Sexuality in Childhood and Adolescence

11

Learning Objectives

Sexual Development in Childhood and Adolescence
- Understand the role of the family in teaching children about sexuality.
- Understand normative and nonnormative sexual behaviors of children and adolescents.

Sexuality in Childhood
- Understand at what point in the lifespan we humans are considered to be sexual.
- Describe the common sexual behaviors of children and their role in healthy sexual development.

Sexuality in Adolescence
- Describe the common sexual curiosities, interests, and behaviors of adolescence.
- Identify and describe the processes of puberty for both boys and girls.

Sexuality in Context: The Role of Institutions
- Describe the major sources of sexual socialization for children and explain how each of them influences an individual's sexual development.
- Identify the best programs available for sex education in schools.

Young People's Rights and Sexual Well-Being
- Evaluate how to protect young people's well-being while protecting their right to have sexual relationships.

Developing Your Position

1. At what age do you believe we become sexual beings?
2. What role do parents play in developing a positive sexual identity in children and adolescents?
3. How were you taught about sexuality early in your life?
4. What was your pubertal development like?

Self, Society, and Culture: Children Are Sexual Beings Too

About 10 years ago I (Nicole) had the chance to help dear friends with their then 18-month-old daughter. Much to their chagrin, they noticed that their daughter loved to touch her genital region when she was naked. Knowing that I teach human sexuality, they asked me how to "deal" with her behavior. I assured them that this behavior was normal—their daughter had simply discovered that touching this area of her body made her feel really good. I encouraged them to refrain from punishing this behavior or labeling it a "no-no." To do that would instill in this child the idea that parts of her body were off-limits to her.

We often do not realize how powerful our early messages can be for our kids. To help children develop a healthy view of their own bodies and an age-appropriate understanding of their sexuality, we have to begin looking at sexual development in new ways. Instead of classifying childhood sexual behaviors as bad or inappropriate, we need to accept the fact that children are sexual beings, just like adults. Our children's healthy sexual development relies on how comfortable we adults are with our own sexuality and our own level of sexual literacy. These factors may then translate into how we communicate positive messages about sexuality to children from the start.

As you read this chapter, you may reflect upon your own sexual development up to this point and look forward to the role that you might take one day as a parent, aunt, uncle, godparent, or friend. This is the challenge and promise of becoming sexually literate.

SEXUAL DEVELOPMENT IN CHILDHOOD AND ADOLESCENCE

It is no secret that many people are uncomfortable talking about young people's sexuality. The truth is, our culture teaches children about gender, and adolescents about sex, because that is what feels safer or more comfortable to adults. Our culture believes that children need to learn gender roles, boundaries, and rules—but not sex—because they are not ready for that. Puberty is often the milestone that many people believe is necessary to achieve before the discussion of sexuality should begin. **Puberty** is a period of rapid bodily and sexual maturation that occurs mainly in early adolescence. After puberty, which may be long after some young people have started exploring

puberty
A period of rapid bodily and sexual maturation that occurs mainly in early adolescence.

their sexuality in behaviors, parents and caretakers then turn their attention to teaching sexuality education, but it is often too little and too late. Perhaps this is because our culture continues to treat young people as if they have no sexual interest and experience or their sexuality is dangerous to themselves, their family, and society. The real risks to young people, old and new, don't really get the attention they deserve.

Children watch and imitate their parents closely. By providing positive examples, parents can teach children about healthy sexuality.

In our view, nothing is more important than finding a positive, constructive way to help young people understand their own sexual well-being and how it changes as they mature. Research suggests that it is time to provide new models that go beyond risk and danger to include pleasure, self-affirmation, and well-being in childhood and adolescence (Kirby, 2008; Santelli et al., 2006; Tolman & Diamond, 2002). Parents and families want to do their best to protect young people from danger such as sexual predation, but we should not go so far as to threaten young people's development to such an extent that they are unable to truly enjoy their sexual relationships in life. This is where resilience comes in. **Resilience** is the process that allows individuals to grow and thrive in physical and mental health in spite of the risk and challenges they encounter. Children and adolescents are amazingly resilient, and it's important to help people understand how to encourage and support resilience and sexual well-being in youth.

resilience
The process that allows individuals to grow and thrive in physical and mental health in spite of the risk and challenges they encounter.

In this chapter, we discuss sexuality and sexual development over the first 18 years of the life cycle, during childhood and adolescence. In the next chapter, we discover the changes that occur in sexuality during adulthood and the aging process.

Biology, Family, and Culture

What reaction do you have when you hear the words *sexuality* and *childhood* together? Your reaction may be that these things just don't belong together—with good reason. Our culture today largely avoids coupling the topics of sexuality and childhood. When they do come together, it is often shocking, as seen in stories about sexual abuse. The reality is that the discussion about children and sexuality is seldom positive (Irvine, 2002). Historically and in modern times, childhood sexuality has long been a challenge to sexual science, which has found that cultures vary greatly in whether they approve or disapprove of childhood sexual play among peers (Ford & Beach, 1951; Goldman & Goldman, 1982; Money & Ehrhardt, 1972). Not only have we failed to address it, we have punished people when they tried. In 1994, physician Joycelyn Elders was fired from her position as surgeon general of the United States for stating that masturbation could be a healthy and appropriate activity for young people in the right context. Being fired for such a statement reveals just how many people in the United States still think it's not acceptable to discuss sex or sexuality in the context of childhood and even adolescence. You can also see this attitude from all the controversy that surrounds teaching young people sex education.

Joycelyn Elders, M.D., was fired from her position as surgeon general of the United States in a controversy over what she said are appropriate sexual behaviors.

Think back to your own childhood. How did your parents communicate with you about sex and values? Were they open minded, or embarrassed, or did they avoid the topic completely? At what age did they begin to talk with you about sex? Were your parents openly affectionate to each other in front of you? Did they ever talk about sex with you?

Talking about sex with children is an important parental responsibility.

What did they say about masturbation, dating, and premarital sex? How did those messages impact your own sexual behaviors and attitudes? Thinking about these questions as you read this chapter will help you understand your own sexual attitudes and behaviors.

Biology plays an important role in the immense physical changes we go through from childhood to adolescence and then in the transition to young adulthood. Biological processes cause our bodies to change shape and appearance. They are associated with new physical sensations and perhaps new desires or sexual feelings. These processes enable adults to initiate love and sexual relations, and to reproduce. They impact our images of ourselves and others, our emotions, and our interactions with other people.

Remember the little girl mentioned at the beginning of the chapter? What kind of values about her body would she have learned if her parents had condemned her natural inclination to touch her own body in a pleasurable way? How might she then grow up and communicate sexual messages and values to her own children? We often do not realize just how much our family's early teachings influence our sexual well-being through our thoughts, behaviors, and future interactions with people and the environment (Impett et al., 2006; Regnerus, 2007). For example, when it comes to premarital sex and attitudes about using condoms and other contraceptives, familial teachings are powerful. The family remains the primary source of early lessons about sexuality for the majority of Americans (Regnerus, 2007), and in other cultures (Wright, Williamson, & Henderson, 2006). The actions and attitudes of our family members typically impact our core feelings and ideas about sex and sexuality, such as shame, pride, guilt, anticipation, excitement, or fear in response to sexual topics. For example, a long-term study of 5,041 Scottish teenagers shows how less parental attention predicts early sexual activity for both sexes; and for females, also predicts that they will have more sexual partners and less condom use to protect themselves—showing the correlation with family interaction (Wright et al., 2006).

Children learn by observing how their parents and other important people in their lives behave toward each other, especially in expressing love and affection.

Like family, culture and community are also important in shaping our sexual attitudes and behavior. By community, we mean your own particular culture and its positive or negative valuation of sex, as explained in Chapter 2. In the larger community, the messages your family has instilled are either reinforced or contradicted. In addition, friends, peers, religious community, school, and media have all imparted sexual messages from the start of life, as discussed in previous chapters. Do you remember what those messages were and how they combined with what you learned from your family?

Healthy Sexuality and Values in Childhood and Adolescence

Encouraging healthy sexuality and sexual well-being in childhood and adolescence involves accepting the fact that we humans are sexual beings from the beginning moments of life. Like all humans, children want to understand what is going on around them. We cannot

shut that curiosity down without doing great harm to our children, their bodies, and their emotional ability to handle their future sexuality. Once we accept this, we can begin to instill healthy, positive, and age-appropriate teaching and messages about sexual well-being from very early on in children's lives. Approaching communication in this way helps to ensure that children grow up with a positive attitude about their own sexuality and to understand how to make healthy decisions that allow them to enjoy their own sexual development.

We *can* develop values that provide healthy sexuality from the start. Take a moment to explore your own beliefs about sexuality and sexual feelings and how you might communicate your values to young people in your life, in "Know Yourself: Value Statements and Sex for Young People."

Children and adolescents learn values, including ideas about what is and is not acceptable sexual behavior, from their parents, peers, and society.

Emotional Literacy in Young People

How do we communicate the importance of self-expression in relation to sexuality for children and adolescents? Learning to use terms such as *love* and *sex* at the right time and in the proper context can make a huge difference in how intimacy and love are achieved. Young people especially learn by observing how their parents and other important people in their lives behave toward each other. Affection and love, the appropriate expression of sexual feelings, and dignity and respect are all critical components that children seem to home in on in their observations of parental and familial interaction. It is easy to see evidence of their intense observations by watching children play "house," as they will often mimic characteristics of their parents' roles and relationships with one another. Learning early on how to express positive feelings about sexual love is very important for children.

To understand how to communicate age-appropriate sexual teaching to young people, you need to know what kinds of sexual curiosities and behaviors are normal and appropriate for various age groups. Discovering what is normative for sexual behaviors in children and adolescents is not an easy task because of the variation between individuals, families, and cultures (Kinsey et al., 1948; Laumann et al., 1994; Russell, Crockett, Shen, & Lee, 2008; Savin-Williams, 2005; Tolman, 2006). Researchers typically rely on reports from parents or caregivers or they use self-report data from adults—years after those adults experienced sexual behaviors or feelings as children (Bancroft, 2003).

WHAT'S ON YOUR MIND?

Q: *What words should I use when describing sexual body parts to my children? I think that words like "penis" and "vagina" sound so formal but I don't like some of the more common terms either.*

A: We don't have an easy answer. It is true that many people don't use the medical terms for sexual body parts; so using them when talking to your kids may sound unusual. It is problematic, though, to use words that can have other meanings. One friend referred to her vagina as her "cookie." You might imagine the confusion and humor this term causes. Teaching your children the formal terms for their sexual body parts can help them avoid miscommunication when it's important. Also, teaching them some of the slang terms could help identify what they hear from the media or from their friends.

Know
Yourself

Value Statements and Sex for Young People

Before we can discuss issues of sexuality with our children in a positive way, we first need to consider our own values relating to early sexuality and childhood. We have talked throughout the book about the link between sexual well-being and emotional literacy. Only when we have awareness of the feelings and words to use in expressing our own sexuality, can we understand how our feelings direct our interactions with other people.

Consider the following statements. Some of them may require reflection and your answer might differ from that of your partner. That is okay. There are no right or wrong answers. The purpose of this exercise is to explore your own feelings and biases so that you are fully aware of the messages you may communicate to the young people in your life about love, relationships, and sexuality. Also, it's important that you engage in these discussions about values with your partner or spouse to decide what values you wish to pass on to your children.

