever, sharing first-hand sexual experiences and concerns. One female high school senior remarked, "you don't tell anyone anything about sex that you don't want repeated, not even to your best friend," the result being a large number of sexually naive and uninformed girls, who have misconceptions and misinformation about sexual matters. They depend primarily on experiential learning for sexual knowledge and rely on boys to teach them how to be sexual.

In the seventh grade, the group is becoming increasingly important as an arbitrator of fad, fashion and mores. Groups and sub-groups dictate clothing styles, behavior and language. There is competition between groups and within groups, the main purpose of which seems to be the integration of a post-pubertal sexual self and the rudiments of mate choice.

Homosexual 12-year-olds may or may not be involved in sexual activity with peers even though there is more opportunity for them than there is for many heterosexual youths. Some heterosexual twelves are still engaging in sexual activity and exploration with same-sex peers. Many adult homosexuals retrospectively report gradual awareness of not being turned on to opposite sex peers at this age, but few twelves declare themselves homosexual or bisexual.

Age 13

Thirteen-year-olds are usually in the eighth grade, and adolescence is well underway. They withdraw from the family circle and at home, may be critical of parents and siblings. They are worried about aspects of self, especially that others won't like them. Self-absorption and rumination allow for internalizing awareness, which is the hallmark of this age. This solitude is not escape from reality, rather it is time of self-examination and rehearsal of future events. Reflection releases the 13-year-old from the tyranny of instinct and creates a sense of increasing "will power." Thirteen's growing intelligence is manifest in his/her pleasure in rational thought. Thirteens are interested in psychology, probability and hypotheses. They are sensitive to criticism and keenly perceptive of the emotions of others. They are given to self appraisal and may be quite objective. Thirteen and a half-year-old M announced to her mother that she felt that she was passing into a new stage, asking, "don't you notice that I haven't been so obnoxious lately?"

The 13-year-old can be quite a trial in the family constellation. Thirteens need privacy, often secede from the family and have difficulty with siblings aged 6 to 11. Thirteens are moody and uncommunicative, critical of parents, siblings and friends. They have fewer friends and are less apt to be interested in girl/boyfriends at this age. They make firm declarations about neutrality and few "date" at 13. Boys are catching up with girls in size, but girls complain about their awkwardness and clumsiness. Boys and girls are preoccupied with personal appearance and their effect on others, with much time spent studying their reflected image. The mirror is their best friend, worst enemy and constant companion. It provides self-discovery, self-assurance and doubt and plays a constructive role in defining the realistic sense of self. Thirteens compare themselves to movie stars, TV personalities and characters of literature. School, playground and neighborhood offer additional opportunity for comparison and definition as 13 identifies similarities and differences between him/herself and others. School is often the optimal environment for 13s. Their interest is broad, encompassing science and liberal arts. They are curious, interested and willing to tackle subjects in depth. They are hungry for facts and love to be the expert. They are capable of inductive and deductive reasoning and like to consider complex problems that have no easy answer. In the proper setting, they like to entertain sexual concerns, such as, "if population control is desirable, why is the Pope against the Pill?" They are curious about birth defects, twins, multiple births and ask the age-old questions about cross species fertilization. They are interested in birth control, venereal disease and the fertility cycle of women. Boys and some girls still have many misconceptions about menstruation and fertility that can be easily cleared up at this age. Most report that they are too young to have intercourse, but they expect to do so when they are older.

The 13th year is pivotal as the body becomes primary once again. The adult body image forms as the individual genetic structure and environmental factors determine body build, chemistry, posture, coordination, appearance, voice quality, facial expressions, inner attitudes and tensions and overall state of health. The mind expands dramatically in range of interest and ability to reason, reflect, concentrate, accumulate and assimilate facts and exercise independent thought. Personality emerges as a complex interplay of mind and body as each individual assimilates these somatic events and mental machinations.

Most girls at 13 are child/woman in appearance and behavior. They may arrive at school in pigtails and jeans one day and in a dress, nylons, make-up, coiffured hair and magenta fingernails with decals the next. They vamp their favorite male teacher and keep diaries full of romantic hopes and dreams. Most have achieved 95% of their adult height and are

menstruating. They are continually concerned about changing body contours, but their central sexual focus is menstruation. Most anticipate it and are relieved when it occurs; however, they may resent the necessary rituals once it arrives. Their periods are usually not painful, neither do they usually conform to the usual 28 day cycle. Girls are ambivalent about others knowing that they are menstruating and most do not want to buy their own sanitary napkins, feeling that it is too embarrassing. Thirteen-year-old M started her first period on a Saturday and asked her mother not to tell her father and brother. When mother replied that she already had, M asked with great anticipation, "what did they say?" Mother replied, "they are both happy for you." She was delighted and asked if the family could have Sunday dinner in the dining room with the good china and crystal. When her mother agreed that a celebration was appropriate, she asked if she could invite the extended family. Her mother advised that it was pretty short notice, but perhaps one aunt and uncle might be able to come. M remarked, "maybe we shouldn't call them because it would be pretty embarrassing to tell them why they are invited, but we celebrate every other important occasion in our family." As a culture, we fail to celebrate fertility and see it rather as a disadvantage if not an outright danger of adolescence. This contradictory message regarding the relative merits of maturity is not lost on teens.

The 13th year brings more definite maturational changes in boys also. Most begin their growth spurt in height, closing the gap in the differential with girls. There is rapid growth of genitalia in more than half of the boys, and pubic and axillary hair grows in about two thirds. Facial changes are marked with darkened hair at the corners of the upper lip, disproportionate nose growth, increased angularity of face, enlargement of the Adam's apple and cracking or deepening of the voice. Erections occur with direct physical stimulation, erotic fantasy and in response to sex talk, the viewing or reading of sexually explicit materials and spontaneously or in response to nonsexual forms of body contact or excitement. The latter non predictable erections are troublesome and may cause boys to worry and become preoccupied with attempts to prevent or avoid inappropriate arousal. Only about half of the boys have ejaculations before their 14th year, but most know about them. Masturbation may increase significantly and be accompanied by guilt if they have not been raised to know that it is normal. Nocturnal emission or masturbation are the most common first ejaculatory experiences. Many boys are interested in having sex with girls at 13, but are too direct and abrupt to facilitate encounters with any but the most interested and willing girls.