Think about these statements and mark them as follows:

A for "I agree"

D for "I disagree"

____ Boys and girls should have the same toys in their toy chests.

____ I am comfortable having my child see me nude.

____ Infants should be allowed to touch and enjoy their own genitals.

____ I wouldn't mind if my child was gay.

____ It is the mom's job to teach about sexuality.

____ Five-year-old twins of different genders can bathe together.

____ Young children need to know the correct names of genitals.

____ You can harm children if you teach them about sex too early.

____ Parents should never fight in front of their children.

____ It is cute when 7-year-old girls have boyfriends or vice versa.

____ Parents can have their toddler girl's ears pierced.

____ Parents can have their toddler boy's ears pierced.

____ Children's cartoons contain too many sexist images.

____ Children should not fondle themselves.

____ It's okay for young girls to apply makeup to themselves.

____ I don't know what to say when my child asks me what sex is.

____ I want to be the one to teach my child about intercourse.

____ Parents should closely monitor children's time with television and other media.

____ My 11-year-old can go on group dates.

____ Parents should set the standards for what children can wear until high school.

____ I want my child to wait until marriage to have sexual intercourse.

Note that your values might change as you encounter new experiences, such as having children or grandchildren or going through a divorce and forming a new family. This is to be expected. Experience often impacts how we see things and we should expect that our values might well change as we grow and mature.

Source: Some questions adapted from Haffner, D.W. (2008). *From Diapers to Dating: A Parent's Guide to Raising Sexually Healthy Children from Infancy to Middle School.* New York: Newmarket Press.

SEXUALITY IN CHILDHOOD

As we have established, sexual development begins with the first breath of life and does not end until we draw our last breath (Coleman & Coleman, 2001; Freud, 1905; Friedrich, Fisher, Broughton, Houston, & Shafran, 1998). Sexuality is developmental, meaning it grows and changes throughout our lifespan. Childhood sexuality is especially sensitive to context and may vary significantly by culture (Ford & Beach, 1951; Herdt, 2009, 2010). In this section, we discuss the biological development of sexuality during childhood. We will also learn more about the social influences on our sexual development and the role that context may play in young people's sexual behaviors.

Infants are wired for physical touch and intimacy from the first moments of life.

Infants as Sensual Beings

For infants, the parent–child attachment creates the dynamics of what experts have called "tender, careful holding" practices (Ainsworth, 1967; Bowlby, 1999), which in turn create the capacity for affection and emotional response and lay the foundation for the sensual and sexual responses that occur in adolescence (Hrdy, 2010). And so for infants, sexuality begins with sensuality. Infants recognize when something feels good. They nuzzle up to a caregiver whose touch nurtures and comforts them; this type of touch is part of the foundation of future sexual behavior.

Within the first year of life, there is a surprising range of sexual responsiveness. Penile erections in young infants are common, and orgasm has been reported in boys as young as 5 months and girls as young as 7 months, although ejaculation doesn't occur in boys until puberty (Calderone, 1985; Kinsey et al., 1948). Alfred Kinsey (1948) and his colleagues reported that infant boys experienced orgasm from masturbatory activities that created rhythmic movements of the infants' body with distinct thrusts of the penis. Following the thrusts was muscle tension, and a release marked by convulsions or rhythmic contractions was observed. Though boys are incapable of ejaculation in infancy, it seems that all the necessary mechanisms for sexual response are present from birth. Kinsey and colleagues (1953) also noted comparable orgasmic experiences in infant girls.

As children move into toddlerhood, their sexual behaviors often become much more purposeful. Toddlers still perceive those physical sensations as sensual rather than sexual, but parents may worry that these are **sexualized behaviors,** meaning the behaviors are sexual in nature. In turn, parents begin to transmit value messages to their children with regard to these behaviors. These **value messages,** which can come from parents, teachers, or other authorities, communicate a value or moral statement about a particular behavior, issue, or event.

Sexualized behaviors during toddlerhood are mostly **autoerotic,** or self-stimulated. Toddlers find that stimulation of the genitals feels good to them. Driven by positive reinforcement, young children continue in these behaviors unless parents or other caregivers prohibit them from doing so. Parents often assign sexual motivation to these behaviors, which is the main reason they intervene when they notice their toddlers touching themselves or behaving in sexually curious ways. Inadvertently, parents' reactions send powerful negative sexual messages that children are not supposed to touch their own bodies. These messages often stay with children for many years, creating in them a sense of fear regarding the most intimate areas of their bodies. During toddlerhood, **sexual socialization** is taking hold. How a parent communicates sexual messages, in

sexualized behaviors
Human behaviors that are sexual in nature.

value messages
Moral statements regarding a particular behavior, issue, or event.

autoerotic
Behaviors that are self-stimulating.

sexual socialization
The process of learning values and norms of sexual behaviors.

terms of the meaning and emotion, whether consciously or subconsciously, is critical in a child's current and future perception of sexuality. It is highly appropriate to teach children concepts about boundaries and privacy because they will carry forward these subjective senses for the rest of their lives. However, discouraging children from touching their own bodies can often lead to later discomfort with the physical and sexual parts of oneself (Haffner, 2008).

Childhood Curiosity, Masturbation, and Sexual Play

Many influences affect children's sexual attitudes and behavior, including parents, siblings, peers, culture, and exposure to media, so it isn't surprising that there are variations in their sexual development. Nonetheless, children and adolescents do exhibit some common behaviors in particular age ranges. For example, children naturally express curiosity about many things between 2 and 4 years of age, and pediatricians now consider young children's interest in sex just another form of the "why" stage of development (Spock & Needleman, 2004). For example, many children express curiosity about where babies come from. They also show a lot of curiosity about the bodies of other children and adults, and this interest may lead them to engage in sexual exploration. By about age 4 or 5, the influence of culture becomes obvious, as children begin to have a sense of learned modesty and recognize the distinction between acceptable private and public behaviors, such as using the toilet, touching themselves, and being nude (Calderone, 1985; Goldman & Goldman, 1982; Herdt, 2009; Weiss, 2004).

Children may also display age-inappropriate behaviors or sexual behaviors that appear to be too mature for their age. Professionals may link atypical behaviors to sexual abuse or to an inappropriate level of exposure to sexual material, media, and information, although this is not always the case. Tables 11.1 to 11.3 summarize normative sexual behaviors as well as atypical ones for various age groups in childhood. Keep in mind that not all children experience these normative behaviors, because each person's sexual development is unique.

Professionals consider childhood masturbation a natural, common, and harmless behavior. Childhood masturbation typically occurs among one third of children from infancy through preschool (Steele, 2002). If children are not made to feel ashamed or guilty about their sexual feelings and masturbation, it is likely that they will be better able to enjoy their sexuality as adults (Leung & Robson, 1993). Masturbation does not cause any kind of physical injury to the body nor does it lead a child to become sexually promiscuous later in life. It is completely normal and is a wonderful way for children to learn about the sensations the body can produce.

By age 6, most children have learned cultural rules about touching themselves sexually. For example, in a study of 1,114 children aged 2–12, familial, cultural, and contextual influences regarding such issues as nudity, peer sexual interaction, and sexual behavior were present early in life but these factors became increasingly influential by adolescence (Friedrich et al., 1998). Many children in this age group become increasingly

Playing doctor is one way that children express typical and normative curiosity about their and others' bodies.

Table 11.1 Sexual behaviors in 2- to 4-year-olds

NORMATIVE BEHAVIORS	ATYPICAL BEHAVIORS
Touches or rubs own genitals when going to sleep, when tense, excited, or afraid.	Touches or rubs self in public or in private to the exclusion of normal childhood activities.
Explores differences between boys and girls.	Plays male or female role in an angry or aggressive manner. Hates own/other sex.
Touches the genitals or breasts of familiar adults and children.	Sneakily touches adults. Makes others allow touching, or demands touching of self.
Looks at nude people.	Tries to forcibly undress people.
Asks about genitals, breasts, and intercourse.	Asks strangers about genitals, breasts, and intercourse after parent has answered. Displays a sexual knowledge too great for age.
Experiences erections.	Experiences painful erections.
Likes to be naked. May show others his/her genitals.	Refuses to put on clothing. Secretly shows nude self in public even after warnings.
Is interested in watching people doing bathroom functions.	Refuses to leave people alone in the bathroom.
Is interested in having/birthing a baby.	Displays fear or anger about babies, birthing, or intercourse.
Is interested in own urine or feces.	Repeatedly smears feces.
Plays "doctor" and inspects others' bodies, including the same sex.	Forces other children to play "doctor."
Puts something in the genitals or rectum of self or others for curiosity or exploration.	Coerces or forces to the point of causing pain when putting something in genitals or rectum of self or other child.
Plays "house" and acts out roles of mommy and/or daddy.	Simulates real intercourse or oral sex without clothes on.

Table 11.2 Sexual behaviors in 5- to 8-year-olds

NORMATIVE BEHAVIORS	ATYPICAL BEHAVIORS
All behaviors for 2- to 4-year-olds plus:	*All behaviors for 2- to 4-year-olds plus:*
Thinks children of the opposite sex are "gross" or have "cooties." Chases them.	Uses excessively bad language against another child or deliberately hurts children of the opposite sex.
Talks about sex with friends. Talks about having a boy/girlfriend.	Talks about sex and sexual acts habitually. Is repeatedly in trouble with regard to sexual behaviors.
Wants privacy when in the bathroom or changing clothes.	Acts aggressive or tearful in demand for privacy.
Likes to tell and hear "dirty" jokes.	Tells "dirty" jokes even after exclusion from school and other activities.
Looks at nude pictures.	Wants to masturbate while looking at nude pictures or display them.
Plays games with same-aged children related to sex and sexuality.	Forces others to play sexual games.
Draws genitals on human figures.	Draws intercourse or group sex.

aware of how it is inappropriate to touch themselves in public places and that it should be done in privacy. If a child masturbates during naptimes and bedtimes, a healthy parental response is to ignore the behavior because it can be highly self-soothing and the child is doing it privately. However, the more open and honest parents are, the greater the comfort level of sexual expression in appropriate ways (Friedrich et al., 1998). Some children may tend to fondle themselves when they are tired or cranky, too (American Academy of Pediatrics, 2005; Hagan, Shaw, & Duncan, 2008).

Table **11.3** Sexual behaviors in 9- to 11-year-olds

NORMATIVE BEHAVIORS	ATYPICAL BEHAVIORS
Shows decreased interest in sexual play and sex games. May have intense or passionate friendships with same gender.	Forces younger children to participate in sexual games.
Shows curiosity and interest in sex.	Engages in sexual contact with children. Touches the genitals of others without permission (e.g., grabbing) even when told to stop.
Shows interest in sexual jokes and obscenities within the cultural norm.	Humiliates self or others with sexual themes.
Shows interest in nude pictures of same and opposite sex. Draws genitals on human figures.	Shows chronic preoccupation with nudity of same/opposite sex to exclusion of normal activities.
Engages in solitary masturbation.	Engages in compulsive masturbation (especially chronic or in public).
Shows some interest in hugging, kissing, holding hands.	Attempts to expose other's genitals; exhibitionism.
Shows some interest in dressing up/pretending to be opposite sex.	Forces peers to dress in sexually explicit manner.

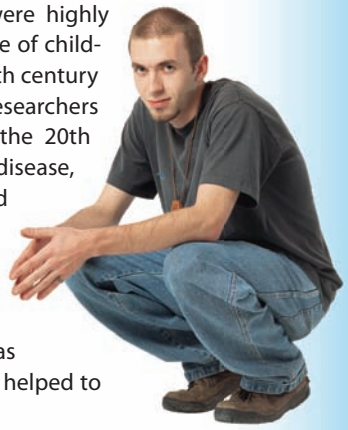
As you might be aware, masturbation has historically carried a bad reputation. Many parents still regard masturbation in childhood as abnormal, though research has long shown that it is normal in human development (Calderone, 1985; Coleman & Coleman, 2001; Goldman & Goldman, 1982; Weiss, 2004). See "Healthy Sexuality: Children and Masturbation" for a discussion of the history of masturbation and some of the myths that have surrounded solo sexual activity.

According to many psychologists and developmental experts, children begin to engage in sex play during the 3- to 7-year age range. Kinsey and colleagues (1948) reported that by age 5, 10% of all boys and 13% of all girls had experienced childhood sexual exploration and play. As children advance in their own cognitive development, they become aware of the physical differences between boys and girls (Lamb, 2006). This awareness also sparks curiosity about the bodies of others, so they may incorporate those individuals into their own sexual exploration. Typically these experiences will be with same-age peers with whom they spend the most time, either of the same or opposite gender (Fitzpatrick, Deehan, & Jennings, 1995). Children this age may engage in sex play with children of the same sex but it does not usually reflect sexual orientation. The reality of these play situations is that a 3-year-old who is touching another 3-year-old is not having "sex" with that child. They are most likely expressing natural curiosities about each other's bodies (Spock & Needleman, 2004). They are discovering that touching each other feels good. Despite the positive feelings they are getting from these interactions, it is unlikely that these behaviors will progress to anything further than enjoying their own interactions and sensations.

Appropriate sexual expression with peers has been found to support and lead to normative development in 2- to 12-year-olds (Fredrich et al., 1998b). The challenges of studying sexual behavior in childhood and adolescence make it difficult to predict the later significance of sexual expression with peers, but the normative effects make sense when we recognize that such learning actually may lead to important life and survival skills (Hrdy, 2010). In some primate species, for example, early sexual play lays the foundation for later successful male–female reproduction (Haffner, 2008). Primates that are raised in isolation and do not have the same opportunities for sexual play as those who live in the wild may have problems mating even when they are paired with an experienced mate (DeWaal, 1995). The finding suggests the possible importance of

Children and Masturbation

It may seem peculiar today, but in the late 1700s, masturbation was widely viewed by doctors as a serious mental illness, and it was suspected of being spread like a disease from one person to the next, requiring isolation, restraints such as straight-jackets, and other severe treatments. According to psychiatrist Thomas Szasz (2000), doctors believed that masturbation was the cause of blindness, sexually transmitted diseases, constipation, nymphomania, acne, painful menstruation, suicide, depression, and untreatable madness. There was no objective evidence for any of these claims, but countless children who were found to be masturbating were shackled and mistreated at the hands of parents, teachers, and doctors whose actions, by today's standards, would be called "child abuse" (Hunt, 1998). These beliefs were highly sex-negative and especially oppressive of childhood sexuality right up to the mid-20th century (Herdt, 2009). Nevertheless, medical researchers published hundreds of papers into the 20th century about masturbation as a disease, calling for circumcision for males and cauterization of the clitoris for girls to prevent masturbation. In the 20th century, progressive baby doctors such as Benjamin Spock (Spock & Needleman, 2004), whose work was read by as many as 50 million people, helped to change these attitudes.



early sexual curiosity and play interactions for intimate interactions later on, for human and nonhuman primates alike (Fitzpatrick, Deehan, & Jennings, 1995).

Children begin to enact **marriage scripts** by about age 5. The scripts include their ideas about how married couples interact intimately. They also help instill messages about the value of reproduction and having children. Having spent time learning about the relationships of their parents, children begin to emulate these relationships. For example, if a child has parents who are openly affectionate, children may mimic these actions. Conversely, a couple who refrains from public displays of affection may see little physical interaction in their children's scripts. Children might "catch" their parents in a sexual act that they may later imitate in their own play. Parents might talk to their children about what they saw and explain the behavior in a positive context rather than condemning their children's natural inclination to imitate what they have seen. Having a positive attitude about such issues appears to be significant for developing resilience (Ford & Beach, 1951; Herdt, 2010).

marriage scripts
Mental or cognitive representations of marriage including ideas about how married couples interact.

As with masturbation, some parents and caregivers exhibit concern, anger, or worry if they see their children engaging in sexual play. We know that these concerns often center on emotional, psychological, or sexual effects that might result from this behavior. However, there is no evidence to suggest that child-to-child sex play causes any lasting negative consequences for later sexual development (Okami, Olmstead, & Abramson, 1997).

One aspect of growing up is learning to negotiate crushes and new romances. Some may consider age 9 or 10 too young to dive into these conversations with children, but parents know that some young people are talking about these issues more openly than ever. In fact, children are now writing books to offer advice on negotiating love interests. One boy who offers advice on how to approach the opposite sex is Alec Greven, a bright 9-year-old who is actively interested in the opposite sex. In his book *How to Talk to Girls,* he writes about the formation of crushes and the way

Children begin developing marriage scripts, ideas about how married couples interact, by about age 5.

WHAT'S ON YOUR MIND?

Q: *My 5-year-old nephew is constantly touching himself and his mom is really getting scared that he is going to be constantly masturbating when he grows up. Is this behavior normal and how should she deal with it?*

A: Your nephew's behavior is quite common. Like most of us, he has learned that when you touch your genitals, it feels good. We would caution you to approach the subject positively. Tell him that you know it feels good and he is welcome to explore his own body but that it is something that should be done in privacy.

that boys try to win girls in the "disease of love." Alec describes how to interact with girls for the first time and has even written a script for what to say to them. He talks about giving them small gifts and relating to them on their own terms. He also tells kids what to do when they are noticed and how to "be nice and friendly."

As children move into adolescence, their sexual curiosities and desires deepen and change as they begin to consider romantic and sexual relationships. In addition to these exciting possibilities, they find themselves in a whirlwind of change as their bodies enter puberty. Just as desirable as an environment that encourages sexual literacy in childhood is one that allows adolescents to flourish during this period of sexual development.

SEXUALITY IN ADOLESCENCE

Do you recall any awkward memories about middle school? Many people exclaim that this time in their life, the beginning of adolescence, was uncomfortable. Researchers struggle with the age parameters for this part of the life cycle (Lerner & Steinberg, 2004; Tolman, 2006). Some researchers who study biological development say that adolescence encompasses the ages when adolescent maturation occurs, roughly 10 to 18 years old, though other perspectives on adolescence that emphasize identity development and emotional maturation view this phase as stretching from age 10 or 11 to the late 20s. Many professionals divide adolescence into early, middle, and late stages to more fully discuss the differences and nuances of development during the adolescent years.

The Magical Age of 10: Development of Desire

Around the age of 10, children display more purposeful sexual behaviors than younger children do. For example, they may become nervous as their bodies begin to change and they begin avoiding the opposite sex. They may seek out more privacy in their daily lives. They may or may not show romantic interests in others, but as puberty takes form, children may show an increase in sexual desire. Generally, in early adolescence, sexual desire begins with self-exploration, and then, romantic and sexual expression, typically with other peers (Fredrich et al., 2001; Laumann et al., 1994).

Adolescents spend a lot of time juggling pleasure and risk. While they learn that sexual activities bring intense physical pleasure, they also learn that sexual activities come with an element of risk that they must negotiate. During this time, adults can help adolescents understand the pleasures of sexuality as well as help them deal with the risks of sexual activity.

We saw earlier how 9-year-old Alec Greven expressed his interest in attracting girls. Here we can see the magical age of 10 at work. Alec's book is a window to the mind of a real boy who is figuring out how to act on his attractions. For anyone who thought

that 9 or 10 was too young to start expressing sexual desire, Alec actually wrote the book when he was 8! You may be surprised to learn that a sample of heterosexual males shows clearly that many boys who are physically active and aware of their bodies may have awareness of their sexual feelings and attractions toward the opposite sex by age 9 (Bailey & Oberschneider, 1997).

The Biological Changes of Adolescence: Pubertal Development

Puberty is a word that often provokes a strong reaction. People tend to remember puberty as a time of physical change and strong emotions. It's no wonder, given all the changes that do occur. But puberty is a process, one that includes physical, mental, and behavioral changes and takes a few years to complete.

The primary change of puberty is the maturation of the reproductive system. Though you might think that puberty starts at about age 12, the process actually begins at around age 6 to 7 and continues into the early teens (McClintock & Herdt, 1996). Between the ages of 6 and 8, the adrenal glands begin to mature in a process called **adrenarche.** They secrete *DHEA,* a hormone that converts to testosterone in boys and estrogen in girls. In addition, between the ages of 8 and 14, the hypothalamus increases secretions that cause the pituitary gland to release **gonadotropins,** specifically follicle stimulating hormone (FSH) and luteinizing hormone (LH), which stimulate activity and growth in the gonads of both boys and girls. This process is called **gonadarche.** In boys, gonadotropins spur development of the testes and production of testosterone. In girls, gonadotropins increase estrogen levels in the ovaries. Levels of these sex hormones continue to increase throughout pubertal development into the midteens, and sometimes longer.

adrenarche
The process of maturation of the adrenal glands; often thought of as one of the first markers of pubertal development.

gonadotropins
Chemicals that stimulate activity and growth in the gonads of both boys and girls.

gonadarche
Refers to the earliest gonadal changes of puberty; in response to gonadotropins, the ovaries in girls and the testes in boys begin to grow.

A wealth of research shows how the pubertal process is associated with the development of sexuality, and especially with sexual feelings and attractions. *Attraction* here means really liking someone or wanting to be close or intimate with them, though not necessarily with genital sexual arousal. These feelings seem to emerge after adrenarche begins and take wings around ages 9 or 10 for boys and girls, typically around fourth grade in the United States. This occurs among boys and girls, both heterosexual and homosexual, in the United States and in other cultures (Herdt, 2006; Herdt & McClintock, 2000).

In addition to the maturation of the reproductive system, the development of secondary sex characteristics occurs during puberty. **Secondary sex characteristics** are physical characteristics other than genital development that are signs of maturation. A growth spurt, body hair growth, changes in body contours, breast development, and enlargement of the external genitals are all a result of increasing levels of sex hormones in the pubescent individual. Figure 11.1 shows the secondary sex characteristics in females and males.

secondary sex characteristics
Physical characteristics that indicate pubertal development other than genital development.

A curious fact surrounding pubertal events for boys and girls is that the internal and external signs of puberty seem to happen on opposite spectrums. For example, external anatomical changes are often the first sign of puberty in girls, while boys tend to undergo internal hormonal changes that produce physical changes in their genitals before the world sees any outward evidence of pubertal development (Worthman, 1998). Let's explore these differences.