The more sexually popular boys and girls have important, gratifying relationships with each other. Boys become more interested in selecting girls to "go with," even though couple dating is still a rarity. The group is the most visible social structure, and conversation is the major group activity. It is the fortunate 13-year-old who has an opposite sex confidant, for he/she will have a continuing source of information on, and explanation of, the mysteries of the thoughts and behaviors of the opposite sex. Membership in these social groups is through peer selection, and group members usually demonstrate above average social skills. Group membership provides opportunities for varying levels of personal interaction and ensures continuing social confidence and enhancement of personal understanding, sex knowledge and relationship skills. The shy, less social children who are excluded from group membership are disadvantaged, and this handicap is compounded by their inability to practice socio-sexual skills. They develop compensatory avenues of self-expression and may distinguish themselves and gain positive recognition, or they may satisfy their need for peer recognition and acceptance through asocial behavior and associations. Thirteen is a year of final division between childhood and adolescence. Thirteens have passionate interests and may put away their childhood books and toys. Their rooms are usually unkempt, but begin to depict their personality as they plaster posters and pictures on the walls. Their clothes are self-selected and reflect their self-image. The telephone is more important to them than the TV, and the radio or stereo may signal their presence. They like sports and physical activity, and physical education may be their favorite subject at school. Boys like to play contact sports with girls, and basketball is a favorite, probably because it is constant activity. Thirteens are extremely critical of their parents, especially their mother, and make frequent derogatory comments suggesting she is a product of the Dark Ages. Many 13s like to read, with comics giving way to romance, mystery and sports books and magazines. Thirteens usually travel with a friend

or in groups; and often they will meet up at the movies. Girls especially identify with movie characters and try not to cry or be scared in movies, but are often unsuccessful at controlling their emotions. Thirteens exchange pictures and carry them in their wallets. Boys and girls may also exchange tokens of commitment and relationship. Thirteen likes to feel independent, resents authority and is insulted if treated like a child. It is not uncommon for parents and family to need a vacation from their 13-year-old, and it's a good age for them to go to camp or spend a week or more away from home with relatives. Thirteens respect teachers and adults that are firm, fair and treat them like a reasoning adult. They are quick to group up and play practical jokes on authoritarian teachers who treat them like children.

Thirteens are ruled by a developing conscience. Although they sometimes tell half-truths to avoid confessing misdeeds and may, for "good reason," cheat or occasionally steal, they almost never report the wrongdoing of others. Squealing on others is the ultimate ethical crisis.

Age 14

Fourteen is a year characterized by fulfilling the self; and individual instruction, guidance and counseling are important. It is an age of such self-absorption that many child experts recommend that the ninth grade be held in separate schools so as not to mitigate this interest in self by the temptations to regress to younger patterns or to overextend themselves by competing with older children. Psychology, philosophy, sociology and astrology all provide insights to the 14-year-old who eagerly searches for his or her future path. Sure of him/herself, capable of give and take, 14s generate a friendly, relaxed atmosphere in their peer group and the home as well. They experience few tensional outlets and wear their bodies well. They can listen and comprehend before responding, often with humor and/or dramatic gestures for emphasis. Fourteens are healthy and robust and will often continue their regular routine if they have a cold or other minor ailment. Most girls are physically mature, with all secondary sex characteristics near completion and menstrual cycles regular (although many are as long as 45-50 days). Many have premenstrual symptoms (cramps, headaches, backaches or general tension or nervousness), and menstrual discomfort the first day causes some girls to lie down for a couple of hours, miss a meal or take medication. Many girls report experiencing a physical response in their involvement with boys. It may be global rather than genital and is often confusion to the girl who is poorly informed about sexuality. Girls may begin masturbation in response to this arousal, many for the first time.

Boys, who tend to be maturationally a little behind girls, experience their most rapid growth spurt at 14. It will be another year, however, before they actually look like men. At 14, the ratio of body fat to muscle decreases, body hair increases and darkens, sideburns elongate, voices may crack suddenly and what appears to be hoarseness from a cold very often remains. Most boys have ejaculated by the end of their 14th year, and most develop a regular pattern of sexual activity after their first ejaculation. Many are extremely modest, especially about nocturnal emissions and despite increasing societal tolerance, many experience significant masturbatory guilt. Sex education is needed and eagerly sought by 14-year-olds. They now want to work out their own personal sexual attitudes and need information to do so. They need to know and discuss the broad spectrum of human sexual behavior. Most 14s express happiness at being themselves; and although they might make some improvements, they would really not want to be someone else. Most of their worries and fears are anticipatory and are resolved when the feared situation is experienced. All in all, 14's problems are not major. They experience some moodiness and some temper; however, their outbursts are of shorter duration and are less emotionally devastating than they were at 13. They have a sense of humor and philosophical outlook which makes 14 a joy to welcome back into the family. Their dissatisfactions about self include any departures from the perfect physical form; and most want to be taller, shorter, thinner, prettier, bigger, etc. Boys may begin lifting weights to attain a more manly physique, and both boys and girls may experiment with dieting. (Bulimia and anorexia nervosa may develop in this context.) As 14s adjust to themselves as independent individuals, fully involved in mastering life for themselves, they periodically overextend themselves. Their sense of time and energy is

boundless, and they are apt to over commit themselves and lose the balance required to function optimally in all aspects of their life.

Many are out of bounds and overextend themselves in relationships. Some 14-year-old girls begin to date older boys and initiate regular partner sex, but most 14s are still group oriented, pairing off occasionally at parties and informal get-togethers. Pairs may be stable from party to party, but “who likes whom” is the ongoing focus of endless conversations, with allegiances shifting often. Boys are less interested in hobbies and more interested in girls and social interaction, but are still unsure and may ask a girl what she would say if she were asked to go out or may depend on a friend to ascertain her response in advance. Going steady is not common, and many express that “it would tie me down,” Sports are important for most boys as a rite of passage for the most athletically talented and as a team member and a physical test for the less adept. Sports are less important to girls; however, the athletically talented girl may excel in her chosen sport at this age. Fourteens are not plagued by conscience but are sensitive to the effect of their behavior on others. They like to argue, but their arguments do not have the do or die quality they had at 13. It is more of a game to them to exercise their increasing ability to logically defend a position.