Puberty for Girls Besides adrenarche, we often see the growth spurt as the first marker of female pubertal development. Between the ages of 10 to 12, girls usually experience a noticeable change in height. This growth continues throughout pubertal development and concludes between the ages of 14 and 16 when sex hormones send messages to close the long ends of the bones, which prevent our bodies from growing any taller. In addition

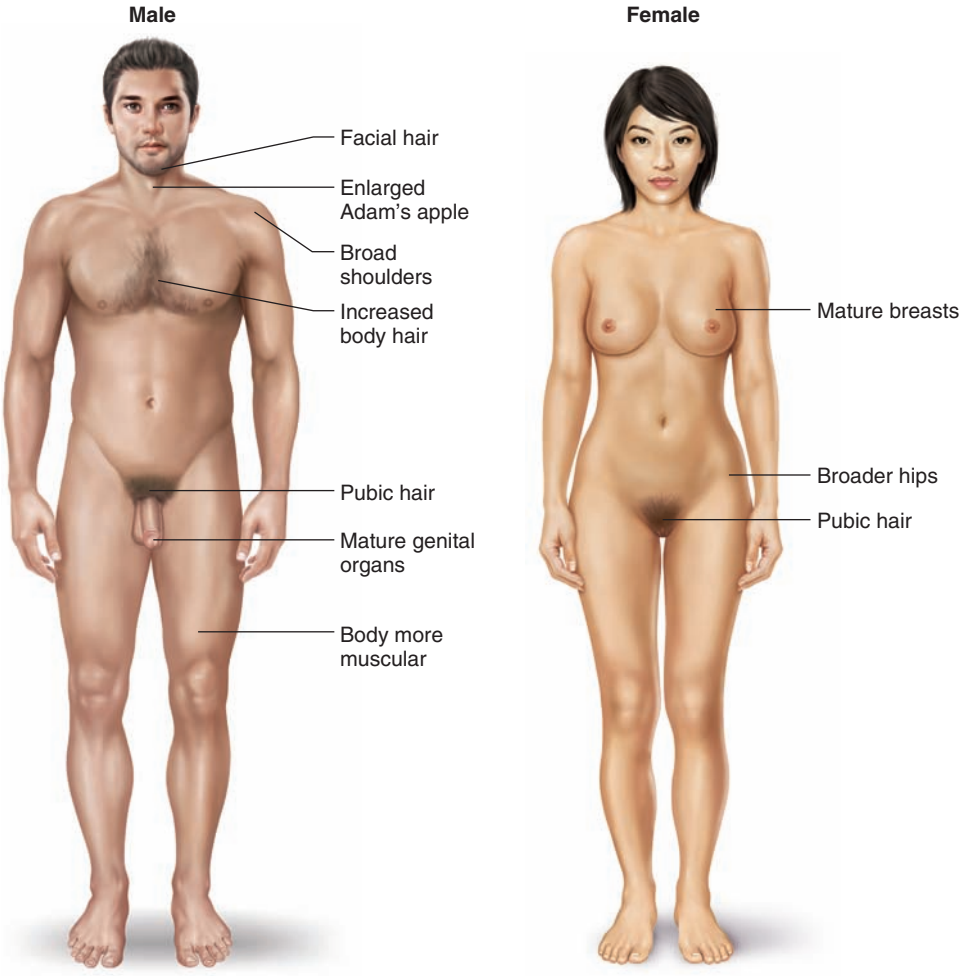


Figure **11.1**
Secondary sex characteristics in males and females.

to changes in height, breast development and growth in pubic and underarm hair begin. An adolescent girl will also notice her body contours changing, as her hips widen to facilitate easier childbirth in the future.

Menarche, the first menstrual period, typically occurs at 12–14 years of age (Brooks-Gunn & Reiter, 1990; Coleman & Coleman, 2002). In the United States, the average age at menarche is approximately 12.4 years. The age of menarche is determined by a collection of factors including heredity, ethnicity, nutrition, and body fat. The age of menarche dropped dramatically in the 20th century, though the range seems to have remained relatively stable in the last 40 years or so. We refer to this decline in age as the **secular trend.** Figure 11.2 shows the secular trend for several societies in the last two centuries. Figure 11.3 lists pubertal events in girls and the average ages at which these changes occur.

secular trend
The decline in the age of menarche during the 20th century.

Girls generally react well to the changes of puberty if they are well prepared for them. Research shows that parents who are open and honest about sexuality tend to produce children who are themselves more comfortable with and express sexual behavior in appropriate ways (Fredrich et al., 1998b). Conversely, adolescents who have not been prepared for puberty may find it difficult to deal with these changes, as noted in the large Scottish study cited earlier (Wright et al., 2006).

precocious puberty
Puberty that occurs several years before the average age in a given society.

Some girls experience **precocious puberty,** which is puberty that occurs several years before the average age in a given society. In most developed nations, precocious puberty begins at age 9 or before. When a girl experiences menarche this young, she often looks much older than her peers. This apparent maturity can attract the attention of older adolescents, which places her at risk for engagement in early sexual activity (Ge, Conger, &

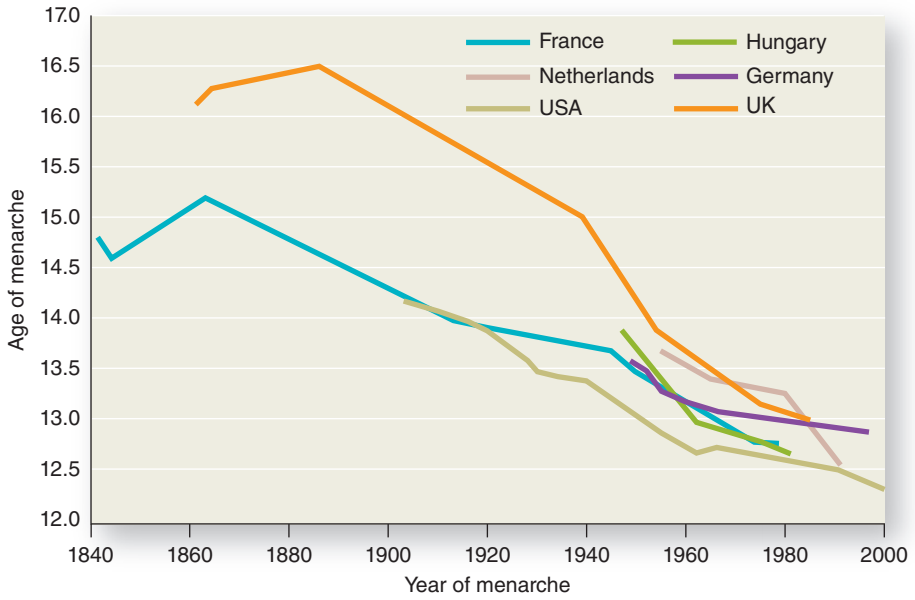
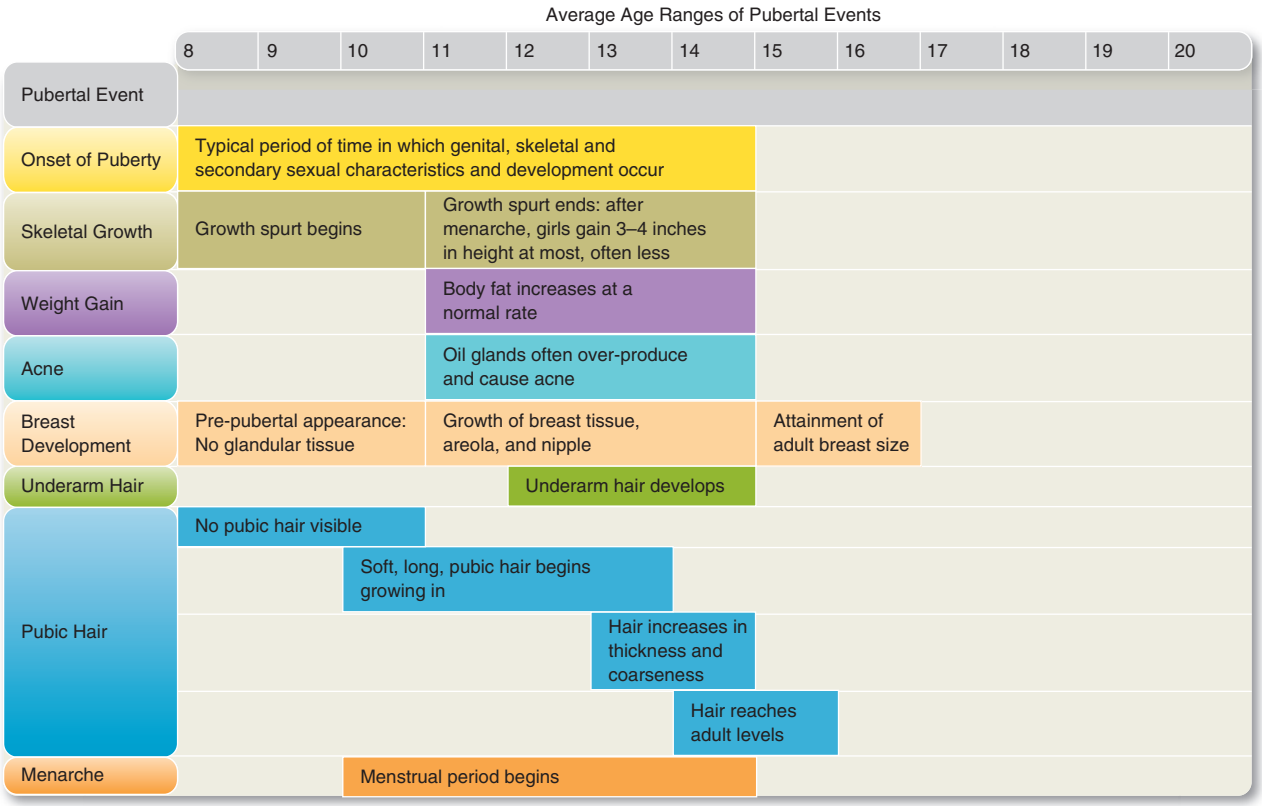


Figure 11.2
Graph of the secular trend in the United States and other Western countries. Researchers attribute the downward trend in the age of menarche to such factors as improved childhood nutrition and stress due to parental divorce and other family problems.
Source: J Epidemiol Community Health 2006; **60:**910-911 doi:10.1136/jech.2006.049379]

Elder, 1996). It also places her at a higher risk for earlier related sexual issues, including an increased chance of unintended pregnancy (Schuler et al., 2008). In addition, she may experience emotional states like depression, low self-esteem, and anxiety associated with pubertal development as a result of an increasingly complex environment that exposes adolescents to a variety of stressors and challenges (Brooks-Gunn & Reiter, 1990;

Figure 11.3
Pubertal events in girls.
Sources: Coleman and Coleman (2002); Brooks-Gunn & Reiter (1990); Lee (1980).



Ge et al., 2001; Russell et al., 2008; Worthman, 1998). Some of these traits, such as depression, appear to be more common in some cultures than in others (Russell et al., 2008), and may occur disproportionately more to girls than boys (Worthman, 1998).

Puberty for Boys For boys, pubertal development often starts with events not typically visible to the public. Testes growth begins to occur around the age of 12 for most boys in the United States (Brooks-Gunn & Reiter, 1990; Coleman & Coleman, 2002). The penis, prostate, and seminal vesicles begin to grow and mature at this time. Approximately 1 year after the penis begins to grow, boys become capable of ejaculation. **Spermarche,** the first ejaculation, often occurs when boys are asleep. This kind of ejaculation is also known as *nocturnal emission.* Pubic hair growth begins and the voice starts to deepen. By about age 14, boys begin to experience their growth spurt, which usually lasts well into the latter part of their teenage years. Underarm and facial hair develops later in puberty. Figure 11.4 lists the pubertal events in boys and the average ages at which these changes occur.