Fourteen is characterized by changing social relationships. They are better with younger siblings, self-conscious in the presence of and critical of older siblings. Their own peer group is all important, and they have many best friends, not just one. Friendships seem to be less determined by similarity of interest or activity; and in fact, a 14 may be attracted to opposites. Talk is the primary group activity, and 14s can talk out their difficulties. Although girls are more adept in social relationships, boys have their groups as well, characterized by exuberant humor and raucous good times. Popular boys may choose to protect a vulnerable boy and are better able to do so than girls who attempt a similar stance with an unpopular girl. Boys show increasing interest in girls and may attempt to extend casual encounters. They mix better at parties, and girls who are chosen by a boy may begin to show a deferent attitude. A girl may turn down opportunities with other boys before she has been asked by the boy of her choice. Fourteen-year-old girls often prefer older boys because they have more social poise. Parties at this age are spontaneous gatherings of groups, with some pairing off for private moments. Couples are fluid and change often, with little intimacy or commitment. Their significance is more social than personal--even going steady is a short-lived experience for most 14-year-olds. The most stable pairs are 14-year-old girls and older boys. Reputation is important, and friends can enhance or detract from status in the microcosm of the high school. The telephone is the essential apparatus of adolescence, more important than TV, even for hospitalized teens. Radio is important, with music programs favored; and stereos and private telephones are often requested as Christmas and birthday gifts. Music preferences and clothing styles are reliable signatures of the developing personality. Boys interested in cars, driving is on the rise and some develop an undeniable need to drive and borrow cars despite the risk of accident or punishment.

The high school locker room for many 14-year-olds is their first experience at public nudity. Most 14s manage to overcome their shyness and are quickly comfortable in varying stages of undress. A few are so shy that they request to be excused permanently from P.E., or some just never show up. This milieu is especially problematic for the homosexual youngster, who may be over stimulated by mass nudity of his or her eroticized gender. It is especially traumatic for boys, who are more stimulated by visual imagery and whose arousal is visible to all. Physical Education instructors need to be reminded that to require a homosexual adolescent to take part in locker room nudity can be every bit as stimulating as expecting a heterosexual boy to dress and shower with the girls.

Age 15

The year 15 causes a dramatic shift in focus and energy. Fifteens withdraw and inwardize their energy to the point that they are seen as lazy, apathetic and unmotivated. They develop a thoughtful, serious and quiet demeanor to set off the exuberance and enthusiasms of 14. They

give attention to detail and to the details of thought and expression to the point of perfectionism. Their need for increasing independence causes problems at home. A Cold War with parents is not uncommon, and open defiance is the response to being treated like a child. They have fantasies of travel and of sex. They are gregarious with friends and often solemn at home. They don't want to accompany family, especially to school functions, and will often refuse to sit with family, even at church. A same-sex best friend is their constant companion, and this close relationship is a maturity achievement.

Fifteen is the threshold of adulthood, with independent personality patterns being a hallmark of this age. Fifteens love or hate school. They may be academically or vocationally motivated, or they may drop out of school and evidence attributes of low self-esteem. They may become delinquent, and there are easily definable stratified groupings in every high school. Self-confidence and self-esteem may become their major problems and are related to sexual adjustment and the ability to negotiate relationships. Fifteens need objective information about human nature and behavior. They have high tension, may somatize their stress and may see psychiatrists or other mental health personnel.

Girls finish off their secondary sex development, and a few stragglers finally start their periods. Periods are regular, and most girls have premenstrual symptoms and moderate to severe cramping with the onset of menstruation. Boys are finishing up their secondary sexual development. The genitals are adult size, body and facial hair show adult patterns and configurations, they reach 95% of their adult height and their body is in better balance and proportion. By age 15, most boys have established a regular pattern of sexual outlet; they have fewer erections to nonsexual stimuli and may have fewer sex materials around, as fantasy alone is sufficient for arousal. Their masturbatory frequency increases, and some have regular sex with girls. Gay teens may fall in love, have sex and understand that they are homosexual.

Management of partner sex is problematic even if the partner is willing. Where and when to find a private place for a sexual encounter is a major concern, as are birth control and venereal disease protection if they are sexually active with a number of partners. Most girls are worried about reputation and fear being found out, but may decide to have intercourse if they are in love, if they trust the boy and if the relationship seems secure. Boys, experiencing the sexual urgency of adolescence, attempt to persuade, manipulate and coerce girls into actual coitus. "If you love me, you will let me put it in," "if you don't, someone else will" and "if you let me put it in, I'll pull out in time," are dilemmas the mid adolescent girl is called upon to deal with as she negotiates the relationship or potential relationship that affords her social status and a sense of personal worth. Girls have been raised to understand the importance of the primary relationship and to feel responsible for maintaining it. Now they must deal with the needs, expectations and requirement of the boys who are the necessary other half of the dyad. The culture says, "if you're easy and give them what they want, they will leave you." The boys say, "if you don't give me what I need, I'll have to find someone who will." It is a social dilemma. Actually, coitus with a mid adolescent boy is rarely the event of a young girl's life. Reminiscent of stories of wedding night disappointments, boys tend not to last long enough or be cognizant enough of their partners to provide the ultimate experience. They want sex, often become angry and disgruntled if it is withheld, and girls may fall quickly into a pattern of duty sex. Adolescents who delay intercourse and establish patterns of effective petting become more creative sex partners. Boys learn to last longer, and girls are more apt to become reliably orgasmic with their partner if foreplay is extensive (Hamilton, 1978)

Girls who only date occasionally may find it easier to delay intercourse; however, some girls use sex in their attempts to secure a steady boyfriend. Boys who don't go steady may have fairly regular partner sex with these girls who have established a casual sex pattern. Some boys just "go for it with every girl," often to the amazement of their peers, and develop socio-sexual skills that assure them an increasing number of interested partners. Sexually naive girls may be inordinately attracted to these entrepreneurial boys and may eagerly contribute

their virginity in the process (virginity usually does not become a burden until late adolescence).

Fifteen-year-olds are followers and can get in trouble with the proverbial bad companion. Fifteens are prone to worry about others, friends and family and the world. They have interest in a depth of things that touch their life (e.g., race, religion and sex). They write reports and term papers and debate or organize panel discussions on topics such as prostitution, homosexuality and pornography. Fifteen-year-olds want to be free to come and go at will and to answer to no one. Their uncommunicativeness about their comings and goings causes parents to worry about involvement in sex and drugs. Fifteen-year-olds take offense at this parental paranoia, even if they are not involved in these activities. They have an ethical sense; their conscience bothers them if they don't live up to their own standards. They can err out of ignorance and will try to get away with things that they know are disapproved of (usually behaviors that are reserved for elders, such as R-rated movies, pornography, sex, smoking, drinking, etc.). They can accept blame, but will argue the point if they feel that the restrictions are undue. Church attendance is fairly low at 15, and some who have gone to church all their lives drop out of regular church attendance at this point. Some youngsters who have not had regular church attendance heretofore begin to attend for the first time during their mid teens. There is security in the church's strict attitudes about sexuality, and many adolescents attempt to make sexual decisions through religious guidelines. Mature 15-year-olds may feel doubly constrained at this age because they are ready to have many things that are reserved for 16-year-olds, such as partner sex, driving, independence, privacy, etc. In terms of sexual behavior, necking and petting are the chief activity in the heterosexual couples, with more than half the boys and two thirds of the girls reporting that they are still virgins. (*See more recent statistics for these numbers. Ed.*)

Age 16

Sixteen is pre adult by law and custom. They respond to the expectations of law and society and seem more grown-up in every way. They are characterized by self-assurance, a sense of independence and social poise. The group is still important, with increased pairing for longer periods of time. Driving is a reality, and most couples have access to a car. Family relationships are improved, but friends continue to be more important. A 16-year-old may seek consultation from parents if problems arise; usually, boys will consult their mothers. Some girls may prefer their fathers unless he is entrenched in a double standard and attempts to unduly restrict their freedom. Both boys and girls expect to marry eventually, with girls more positive about the details. Few boys say they do not intend to marry. Both look for partners with intelligence, job skills, good temperament, stability and reliability. Girls stress love and interpersonal relationship skills. Sixteen has him or herself well in hand and takes a broad and philosophical view of things. They are tolerant of differences in others, and they can hold their own ethical position without condemning those who differ. Sixteens are concerned about the individual effort needed to succeed and can hold themselves apart even from the group by which they are defined. Sixteens usually have a fairly even disposition, they control their feelings and check their own negative judgments of others. They are independent and rarely abuse appropriate freedoms. They tend to treat themselves as an equal in relationships with adults, and they try hard to be what they have decided they want to be. Often, they are their best selves.

Sixteen's health is good. Their major complaint is acne and for some girls, menstrual cramps. Boys finish off their pubertal development; most shave at least once a week, and some sprout chest hair. Height is about 98% complete, and they have a firmer physique, especially those boys who are athletically active. Sixteens are interested in work, money, clothes, cars, music, sex and drugs. Boys' interest in girls increases; and although graphic sex materials are still used, fantasy alone is a reliable and increasing method of initiating the male sexual response cycle. Masturbation continues to be the major sexual outlet for most boys; however, kissing and mutual masturbation are favored activities of even informal pairs. Many girls and some boys at this age feel they "are not ready" for sexual intercourse, but few can explain their criteria of readiness. Girls fear pregnancy and their reputation. Birth control is a management

problem, especially if they are reluctant to engage their mother's help. Some young couples go to a clinic together to select a birth control method, which reassures the girl's fears of security, reputation, etc.

More boys are interested in relationship sex, see girls as equal partners and want the security of going steady. Boys press for intercourse and greater sexual diversity. There are fewer foraging boys, but there are more girls looking for recreational sex than in times past. Both boys and girls are attracted to casual sexual opportunity and feel restricted by sexual commitment in a relationship. They use the term "cheated on" and feel that it is wrong to have sex outside of a committed relationship. There is a characteristic pattern of breaking up and reconciling in relationships, which exemplifies the freedom versus security dilemma of mid adolescence, but both partners believe they should at least try to be honest in their relationship.

Cars give sexual privacy, but many 16s have sex at home, especially if both parents work. Some parents who value their own sexuality and acknowledge the adolescent need to be sexual, endorse sex at home for their teenagers. Adolescents are disturbed if during their teen years, their parents' marriage fails and they are called upon to deal with a dating parent. In sexually committed relationships, problems develop; boys usually want sex more than girls, and they pressure a girl to have sex when she doesn't want it. Boys ejaculate too fast, may not effectively stimulate their partner to orgasm and deal with the age-old problems of jealousy and possessiveness. Management of an adolescent's sexually active lifestyle is so complicated, (e.g., the decision to have sex, finding a time and place, fear of being caught, fear of pregnancy, no one to confide in, etc.), that there is little or no time spent, or help with, learning sexual skills or becoming good sexual partners. Couples who agree not to engage in intercourse but who continue mutual masturbation may become highly skilled in foreplay, including oral sex; however, girls who, for one reason or another, refuse to have intercourse often accept oral sex as the forced choice between coitus and resent their involvement in it.

The concept of "sweet 16, never been kissed" is nostalgia rather than reality. There is a growing number of stable pairs at 16 that are characterized by good grades, extra-curricular involvement, cooperative attitudes at home and school, responsible behavior, part-time job and/or athletics and regular partner sex with the use of effective birth control. It may well be that the security needs formerly met at home (family of origin) are being shifted in mid adolescence toward the intimate bonding of the future (family of choice). Even though autonomy is virtually impossible at this age, it is well to remember that in the first half of the 20th century, it was possible at 15 or 16 to marry and support the family of choice independently.