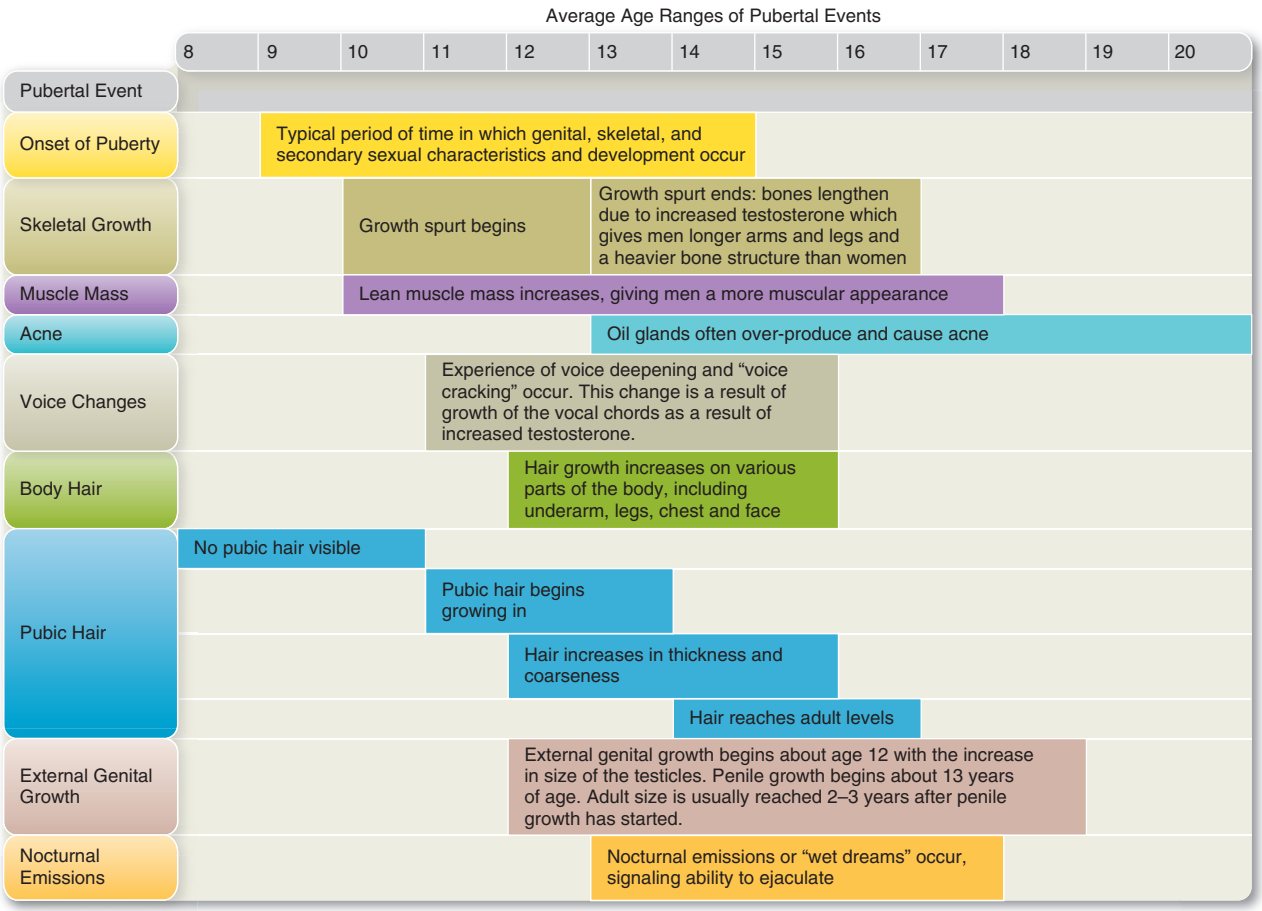
spermarche
First ejaculation; occurs during male pubertal development.

As with girls, how well adults prepare adolescent boys for pubertal development is critical in his comfort with the bodily changes. For example, a boy who experiences a nocturnal emission and is unaware of what it is may feel embarrassed or ashamed (Kinsey et al., 1948). Conversely, a boy who is informed about it will usually approach it with positive feelings and possibly a sense of pride regarding the maturation of his body (American Pediatrics Association, 2005).

With regard to timing, delayed puberty may be problematic for boys. They may experience some internal distress, such as insecure feelings, over the delay. Additionally,

Figure 11.4

Pubertal events in boys.
Sources: Coleman and Coleman (2002); Brooks-Gunn & Reiter (1990); Lee (1980).



WHAT'S ON YOUR MIND?

Q: *My girlfriend, who is African American, says that she developed sexually at a very young age because of her early pubertal development. She feels that this has allowed her to become more aware of her sexuality and how people respond to her sexually. Is this normal?*

A: Studies show that many African Americans may develop pubertal characteristics, such as breasts for girls, earlier than in other ethnic groups. Sometimes earlier development may be associated with other issues, such as weight or diet, but it may also be linked with the earlier onset of sexual relationships, though not necessarily. Your girlfriend may be one of the fortunate individuals who are resilient, able to adapt to early pubertal changes, and achieve sexual well-being and relational success.

research has confirmed that precocious puberty can be problematic for boys (Ge et al., 2001). They may display high levels of externalized hostility and internalized distress.

Ethnic Diversity in Pubertal Changes There are some known ethnic differences in pubertal timing, although these are difficult to study due to restrictions on research involving minors in the United States (Fredrich et al., 1998b). However, pediatric studies have tended to reveal evidence of significant ethnic variation in menarche for girls (Chumlea et al., 2003; Herdt & McClintock, 2000). For example, the population of African American girls typically reaches menarche at an earlier age than the populations of White American and Hispanic American girls in the United States.

Similar variations occur worldwide. Due to the considerable differences in diet and health around the world, we see quite a difference in age at menarche. Generally, the average age of menarche is higher in countries where individuals are more likely to be malnourished or to suffer from diseases. For example, in the United States and western Europe, the average age of menarche ranges from 12 to 13 years, whereas in Africa the range is from 13 to 17 years (Worthman, 1998). The wider variability in Africa is due to the range of health and living conditions that exist on that continent (Hrdy, 2010).

Romantic Relationships

As they mature, boys and girls want to develop their flourishing sexual feelings. As recently as 10 years ago, research on adolescent relationships focused mainly on peers and parents. In the past decade, though, researchers began looking at romantic interests and relationships in adolescence (Meier & Allen, 2009). As a result, we are beginning to understand how adolescent romantic relationships impact human sexual development.

Despite the media stereotypes of sex-crazed teenagers driven by hormone surges, adolescents show an increased interest in romantic relationships as they explore the wide world of sexual behaviors (Schalet, 2001). For them, it is not necessarily all about "sex." Young people are quite interested in developing lasting romantic relationships; and dating and romantic relationships are of paramount importance, even early in adolescence, as we saw with Alec Greven. Teenagers make some of the most important developmental and interpersonal connections of their lives (Furman, 2002). Over 50% of all adolescents report having been in a romantic relationship within the previous 1.5 years, and by their 16th birthday most report spending more time with romantic partners than they do with family or friends (Furman, 2002). For boys especially, but also for girls, these intense intimacies tend to move them away from their parents and families (Tolman, 2006).

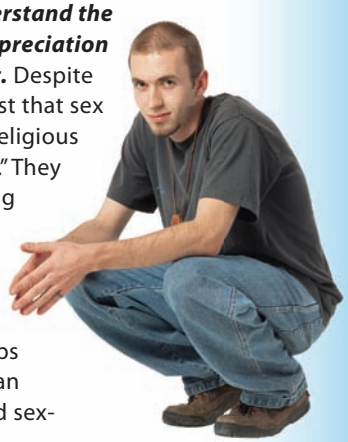
Teenage romantic relationships also contribute to their emotional literacy and provide a context in which to understand their sexual behaviors, motivations, and intentions.

Religion and Adolescent Sexual Relationships

Few researchers have examined the effect that religious belief has on sexual health, but an important study sheds light on how much religion or deeply held spiritual beliefs affect teens' sexual relationships (Regnerus, 2007). Here are the key findings:

- ***The degree of religious devotion is more important than religious affiliation in youths' sexual decision making.*** For religion to make a difference, however, young people need additional reinforcement from authorities like parents, friends, and other family members who teach religious perspectives about sexuality in order to compete with the more sexually permissive scripts that exist outside religious circles.
- ***Parental conversations around sexuality lack content and do not occur often enough.*** Religiously devout parents talk less about birth control and sex and talk more about sexual morality. African American parents who are religious tend to talk with greater ease about sex and contraception. Religious parents struggle with conversations about sexuality, in part because they do not understand it in the context of religious teachings and texts. Their adolescents, then, have a limited understanding of sexuality, pregnancy, and other sexual health issues.
- ***Religion has a great impact on sexual attitudes.*** Youths who are devoutly religious anticipate guilt from engaging in sexual activity and are less likely to believe that sex can be pleasurable. In addition, they may think that engaging in sexual intercourse will damage their future education and financial status. This notion may contribute to the trend of Protestant and Jewish adolescents replacing vaginal intercourse with oral sex and pornography.
- ***"Emotional readiness for sex" is a slippery phrase.*** The phrase "being emotionally ready for sex" resonates with religious youth, but they can only really understand it after they have engaged in sex. If an adolescent has sex and later regrets it, it might be said that the individual was not "emotionally ready." If the person doesn't regret it, the deduction would be that he or she was ready. Religious adolescents talk about sexual norms that have little to do with religion. These norms are (1) don't allow yourself to be pressured or to pressure someone else into having sex; (2) sleeping around harms your reputation; (3) you are the only person who has the authority to decide if a sexual relationship is okay; and (4) sex should occur within the framework of a "long-term relationship," which is defined as one that has lasted at least 3 months.
- ***The success of abstinence pledging is mixed.*** The more religious an adolescent is, the more likely he or she is to pledge abstinence before marriage. Pledgers, particularly the girls, tend to have great expectations about marital sex. Most pledgers break their promise, and in 7 out of 10 cases, the lapse in abstinence does *not* happen with their future spouse. Most pledgers do significantly delay their first experience of intercourse. They also tend to have fewer and more faithful sexual partners. While these outcomes seem positive, a darker side is that many pledgers do not use contraception when they engage in sex for the first time.
- ***Despite mass media's representation, American teenagers are not oversexed.*** The way the media represent adolescent sexuality generally gives the impression that adolescents today are excessively focused on sex. This picture does not match what adolescents reveal in research. Though most teenagers engage in sexual activity, many have not had sex as early as people may think.
- ***Evangelical Protestant youths may have less permissive attitudes about sex than other religious youths, but they are not the last to lose their virginity.*** Evangelical Protestant teens living in the United States, which prizes individualism and self-focused pleasure, also abide by a religious tradition that teaches values such as family and abstinence. These kids try to honor both, a difficult task, indeed. What results is a tension of "sexual-conservatism-with-sexual-activity, a combination that breeds instability and the persistent suffering of consequences like elevated teen pregnancy rates" (Regnerus, 2007, p. 206).
- ***U.S. youths believe in contraception but use it inconsistently.*** Although 92% of religious teenagers, including Catholics, Mormons, and Protestants, agree with the use of contraception, 30–40% of them fail to use it in their first experience of intercourse. According to these teenagers, being prepared to use contraception looks like they wanted to have sex, which is a clear violation of religious teaching.

- ***Technical virginity may not be as common as media reports claim it is.*** **Technical virginity** is a belief that one can engage in sexual behaviors, including oral and anal sex, and still maintain the state of virginity by abstaining from vaginal intercourse. This term presents problems because of differing opinions about what constitutes virginity. It also excludes gays and lesbians because some people describe the loss of virginity as penile–vaginal penetration.
- ***The practice of anal sex is increasing among heterosexual teenagers.*** Although some may think that anal sex is another way to maintain technical virginity, more religious teenagers stay away from this practice. It is increasing among teenagers who are not religious. So while it seems that many teenagers are remaining fairly traditional in their sexual practices, this landscape may be changing.
- ***Few adolescents are able to understand the religious tension between the appreciation of sex and apprehension about it.*** Despite the fact that religious texts suggest that sex is an important part of life, most religious youth are simply told, "Don't do it." They do not get to discuss their budding sexuality in any context other than avoidance. This failure to provide the knowledge and skills to protect oneself and also form positive intimate relationships puts adolescents at risk, rather than encouraging healthy sexuality and sex-positive dialogue.



Many theorists believe that adolescent romance is an integral part of learning how to engage in adult romantic relationships. In the United States, because we now delay marriage significantly, most individuals do not enter marriage as blank romantic slates. Rather, they often have extensive and progressive experience with romantic relationships (Meier & Allen, 2009).

People often wonder if adolescents who identify with a particular faith tradition and those who do not follow a particular faith have similar experiences with relationships and sexual behaviors. For a discussion of religion and its impact on adolescent sexuality, see "Healthy Sexuality: Religion and Adolescent Sexual Relationships."

technical virginity
A belief that one can engage in sexual behaviors, including oral and anal sex, and still maintain the state of virginity by abstaining from vaginal intercourse.