Boys at 16 have a stronger tribal sense than girls of the same age. They are more competitive with male peers and seek status by achieving acceptance and recognition from older boys and men. They want money, a car, power at school (student government, athletics, special skills or talent, etc.) and a girlfriend. The girlfriend is a status symbol and signifies success in the sociosexual arena. She is important, but not as important to him as he is to her. Both boys and girls have to succeed with the boys. A male high school senior explained, "girls are status and security, but they can be more trouble than they are worth. If you really want to make it, you have to spend a lot of time with the guys. Girls can hold you back because you have to be on your best behavior and you have to take care of them. You can be crazy and gross with your friends. You can talk about sex, race your car, stay out all night, play practical jokes, learn to drink and dope with the guys and everyone takes care of himself. You just can't feel free with a girl; it's too much responsibility."

Sixteen-year-old boys want a girlfriend to take to the dance because going stag is its own form of sociological torture, but they want to go out drinking with the big boys: "as soon as you get your car, you try to find someone who can buy" (liquor).

Dating a popular girl is instant status for a boy, but she is expected to “be there,” to wait, to come down on the field after the game, to understand when other things take priority. If she becomes possessive and demanding, the relationship is in jeopardy because the boy loses status if he is controlled by a girl. Having a steady boyfriend who has status among his peers is status for a girl. She is considered fortunate if she does not have to worry about a date for important school occasions or for Friday and Saturday night. Attractive, popular, achieving girls who are involved in school affairs, have a job and a car, etc., but who do not have a boy friend, devalue themselves in comparison with less talented girls who are able to acquire and maintain a steady relationship. To anxiously wait to be asked to important school events and/or to miss going because no one asked you is a painful adolescent experience. This situation may occur for girls who are so attractive or smart or active that boys assume they are taken or that they would not be interested in them, as well as for girls who fall low in the sexual marketplace because of inadequacies.

Girls who are considered “one of the boys” may also have problems with the cultural values of the high school. These girls may be every boy's best friend and confidant. Girls who are comfortable with boys, who don't hassle them with unwanted expectations and who accept them as they are may not develop the socio-sexual skills needed for the friendship to become a dating relationship. These girls may even have sex with boys and still be considered a best friend, not a “lover” or a “date.”

Although there are many patterns and variations, it is evident that sex is much more complicated than function and skill. Sexual needs, gratification patterns and experience are the expressions of the total self and are intricately woven through the fabric of life as a whole.

PART III

Editor's Note: The current DSM-IV has the same code, and additional information on these disorders.

DSM III and Psychosocial Disorder in Childhood

The Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-III), divides psychosexual disorders into four groups. **Gender identity disorders** are characterized by the individual's feelings of discomfort with an inappropriateness about his or her anatomic sex and by persistent behaviors generally associated with the other sex. **Paraphilias** are characterized by arousal in response to sexual objects or situations that are not part of normative arousal activity patterns and that, in varying degrees, may interfere with the capacity for reciprocal affectionate sexual activity. **Psychosexual dysfunctions** are characterized by inhibitions in sexual desire or the psychophysiological changes that characterize the sexual response cycle. Finally, there is a residual class of **other psychosexual disorders** that has two categories: ego dystonic homosexuality and psychosexual disorders not elsewhere classified.

The only category specifically related to children is 302.60, **Gender Identity Disorder of Childhood**

The diagnostic criteria for this category for females is:

A. Strongly and persistently stated desire to be a boy or insistence that she is a boy (not merely a desire for any perceived cultural advantages from being a boy).

B. Persistent repudiation of female anatomic structures, as manifested by at least one of the following repeated assertions:

1. That she will grow up to become a man (not merely in role).
2. That she is biologically unable to become pregnant.
3. That she will not develop breasts.
4. That she has no vagina.
5. That she has or will grow a penis.

C. Onset of the disturbance before puberty.

The diagnostic criteria for males:

A. Strongly and persistently stated desire to be a girl or insistence that he is a girl.

B. Either one or two.

1. Persistent repudiation of male anatomic structures as manifested by at least one of the following repeated assertions:

- a. That he will grow up to become a woman (not merely in role).
- b. That his penis or testes are disgusting or will disappear.
- c. That it would be better not to have a penis or testes.

2. Preoccupation with female stereotypical activities, as manifested by a preference for either cross-dressing or simulating female attire or by a compelling desire to participate in the games and pastimes of girls.

C. Onset of the disturbance before puberty.

Paraphilias

The essential feature of disorders in this sub-class is that unusual or bizarre imagery or acts are necessary for sexual excitement. Such imagery or acts tend to be insistently and involuntarily repetitive and generally involve either 1) preference for use of a non human object for sexual arousal, 2) repetitive sexual activity with humans involving real or simulated suffering or humiliation or 3) repetitive sexual activity with non consenting partners. Since paraphilic imagery is necessary for erotic arousal, it must be included in masturbatory or coital fantasies if not actually acted out. In the absence of paraphilic imagery, there is no relief from erotic tension; and sexual excitement and/or orgasm is not attained. The imagery in a paraphilic fantasy (rape, S&M, bestiality, etc.) or the object of sexual excitement in a paraphilia is frequently the stimulus for sexual excitement in individuals without psychosexual disorder. Paraphilic imagery or the use of objects would be considered normative in childhood masturbation sexual patterns because of children's limited sexual knowledge and options. In that regard, fetish behavior is not included as a diagnosis in childhood. Before the onset of post pubescent partner sex, the criteria of "repeatedly preferred" (to partner sex) is not assessable; and when masturbation is the only sanctioned or available sexual option, the use of inanimate objects to enhance the experience is common. When other options (partners) are sanctioned and available, the "exclusive or consistently preferred" use of inanimate objects is considered a fetish.

Although the age of onset for fetishes is in childhood or adolescence, paraphilic attachments of childhood and adolescence may recede in their importance or degree of dependency when other sexual options become available. For example, the panty fetish (one of the most common) may begin in childhood as a young boy stimulates himself with thoughts of, procurement of and masturbation with or into female panties. However, the adult obsession with collecting panties for sexual use, accompanied by diminished erotic response to partner sex, is not necessarily the eventual result of this early childhood fixation. The adult transition to gratifying partner sex may be smooth and uncomplicated, with childhood sexual patterns giving way to appropriate adult patterns as increasingly varied sexual options and opportunities become available. The adult male's interest in panties as a sexual stimulant may remain, but may become less important in the overall adult sex pattern. Fantasies about panties as a part of sexual arousal and/or masturbation, the purchase of panties as a personal gift to the partner, requesting the partner to wear panties as a part of sexual foreplay, etc., may

not be considered a fetish because it is not the consistently preferred, necessary or exclusive sexual pattern.

Sometimes a young boy's erotization of panties leads him to public behavior that is socially unacceptable. Stealing panties from family members or from clotheslines and peeping, especially in the windows of neighbors, may bring a child to the attention of the police or mental health professionals; and treatment is required. The behavior is asocial and may be obsessive, but the diagnosis of fetishism is still premature: This and other asocial behavior such as public exposing of genitalia, may or may not be accompanied by a mental disorder; and a differential diagnosis is imperative. Given the contradictory and confusing way that Western culture handles sexual development, it is erroneous to assume that asocial sexual acts of children are vis-a-vis characterological pathology.

Psychosexual Dysfunctions

Psychosexual dysfunctions, characterized by inhibitions in sexual desire or the physiological changes that characterize the sexual response cycle, are undiagnosable in children, although there is reason to assume that they may be manifest. There is no help for children who have developmental sexual problems (e.g., arousal, orgasm, pain, guilt, low sensation, etc.). Lack of knowledge and misunderstanding is a major problem, and most children and adolescents worry about being normal. What is still lacking in any shape or form in childhood is an open discussion about sexual anxieties, sexual expectations, different sexual acts and feelings about sex. In one study, 33% of girls (14-18) were not sure if they had an orgasm because they had no idea what it was supposed to feel like. Most post pubescent adolescents masturbate, but the majority feel guilty, ashamed, dirty, stupid, embarrassed or abnormal after the act (Hass, 1979).

Although there are no studies on sexual dysfunction in childhood, retrospective sex histories of adults and case histories of children in psychotherapy suggest that all is not well. We have underestimated the significance of sexual interactions and fantasies in childhood. Until we better understand the development of the erotic response through childhood and adolescence and until normative behavior gradients are established, children's sexual needs will not be properly addressed by the mental health community.

Ego Dystonic Homosexuality

Undesired homosexuality is undiagnosable in childhood. Although many adult homosexuals retrospectively identify indications of their adult orientation in childhood events, same-sex experimentation in childhood is a common experience in the sex histories of heterosexual adults. It is well to remember that homosexuality is a behavior which is dependent on the preference of same-sex partners. The adolescent discovers and defines the elements of sexual attraction, unique and individual to him/herself as an ongoing process of differentiation. The homosexual discovers that s/he is sexually excited by same-sex stimuli in the same way that the heterosexual discovers that s/he is excited by opposite sex stimuli; and within these categories, they both discover even more specific attractants (e.g., body types, body parts, sex acts, positions, odors, words, etc.). It is possible for a homophobic adolescent to be disgusted with his or her feelings of attraction to same-sex peers and to fear the consequences of a Gay life; however, ego dystonic homosexuality would rarely be diagnosed before early adulthood. We have come to understand that even the most serious love affair with a same-sex partner may not be generalized to an ongoing same-sex attraction; thus, adolescence is too early to make a definitive diagnosis. The lack of child sex syndromes described in DSM III does not mean that children and adolescents are free from sexual problems or that clinicians are not consulted about the sexual behaviors of children and adolescents. Sexual problems of children, as seen on an out-patient basis by mental or physical health care professionals, are usually public or semi-public behaviors that cause adults (usually the parent) embarrassment and concern because they are a departure from society's expectations. There are many sexual events and/or behaviors that cause children to be referred for psychological evaluation. The

parents' decision to seek professional consultation is the solution to their feelings of worry that the child is not normal, fear that if they don't intervene, the child will grow up to be a sexually deviant adult, doubt that they have the knowledge or skill to change the behavior pattern and guilt that they have caused or contributed to the undesirable behavior.

Gender Identity Disorder in Children with Normal Genitalia

Gender Identity Disorder (GID) is a persistent belief that one's gender has been wrongly assigned and a persistent repudiation of one's assigned anatomical gender. In children, it is often confused with homosexuality; and parents seek diagnosis and treatment for their child in response to symptoms of opposite sex mannerisms and behavior. Their concerns include embarrassment to the family members, stigmatizing of the child and potential homosexuality. Actually, the adult manifestation of GID is transsexualism, expressed as the feeling of being trapped in the body of the opposite sex.

Gender Behavior Disorder

Gender behavior disorder in children (mostly males) is characterized by cross gender or androgynous behavior that is learned and reinforced by the environment rather than being linked to a persistent belief that they are, in fact, the other sex. The adult manifestation of GBD is transvestism and effeminate behavior. It is important to differentiate GID from GBD in the diagnostic process. The child who believes s/he is wrongly assigned suffers from chronic and severe cognitive dissonance, whereas children who know their anatomical gender but who enjoy androgynous behavior will suffer only if the environment is punitive and non-supportive. Sexual reassignment of children is considered only in cases of gender dysphoria or non-specific amorphous genital structure. A GID adult with normal genitalia might request gender reassignment surgery as a matter of choice.

Excessive or Compulsive Masturbation

Masturbation frequency is highly variable in an individual child, as well as between children. Although normative frequency data for specific ages is unavailable, children are often referred to clinicians for excessive or compulsive masturbation. This is a subjective quantification taken to mean that the child is preoccupied with masturbatory activity to the exclusion of other age appropriate pursuits and/or that the scope of the masturbation activity is resulting in stigmatizing censure from others that may create secondary adjustment problems for the child.

Sexologists believe that masturbation is a viable sexual activity throughout the life span and that it need not be considered a poor post pubescent substitute for sex with a partner. Research in female sexuality (Hite, 1976) and the treatment of anorgasmia in adult women (Barbach, 1975; Chapman, 1977; Dodson, 1974) suggest that masturbation to orgasm is an important developmental step and possibly, a prerequisite to becoming reliably orgasmic in adult partner sex. It is often a treatment of choice for male and female sexual dysfunction (Kaplan, 1979) and is reported as a childhood activity of some importance by most adults (Hass, 1979; Hite, 1976, 1978; Kinsey, 1948, 1953).