Sexual Identity

Adolescents also begin the process of forming a sexual identity and coming to understand their own desires, needs, and hopes for sexual fulfillment. As explained in Chapter 10, sexual identity seems to have its seeds in childhood, shaped by both biology and environment. Although sexual identity continues to form throughout adulthood for some individuals, many people tend to consolidate their sense of sexual identity during their late teens and early 20s (Diamond, 2008; Katchadourian, 1990; Rosario, Schrimshaw, Hunter, & Braun, 2006).

Society's assumption appears to be that all individuals begin life under the heterosexual umbrella. If they do not find comfort there, they relocate to a smaller umbrella. This smaller umbrella may not provide as much protection from the elements, but it might fit their sexual identity. This transition can be critical in adolescence. Boys and girls alike may experience a time of questioning, exploration, and experimentation as they make important decisions about their own sexual identity. For example, a young woman who identifies herself as heterosexual may question this identity if she becomes sexually aroused after viewing a sexually explicit photograph of another woman. Many adolescents often try to assign meaning to or question their sexual identity in response to these kinds of occurrences.

Discussing sexual identity, particularly a sexual minority identity, can be emotional for adolescents and their parents (Levkoff, 2007). Because our culture still

Teenagers may try on different sexual identities as they try to find one that fits their needs and desires.

discriminates against gays, lesbians, bisexuals, and transgender individuals, parents would seek to shelter their children from these harsh realities, whether or not they support their child's sexual identity. Common questions that youths ask about sexual identity and orientation help to anticipate such discussions (Levkoff, 2007):

- Do gay men want to be women? Do lesbians want to be men?
- What is it called if someone has two moms or two dads?
- How do gay people have sex?
- What makes someone gay?
- What do I do if I think I am gay?
- Would you be disappointed in me if I were gay?
- What is homophobia and why are some people like that?
- How many people are gay or lesbian?
- Do gay people want to turn other people gay?
- What do you do if you find out one of your friends is gay?

Questions such as these may or may not reflect a young person's own sexual identity. The point is that when they are answered with a positive attitude, young people feel accepted and comfortable in their own skin regardless of their sexual orientation and identity.

Sexual identity development can be a daunting task for adolescents grappling with same-sex attractions, particularly if they think that these attractions are not normal. For years, the term *heterosexuality* has been the norm in reference to sexual identity, perhaps because heterosexual individuals make up a majority of the population. In the research literature about sexual identity formation for sexual minority men and women, we find some common threads. One common thread involves signs of a same-sex sexual orientation, such as feelings of being different as a child (Savin-Williams, 2005). Another thread is that adolescents report same-sex attractions or a lack of attraction for the opposite sex, and subsequently engage in same-sex experimentation that might lead to self-identification as lesbian, gay, or bisexual (Diamond & Savin-Williams, 2000). For sexual minority women, however, sexual identity development (both lesbian and bisexual) seems to differ in several ways from the sexual identity development for sexual minority men:

- Some women have no childhood or adolescent recollections of same-sex attraction.
- Many sexual minority women experience same-sex attractions for the first time in adulthood as a result of exposure to lesbian, gay, or bisexual ideas or people.
- Sexual minority women may develop an emotionally intense attachment to one particular woman.
- Sexual minority women may experience multiple abrupt changes in sexual attractions over time.

The variations in women's sexual attractions, behaviors, and relationships are more typical than researchers once perceived. These differences mean that the process of sexual identity formation for women may look quite different than it does for men (Diamond, 2008; Diamond & Savin-Williams, 2000).

Sexual Behaviors in Adolescence

Adolescents may approach sexual behaviors with curiousity, anxiety, elation, and excitement. Their attitudes about romantic relationships and sexual behaviors reflect the messages they have recieved from those closest to them as well as from the larger social context. They begin to make decisions based on those messages. If they have received positive messages, their decisions may reflect emotional maturity and readiness, as well as an intention to protect themselves and their partners from unintended events such as pregnancy or STIs. Table 11.4 characterizes normal and atypical sexual expression of adolescents.

Masturbation Masturbation is an important milestone in adolescent sexual development. Research shows that by the end of adolescence nearly all males and many females have masturbated (Fredrich et al., 2001; Laumann et al., 1994). Just as autoerotic behaviors serve a sensual purpose in infancy and early childhood, masturbation serves an important sexual purpose in adolescence. Not only does it provide an avenue for the release of sexual tension, but masturbation is also an educational experience for many individuals. It is a positive and safe way for people to learn about their bodies and begin to understand what feels good to them. Equipped with this knowledge, individuals can later communicate that knowledge to sexual partners and enjoy a more satisfying sexual life.

Touching, Making Out, and Other Sexual Behaviors Do you remember the first time you made out with someone? Did it stir intense feelings within you? As individuals progress through their teenage years, they naturally desire to experience sexual pleasure.

Table 11.4 Sexual behaviors in 12- to 18-year-olds

NORMATIVE BEHAVIORS	ATYPICAL BEHAVIORS
Has intense sexual curiosity and sexually explicit conversations with peers.	Has sexually explicit conversations with significantly younger children.
Uses sexual obscenities and jokes within cultural norms.	Humiliates self or others with sexual themes.
Displays strong sexual attraction to the same or opposite sex, or both.	Engages in obscene phone calls, voyeurism, and sexual harassment.
Engages in sexual innuendo, flirting, or petting. May have intense brief romances.	Makes sexually explicit threats either verbal or written.
Engages in solitary masturbation.	Engages in compulsive masturbation (especially chronic or in public).
Shows interest in erotica and pornography and may seek this out on the Internet.	Shows chronic preoccupation with sexually aggressive pornography.
Participates in hugging, kissing, holding hands, and bodily closeness.	Attempts to expose other's genitals; exhibitionism.
Engages in foreplay (petting, making out, fondling) and mutual masturbation. Moral, social, or family rules may restrict these behaviors but they are developmentally normal, and are not illegal when private, consensual, equal, and noncoercive.	Has sexual contact with minors/children with a significant age difference (child sexual abuse). Touches the genitals of others without permission (e.g., grabbing) even when told to stop.
Engages in sexual intercourse with a partner over time, probably monogamous. Stable monogamy is defined as a single partner throughout adolescence. Serial monogamy indicates involvement of several months or years that ends and is followed by another. Sexual involvement may also be casual and include sexual encounters with a variety of individuals.	Forces sexual contact with peers, adults, or minors (sexual assault). Forces sexual penetration (rape). Engages in sexual contact with animals.

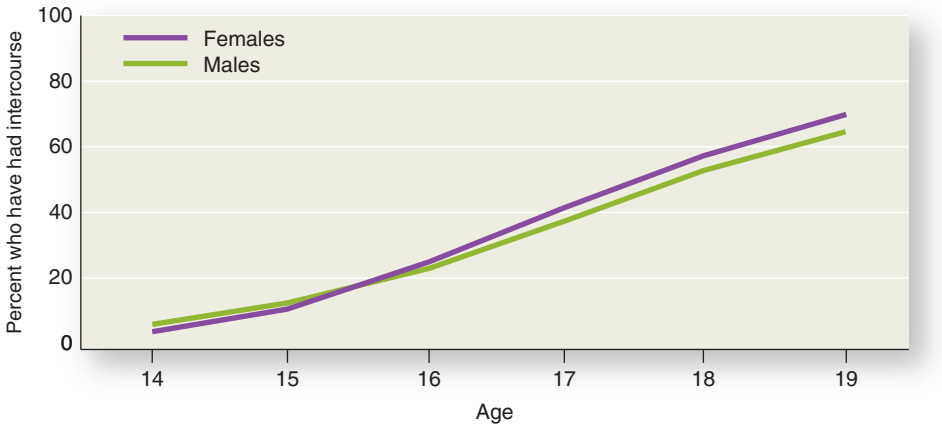


Figure **11.5**
Sexual intercourse among teenagers. Sexual intercourse is rare among very young teens but becomes more common in the later teenage years.
Source: Data from CDC (2011).

These feelings are present early in life (Levkoff, 2007). In addition to continued exploration and curiosity about their own bodies, adolescents begin to want to connect intimately with another person.

Noncoital sexual behaviors, erotic sexual behaviors that exclude intercourse, are another milestone in the sexual development of adolescents. To maintain their technical virginity, adolescents often feel free to engage in noncoital sexual expression to connect with one another. Necking, petting, mutual masturbation, and making out are all ways in which adolescents begin to express their sexuality and erotic feelings while maintaining some safety with regard to pregnancy.

Extensive research shows that oral sex is increasing in adolescence (Regnerus, 2007), as it is in the general population (Sanders & Reinisch, 1999). Some researchers think that adolescents consider oral sex a safer activity than intercourse in terms of social, emotional, and health consequences. Consequently, adolescents often do not use protection, which puts them at risk for STIs that are easily transmitted through oral–genital activity.

Sexual Intercourse Engaging in intercourse for the first time can be one of the most exhilarating experiences in an adolescent's life, especially if the teen enters into it equipped with accurate knowledge and is emotionally prepared to accept the responsibilities of an intimate relationship. A variety of motivations and emotions surround an individual's decision to have sex for the first time. It is common today for adolescents in long-term relationships to say they engage in intercourse because they feel a close connection to their romantic partner and desire a deeper connection or further intimacy with that individual (Overbeek et al., 2003). Some adolescents, however, want to engage in adult sexual behavior or satisfy their sexual curiosity, both of which may result in casual sexual relationships rather than intimate ones (Overbeek et al., 2003).

Young men tend to report their first sexual intercourse experience as quite positive. Girls have a different response. A significant proportion of teenage girls report that they really did not want it (Thompson, 1995). They weren't necessarily forced into having sex, but girls may feel external pressure either from partners or peers that led them to make a decision they were not totally comfortable with. In addition, young women feel a wide range of emotions regarding their first experience of sexual intercourse. The reactions most often reported by women after having sex for the first time are feelings of pleasure/romance, anxiety, and guilt (Guggino & Ponzetti, 1997). With regard to painful first sexual intercourse experiences, a significant proportion of women feel some physical pain, usually because they are nervous or unprepared for the

actual physical act of penetration; about one third report no pain at all (Thompson, 1995). Figure 11.5 shows the percentage of teenagers who have had intercourse.

STIs, Pregnancy, and Contraception

Why does the United States have one of the highest rates of teenage pregnancy and STIs in the world? For one thing, teenagers are not using contraceptives effectively (CDC National Center for Health Statistics, 2010). Even more disconcerting is that most teenagers do not use contraception during the first several times they engage in sexual intercourse. What is encouraging, though, is that the teenage pregnancy rate seems to be slowly declining (Hamilton & Ventura, 2012). In fact, as illustrated in Figure 11.6, the birth rate among teens is currently only 50% of what it was in 1990 (National Campaign, 2012). Some polls show that today's teenagers are more likely to use contraception than teenagers 10 to 20 years ago (CDC National Center for Health Statistics, 2006).

Because teens may feel overwhelmed when gathering information about contraceptive methods, they have some misconceptions about them. These misconceptions often relate to how a particular device works. For example, many individuals are unaware that a diaphragm must be left in place for at least 8 hours after intercourse to maximize its effectiveness. Confidentiality is another major concern. Teenagers may feel anxious about talking to their family physician about contraception. Even college students worry that their parents will receive a statement if they seek contraception from their campus health center.

We currently live in a culture that delays marriage and childbearing for the sake of higher education and careers. Also, the sluggish economy of recent years has forced more young people in their 20s and 30s to continue living at home with their parents. These changes are critical because people may experience a much longer period of sexual needs and engage in sexual behaviors prior to committing to one person, if they choose to

DID YOU KNOW

- Most teenage births are to girls ages 18 and 19 (Martin et al., 2009; National Campaign to Prevent Teen and Unplanned Pregnancy [National Campaign], 2012).
- The rate of teen pregnancy in the United States has declined by 50% since 1990 (National Campaign, 2012).
- More than 730,000 teenagers become pregnant every year and about 430,000 give birth (National Campaign, 2012).
- Approximately 3 in 20 teenage girls become pregnant at least once before the age of 20 (National Campaign to Prevent Teen Pregnancy, 2009).
- The birth rate for U.S. teenagers fell 9% from 2009 to 2010, to 34.3 per 1,000 women aged 15–19, the lowest level ever reported in the seven decades for which consistent data are available (Hamilton & Ventura, 2012).
- Fewer babies were born to teenagers in 2010 than in any year since 1946 (Hamilton & Ventura, 2012).