Sexologists suggest that young boys be encouraged to prolong the arousal stage of their masturbation so as not to condition a rapid stimulus response bond between erection and ejaculation. Young girls should be encouraged to look at and identify their external genitalia and to connect their erotic feelings and sexual response cycle to appropriate genital body parts along with others they might already have. Parents need to understand that childhood masturbation is a normal and beneficial behavior that needs to be managed to coincide with social etiquette.

Precocious Sexual Interest and Behavior

Clinicians are often consulted by parents who are anxious about their child's interest in sexual topics, masturbation or sex play with siblings and peers. If the child's basic interest in sex is

complimented by unsupervised opportunity to engage in trial-and-error learning with a partner, sexual rehearsal play is predictable. Some sexologists suggest that not only is sexual rehearsal play quite predictable in children, it is advisable and should be encouraged in order to forestall adult sexual problems (Money, 1975; Yates, 1978).

Intense and continued or intermittent sexual interest in children should be accommodated as any other interest would be. Age appropriate books and conversations with parents endorse the child's curiosity about this important part of life and encourage an open and unashamed quest for sexual knowledge. In contrast, a child who shows little interest or curiosity about sex should not be overwhelmed with sex information by over-zealous parents. Some children personalize their sexuality very early and are uncomfortable with candid sex conversations. They appreciate appropriate sex materials to be used in private and occasional one-on-one talks with a parent to clear up any troublesome sexual ideas or feelings. A few parents may worry about a child with low sex interest, but lack of sex interest is more often considered normal in children. Of greater concern is the child who is very public with sex talk and sex play, masturbation with self or with peers. Parents are concerned that the child is abnormal genetically or hormonally, that s/he will be censured by other adults and children, that his/her sexual behavior will reflect badly on siblings and family, that s/he will be a target for sexual abuse or exploitation by adults or that s/he will grow up to be promiscuous or perverted.

Three-year old D was a highly sexed boy who had been involved in sex play with age mates and an older child. He asked his therapist if she wanted to put her mouth on his "dinky." When she replied in the negative, he pleaded "you'll like it," "I'll pay you money," "I'll be your best friend." When asked if he liked to "play dinky," he frowned menacingly, clenched his fists and aggressively replied, "yes, I like it, and I'm not going to stop!"

Children who are pseudo-mature in any sense are special children with special needs. They demand more from parents and may be considered a blessing or a curse, depending on the value system and resources of the parents. Intellectual genius, superior athletic potential and exceptional musical talent are all considered valuable gifts that should not be wasted. The child who is sexually precocious in development or interest is, in contrast, shunned and pitied. The parents of these children need help, not only in the management of the child's behavior, but also in considering that precocity in this area need not be thought of as an affliction.

Children Who Report Sexual Contact with an Adult Which Cannot Be Substantiated

Psychological literature and the popular press report and often sensationalize the plight of the traumatized child whose story of sexual activity with an adult is not believed and, conversely, of the victimized adult who steadfastly denies the sexual accusations of a child. The most commonly reported pedophilic situation is that of the adult male and the prepubescent female. This is not to say that sex between an adult female and a prepubescent male does not occur, but it would probably not be reported; and if it were, it would probably not be considered a traumatic experience for the child.

In Western culture, there is a time-honored tradition of young boys being sexually initiated by an experienced older woman. Girls, in contrast, are considered permanently damaged by early sexual initiation by an adult male. The society's attitude that the child has been damaged by a sexual experience is extended to boys only if the sexual encounter is homosexual or if residual physical damage is sustained. Sexual behavior between an adult female and a female child is the least reported pedophilic possibility and is of least interest to law enforcement and the community at large.

It is difficult to generalize about adult/child sex because of the variability of age and sex in any individual case. It is important to note that if the sexual encounter occurred and if it was traumatic for the child, the diagnostic process with a clinical child sexologist is therapeutic. Psychotherapy consists of talking about traumatic situations in order to bring the experience into cognitive awareness and to work through the feelings engendered by the event. Properly

handled, a sexual trauma is no exception to this process. A client is ill served by a therapist who feels that the child has been permanently damaged by the experience and relates to him/her as a victim.

Many adult women have reported satisfying non traumatic prepubescent incestuous relationships from which they graduated to post pubescent sex with peers without undue incident. In contrast, many patients in psychotherapy report unresolved conflicts in association with childhood sexual experiences; and there is some evidence to suggest that the greater the age differential between participants, the greater the potential for trauma. It is important to note that most reported pedophilic sex is incestuous and that incest is a family rather than an individual pathology.

Post-pubescent Sex with a Partner, Heterosexual

Sexologists have attempted to deal with the question of sexual readiness in terms of chronological age; and there is a reasonable consensus that around the age of 16, adolescents are physiologically and psychologically ready. The older adolescent is interested in forming primary relationships outside the nuclear family, and sexual sharing is an integral part of these relationships.

Sexuality is a major concern of adolescence; and in that regard, adolescents are poorly served by the professional community, the family, the school and the culture (Hass, 1979).

The professional mental health worker sees a small fraction of adolescents and may or may not address sexual issues. Family members have little credibility in sexuality if the foundation was not accomplished in childhood. The school is still concentrating on reproductive biology and venereal disease, while the adolescent needs help with socio-sexual issues. The culture simultaneously stimulates and misinforms, encourages and prohibits, punishes and rewards the adolescent for sexual interest and behavior.

The revered notion that sex is natural, happening with style, sensitivity and spirituality when two people love each other, is a myth that significantly departs from most reported first encounters. It does however, perpetuate a rationale for those who oppose real sex education and dooms the teenager who is misinformed by the exploitive messages of the marketplace.

Post-pubescent Sex with a Partner, Homosexual

Increasingly, counselors and therapists are consulted when parents suspect or know that their adolescent is in love with a person of the same sex. Even though societal attitudes are relaxing and homosexuality is no longer a disease category in the APA DSM-III, for the individual family, it is a major trauma. Professional consultation is sought by the parent with the initial purpose of curing the errant behavior, but the family system is the actual patient or client. Both parents and child need to know that a same-sex love affair does not automatically mean that either participant has a homosexual orientation or that a heterosexual love affair guarantees a heterosexual orientation. It may be that the love object happens to be of the same sex, but the love feelings are unique to that individual and may not be generalized to others of the same sex. Perhaps a bisexual resolution will occur, with either or both sexes being available as primary partners throughout a specific life phase or across the life span. Additionally, the first same-sex love may be the expression of an exclusively homosexual life pattern to come. It is well to keep in mind that the child is doing what comes naturally. Children experience their erotic and love feelings in association with certain people and events and not in association with other people and events.