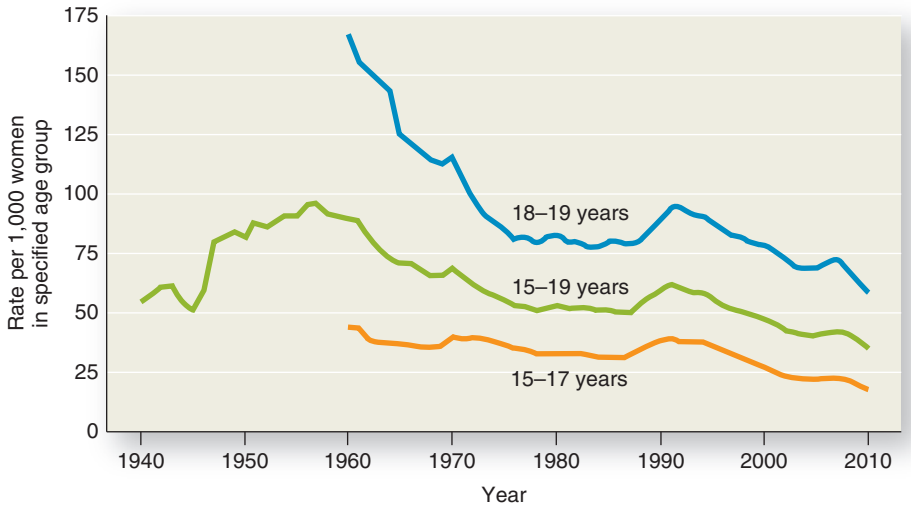


Figure **11.6**
Birth rates for U.S. women aged 15–19 from 1940 to 2010 and by age from 1960 to 2010. In 2010, fewer babies were born to teens than in any year since 1946.
Source: Hamilton & Ventura (2012).

Although the rate of teen pregnancy may be declining in the United States, it is still a significant issue.

do that. As a result, the need for sexual education may continue into adulthood, so that people can benefit from new information about contraception and STI transmission.

SEXUALITY IN CONTEXT: THE ROLE OF INSTITUTIONS

How much of the sexual information you acquired in childhood came from friends or peers? Peers are the second most common source of information for reproductive sexual information. Schools are the first (Somers & Gleason, 2001). Even as adults, we continue to learn about sex from a variety of sources to be sure. Parents, siblings, friends, romantic partners, spouses, television, movies, magazines, books, and the Internet are just a few of these sources.

Our culture, history, and religion, part of the Sexual Triangle described in Chapter 2, all impact our sexual development. Now let's examine the role of key institutions in our culture—families, peers, media, and schools—in children's sexual development.

Families

The family remains the most important and most consistent factor in sexual socialization, according to researchers. A large study of 1,343 middle and high school students examined the effects of several institutions on their sexual knowledge, attitudes, and behaviors (Moore et al., 2002). The study considered the roles that parents, peers, and mass media play in sexual socialization. Although these institutions and influences made a difference, the study revealed that parents are the most consistent influence and sexual socialization agent across all different age groupings. Perhaps this should not surprise us, because parents are mainly responsible for their children's sexual well-being (Santelli et al., 2006). It is important to note that even within the family, parents are not the only ones to discuss the topic of sexuality with children. These discussions often can come from others in the family such as older siblings, uncles, aunts, or even cousins. Although parents play a significant role sometimes children don't seek out knowledge from their parents.

When you ask people who should be the primary source of sexual information for children, most answer, "parents." Most people assume that parents are or should be able to provide the most timely, accurate, positive, and complete information about sex to meet the needs of their children. Often, the reality is far different (Sanders & Reinisch, 1999), because people don't even agree about what constitutes a sexual act. In fact, many parents lack the knowledge or language to discuss sex with their children, they feel emotionally ill-equipped, or they think others, such as their church or school, should take this responsibility (Irvine, 2002; Regnerus, 2007). Yet these institutions typically are also unable to meet the challenge.

If parents do not talk about sex, their silence teaches their children that talking about sex is taboo. This lack of sexual teaching may result in the following:

1. Children fail to learn the appropriate sexual language, such as the words to describe body parts and core sexual behaviors. Instead they may learn sexual vocabulary that is slang and sexual knowledge that is incorrect.
2. Children do not learn how to discuss sex in a manner that is socially acceptable. Their casual conversation may be negative or demeaning to others.
3. Although adolescents may not have learned to talk about sex, it does not prevent them from engaging in it, sometimes frequently (Tolman, 2006).

4. Without an honest discussion about sex, adolescents who become sexually active may hide this fact from their families, adding guilt and a sense that they are lying to their parents to their confusion (Regnerus, 2007).
5. When they become parents, people who grew up without learning to talk about sex may be unable to teach their own children about sexuality. In effect, they continue the cycle by stifling their own children's healthy development.

Peers are commonly providers of sexual information to their friends.

Researchers have concluded that when parents balance the positive aspects of sex with the necessary cautions when talking with their children, those children tend to become sexually active at a later age, when they feel more emotionally ready for the experience (Ayres, 1987; Kelly, 2008). Talking to children about sex is one of the most important things a parent can do. Ideally, these conversations should start very early in life. If parents can make sexuality a normal topic in their homes, it is likely their children will grow up with a natural comfort that fosters their own growth and sexual well-being. See "Communication Matters: Guidelines for Talking to Children About Sex" for suggestions about how to conduct these conversations.

Peers

I (Nicole) was 10 years old when I first heard where babies come from. Once my best friend learned about it, she couldn't wait to tell me all the details. Our families were together at a local pizza restaurant when she asked if we could both be excused to go to the restroom. As soon as we were behind closed doors, she exclaimed, "I just found out how babies are made! Do you know how that happens?" I told her that I didn't know and she gave me the details about sex right then and there. A few months later, I feigned ignorance when my mother asked me if I knew how babies were made. I still appreciate her openness with me in that conversation, and I've never had the heart to tell her that she wasn't the first to explain it.

Although it appears that children and adolescents prefer their parents to be the source of sexual information (Somers & Surmann, 2004), the majority of parents fail to engage in meaningful conversations about sex with their children. It is understandable, then, that children and adolescents turn to their friends for answers to their questions about sex. They may communicate inaccurate or incomplete information on which young people then base their decisions and sexual values (Sanders & Reinisch, 1999).

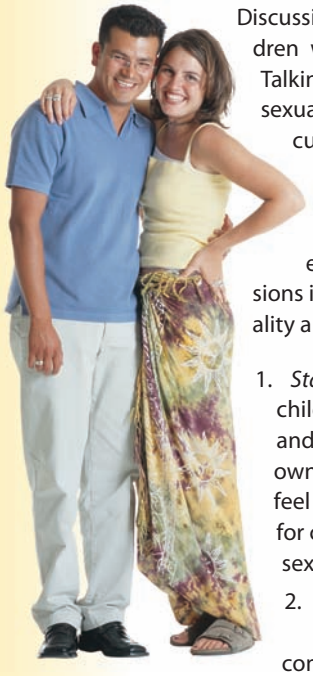
Media

To understand how a person's sexuality develops, we must consider all of the contexts that impact that development, including the media, as noted in Chapter 3. Researchers have long known that young people's sexual identity development is influenced by the media (Plummer, 1995). For example, consider how media influence the process of sexual identity development through popular cable TV shows such as *Glee!,* which has highlighted the plight of LGBT youth as well as heterosexual youth who test the boundaries of straight sexual identity development (Diamond, 2008).

Social media today certainly shape people's thinking and conversations, but do they affect how we view ourselves and how we develop sexually? Every form of media and technology may sexualize us as a society (American Psychological Association [APA], 2008). Not all of it is necessarily bad or even unwanted. After all, media do appeal to our interests and desires (e.g., money, beauty, fame, power). Media also contribute to healthy sexuality by making accurate information about sexual health available through web-based resources and texting (Pascoe, 2011).

COMMUNICATION Matters

Guidelines for Talking to Children About Sex



Discussing sex with your own children, or children who are close to you, can be difficult. Talking with children and adolescents about sexuality means knowing what is typical sexual curiosity for any given age. Try to remember your own curiosities when you were their age and have fun engaging in conversations that may help them to enjoy their bodies and make healthy decisions in their future. These tips may make sexuality a normal part of family discussion:

1. *Start early:* As you begin to teach your children names for body parts such as nose and mouth, teach them the words for their own penis or vagina. As they grow, it may feel more natural for you and comfortable for children to talk about age-appropriate sexual topics.
2. *Be kind, patient, and understanding:* Remember that children gauge your comfort level with this subject by watching your interactions with others. Create an open environment and be patient as they ask questions, even if their questions evoke a strong emotion from you.
3. *Take the initiative:* If you see an opportunity to discuss sexuality, start a conversation with your child. For example, when you see someone who is pregnant, talk with your child about pregnancy, childbirth, and new siblings.
4. *Talk about more than reproduction:* Teach children that sexual relationships involve caring, concern, and responsibility for others. With preteens and teenagers, discuss the responsibilities of sexual activity and possible consequences using positive messages rather than fear-based ones. For example, parents may want to discuss contraceptive options. Discussing the potential outcomes of engaging in sexual activity is a positive thing. Talk about the possibilities of STIs and pregnancy and the emotions that can result from sexual relationships, but also try to approach the subject in a positive way.
5. *Give accurate, age-appropriate information:* If a 3-year-old asks about how babies are made, you can correctly answer them without giving too much explicit information. If a 9-year-old asks that question, describe conception more explicitly, because a child this age can process a more complicated response.
6. *Anticipate the next stage of development:* To curb children's anxiety about their bodily changes, discuss their current stage of development and prepare them for what is coming next.
7. *Communicate your values:* Communicate your own values about sex, but remember that children will develop their own set of values, based on messages they receive from the Internet, books, television, movies, and video games. Your values will certainly contribute to your children's values, but there may be some differences. When there is a clash in values, it is important for parents to continue exercising tolerance and understanding. This doesn't mean you have to change your values but it may mean that a positive relationship with your children requires listening to and understanding their perspective. As children figure out for themselves how to approach sex, they will know what your values are.
8. *Relax:* If you approach these discussions with openness, your children may learn that you are a great resource, and they may learn that sex is an interesting, fascinating topic.

Source: Information adapted from www.talkwithkids.org/sex.html.

We know less about the effects of media on children than we do about the effects on adults (Carlsson, 2006; Ybarra & Mitchell, 2005). Magazines, books, music, videos, movies, television, video games, and the Internet all include references to sexuality, violence, and gender roles, to name a few. Children in the United States are bombarded with adult-themed sexuality in the media, which robs them of the experience of self-motivated sexual exploration or age-appropriate exposure to sexual information (Zurbriggen et al., 2007).

Several years ago, the American Psychological Association (2007) convened a group of scientists to discuss the sexualization of young children, particularly girls. **Sexualization** is the process of being treated as a sex object. The objectification becomes so intense that the person may feel worthless as a human being beyond his or her sex appeal. The APA's findings have important implications for young women's development. Take time to consider this topic in more detail in "Research and Sexual Well-Being: Media and the Sexualization of Girls."

sexualization
The process of someone being treated as a sex object, and the objectification becomes so intense that the person may feel worthless as a human being beyond his or her sex appeal.