Occasionally, an adolescent will seek consultation about homosexual feelings or experiences without parental knowledge. A few adolescents are totally unaccepting of homosexuality and are repulsed by any same-sex attraction they might feel. They are traumatized by a same-sex approach or experience, even though they may have been a willing participant. They seek professional help to get rid of whatever is causing their attraction to and by members of the same sex.

Most parents fervently hope that their child's same-sex preference is a phase they are passing through, and they are unwilling to disown their homosexual child. Some families or individual family members may be unwilling or incapable of accepting homosexuality, thus precipitating the Gay adolescent's premature emancipation from family.

Sexual Concerns of the Physically and Mentally Disabled

The myth of the sexual innocence of childhood is most secure in the homes of the disabled child. Close parental supervision, limited autonomy with peers, identity as a physically disabled child or child with special needs and rejection by peers as a potential sex partner all contribute to the negation of sexuality of the physically or mentally disabled child. Disabled children have sexual curiosity and sexual feelings. Despite the conspiracy of silence, they need basic sexual knowledge and information regarding how they can be sexual, given their specific limitations. As adolescents, they need opportunities to experience their sexual response cycle, to learn what their individual sexual limitations and abilities are and perhaps, more importantly, how to negotiate for sex with a partner, especially the orthopedically handicapped, who are assumed to be incapable of being sexual by most non disabled people.

A physically healthy child with mental retardation poses another type of problem. They may be quite normal in physical and sexual development and as an adolescent, may be attractive enough to be selected as a potential sex partner by a peer or an adult. Impaired mental function may, however, disallow good judgment in sexual situations. Their own sexual desire, coupled with this lack of discrimination, makes them an easy target for sexual exploitation. The mentally retarded child needs explicit sex education; reinforced, plainly stated rules about socio-sexual conduct; adequate supervision and effective birth control at the appropriate age.

Families of disabled adolescents who live at home and caretakers of institutionalized teens, need to facilitate the sexual opportunities of their charges. Even if s/he can acquire potential partners, the disabled adolescent needs a safe place, privacy and, perhaps, some physical assistance to have a successful sexual experience. The issues of birth control and paid partners are complicated for adolescents or young adults in institutions or on public assistance, as charges for these services are not reimbursable by third party payers. As a society, by default, we have decided that the disabled shall not have sex lives. The advocacy groups for individuals with special needs have not provided or demanded sexual equality and sexual rights, which, for many disabled people, are as important as access to public buildings or the Special Olympics.

Sexual Guilt as a Factor in the Treatment of the Hospitalized Child

Psychological services for the child hospitalized on the medical or surgical ward have become standard practice in many hospitals. In both routine ward service and psychological referrals, the alleviation of sexual guilt with regard to masturbation is often a significant factor in the understanding and treatment of the physical illness. From the concrete thinking of the young child to the maturing moralism of the teenager, the cause-and-effect rationale is predominant. The simplistic link from bad thoughts to bad deeds usually includes the forbidden sexual behaviors. A frank discussion about masturbation, what it is and what it isn't, allows the therapist to assuage the child's guilt about masturbation, to demythologize and disconnect sexual behavior as the cause of the injury or illness, to impart accurate information and to give permission for continued masturbatory behavior in the hospital, helps to facilitate trust in the therapist about these personal concerns and others (e.g., recovery, abandonment, death, etc.).

Most adults are ambivalent about children's masturbation. Medical and hospital personnel may need some help in understanding the purpose of dealing with masturbation when health concerns are primary. Masturbation is an effective tension- and anxiety reducer in children and adults, and it is self affirming. It is an activity that reclaims the body and offsets intrusive

hospital procedures. The cessation of a regular masturbation pattern constitutes an unnecessary deprivation and added stress to an already stressful situation.

Child Prostitution and Kiddie Porn

The exploitation of children is an anathema in our humanitarian society. We have laws to protect children from unscrupulous adults; however, there is a societal reluctance to intrude on the autonomy of the nuclear family. The campaign for the recognition of the battered child as a syndrome of ongoing abuse was hard-fought in the 1960s. No one wanted to believe or admit that it was a widespread phenomenon that had crossed all educational, socioeconomic, racial, ethnic and religious lines.

Child prostitution and kiddie porn are similarly societal problems that adults are trying hard not to address. Runaways who become street children, with no jobs (many are too young to work legally), no money, no shelter, etc., quickly learn that they have only one negotiable commodity-- their sexuality. Male or female, they can sell their bodies to adult men. Although the ranks of street children relegated to prostitution and other forms of sexual exploitation grow consistently, some children are encouraged by a parent into prostitution to augment the family income and upgrade the standard of living of mother and siblings. These children are usually female, living with a mother as a single parent. Girls in this situation are more apt to come to the attention of authorities and be referred for evaluation and therapy than street children, who are rarely seen professionally. Any individual can be psychologically evaluated and can benefit from the self-knowledge gained in psychotherapy; however, child prostitution and kiddie porn are broad spectrum societal problems that will not be alleviated by individual psychotherapy.

Other Symptoms of Sexual Significance

Peeping Toms, stealing underwear and sex with animals are asocial and illegal activities which may be transient attempts to satisfy child or adolescent sexual curiosity, or they may be the development of aberrant patterns of voyeurism, fetishism and bestiality. The behavior may be in response to a lack of knowledge or an expression of underlying psychopathology. It is helpful to the child if the differential diagnosis is made by a therapist who doesn't over-react to the symptoms. It is well to remember that society's messages about sex are contradictory and confusing to children and adolescents. Whether the resultant dissonance is expressed as private worry, fear and doubt or erupts into public behavior, children are well served by accurate information, endorsement of the normalcy of sexual feelings and desires, their right to be sexual and an opportunity to learn culturally acceptable socio-sexual behavior and skills.

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