Public and Private Spaces Adolescents—and adults—saturate social networking spaces such as Facebook and websites or blogs with sexual themes as they publicly negotiate their own sexual identity formation. These once personal but now public narratives are transforming the sexual landscape of our society. With the sexualization of the media, individuals feel free to express their stories to individuals they do not know. They use status updates, video postings, personal writings, and pictures to communicate aspects of their personal identity. As public and private boundaries have become blurred, we make intimate storytelling an active part of our own development rather than the private retrospective that it once was.

It is not yet obvious how this public intimate sharing will affect us as a society. Perhaps it will make sexual conversations easier—seemingly a move in the right direction toward more open communication within communities and families. Will this kind of openness help us in our pursuit of emotional literacy surrounding sexuality? Is there a downside to this kind of transparency? These are questions for researchers to tackle as technology moves us in new directions every day.

Media and Body Image As we have seen, the barrage of information in the media dictates much of what we deem beautiful or sexy. It is no wonder, then, that the rates of disordered eating patterns are skyrocketing. Additionally, body image is no longer an issue just for teenagers, as increasingly younger children report they are dieting. Just as sexual behavior changes during the life cycle, our self-image changes as well. Talking with young children can build the foundation for positive body image and self-esteem. The Sexuality Information and Education Council of the United States (SIECUS) publishes materials regarding sexuality that outline developmentally appropriate guidelines for talking to children and adolescents about body image. For some of these guidelines, see "Communication Matters: Talking with Children and Adolescents About Bodies."

Children and adolescents often form ideas about what is beautiful or sexy based on media images of celebrities such as Selena Gomez.

Sexuality Education in Schools

Over the past several decades there has been a debate about how best to educate U.S. children about sexuality. In other chapters we have noted that government officials are conservative on the issue of sexuality education. However, recent trends in public health education and government policy highlight a change to a broader and more holistic treatment of these issues. Nonetheless, experts fear that the abstinence-only model of sex education that has been the rule in many areas of the country has done great damage (Irvine, 2002).

Three important new perspectives help us to understand how unsuccessful the abstinence-only model has been. First, the scientific evidence is now overwhelming that abstinence-only education is ineffective in delaying the onset of sexual behavior and in preventing STIs and unintended

RESEARCH and Sexual Well-Being

Media and the Sexualization of Girls

In 2007, an American Psychological Association (APA) task force released a report on the impact of media on girls. The report asserted that the sexualization of girls occurs when four conditions are present:

1. A person's value comes primarily from her sex appeal or behavior, to the exclusion of other characteristics.
2. A person is held to a standard that equates physical attractiveness with being sexy.
3. A person is sexually objectified, or made into a thing for another's sexual use, rather than being seen as a whole person with the capacity for independent action and decision making.
4. Sexuality is inappropriately imposed upon an individual.

The task force determined that it is unnecessary for all four conditions to be present to create sexualization. The inappropriate imposition of sexuality is most problematic and damaging to children.

Evidence of the sexualization of children, and girls in particular, has been found in virtually every form of media that researchers have studied (Burns, Futch, & Tolman, 2011). Examples of this kind of sexual portrayal include being dressed in revealing clothing with facial expressions or bodily postures that indicate sexual readiness. Other evidence communicates the sexual objectification of women and the unrealistic standards of physical beauty and attractiveness that the media heavily promote. These models of beauty and femininity are rampant in our culture and provide young girls and women with unrealistic expectations to imitate. How are young girls affected by sexualization? The task force identified five areas in which it has an impact:

1. *Cognitive and emotional consequences:* It appears that the concentration and thought devoted to thinking about one's body disrupts mental capacity. For example, girls are unable to focus on important tasks such as academics when they are focused on their appearance and how others view them. Regarding emotions, objectification and sexualization undermine how comfortable girls are with themselves, and especially with their bodies. The possible emotional consequences of a negative body image include shame, anxiety, and self-disgust in girls as young as 12 years old (Slater & Tiggemann, 2002).
2. *Mental and physical health:* Eating disorders, low self-esteem, and depression are three of the most common mental health problems of girls and women. These challenges are associated with sexualization. In some individuals, the correlation of sexualization to mental disorders may be very high. In addition, girls' physical health may be indirectly affected in a negative way. Eating disorders, for example, can cause significant negative health effects and may lead to suicide.
3. *Sexuality:* When girls are bombarded by unrealistic physical and sexual expectations, sexualization may strongly impact their sexual well-being and development. For example, sexualization and objectification have been associated with poorer sexual health among adolescents, including decreased condom use and decreased sexual assertiveness (Impett, Schooler, & Tolman, 2006).
4. *Attitudes and beliefs:* Exposure to ideals of sexuality, beauty, and femininity in the media can change how women and girls conceptualize these issues. The more often girls consume this kind of media material, the more they tend to support the sexual stereotypes that depict the objectification of women.
5. *Impact on society:* Women are not the only ones who can fall prey to unrealistic expectations of attractiveness or physical intimacy. False ideals can affect heterosexual men in their search to find partners or in their abilities to enjoy intimacy with a woman as their expectations may be shaped by the unrealistic images media portray.

This APA report presents a gloomy view of the media effect on sexualization. The silver lining, though, is that if we become aware of how sexualization occurs, we can collectively move away from its negative influences toward a more wholesome and healthy sexuality.

pregnancies (Kirby, 2008; Santelli et al., 2006). This disease and prevention model is based on false assumptions about sexual behavior, including the notions that young people will be promiscuous if taught about sexuality and that condoms are ineffective at preventing unintended pregnancy and STIs (Impett et al., 2011; Santelli et al., 2006; Tolman, 2011).

COMMUNICATION Matters

Talking with Children and Adolescents About Bodies

Messages about body image for children ages 5–8:

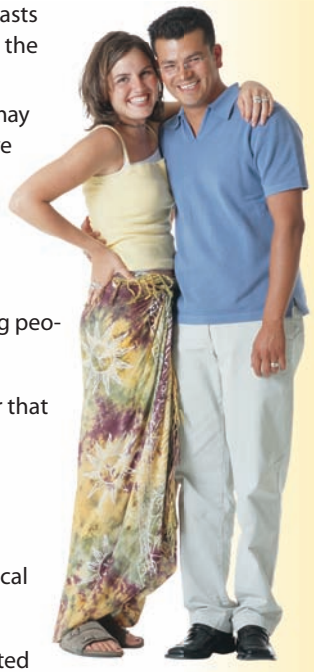
- Bodies come in different size, shapes, and colors.
- Male and female bodies are different. Both are special.
- Differences are what make us unique.
- All bodies are special, even those who are disabled.
- Good health habits like eating nutritiously and exercising can improve the way a person looks and feels.
- Each person can be proud of the special qualities of his or her body.

Messages about body image for children ages 9–12:

- Heredity, environment, and health habits determine a person's appearance.
- Bodies grow and change during puberty.
- Television, movies, and magazines portray "beautiful" people but most people do not fit these images.
- Standards of beauty change over time and differ from culture to culture.
- A person's value is not determined by her or his appearance.
- Poor body image can lead to eating disorders.

Messages about body image for young people ages 12–15:

- The size and shape of the penis or breasts does not affect reproductive ability or the ability to be a good sexual partner.
- The size and shape of a person's body may affect how others feel about and behave toward that person.
- People with physical disabilities have the same feelings, needs, and desires as people without disabilities.



Messages about body image for young people ages 15–18:

- Physical appearance is only one factor that attracts one person to another.
- A person who accepts and feels good about his or her body will seem more likeable and attractive to others.
- People are attracted to different physical qualities.

For messages about other sexuality-related topics, download the "Guidelines for Comprehensive Sexuality Education: Kindergarten–12th Grade" at www.siecus.org/pubs/guidelines/guidelines.pdf.

In addition, this model uses scare tactics emphasizing fear, shame, danger, and the risk of diseases and unintended pregnancy (Irvine, 2002, 2008)—and this approach has not been successful (Santelli et al., 2006).

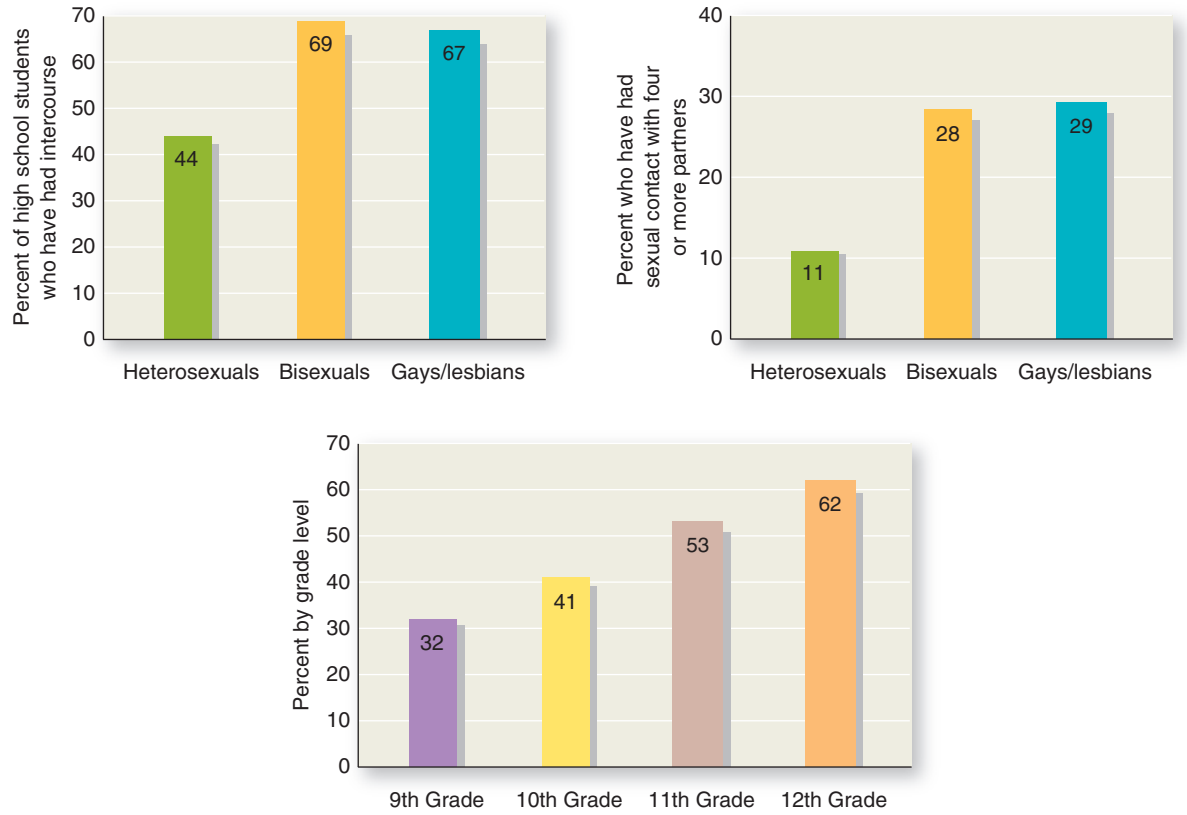
Second, the abstinence-only model rarely teaches adolescents what they need to know to be sexually healthy. For example, it doesn't prepare young people to make informed decisions about when and how to engage in sexual relations or how to protect themselves while also expressing their own sexual feelings (Tolman, 2006). Instead, this model reinforces negative attitudes about sexuality that lead to a lack of comprehensive and accurate sexual knowledge. Because of this lack of awareness, adolescents are left unprepared to deal with their own sexual feelings and desires. When faced with confusing choices, such as a boyfriend's demand to either engage in sex or else end the relationship, young people are especially vulnerable to risky behavior (Carpenter, 2005; Santelli et al., 2006).

Finally, and most important, the abstinence-only model in no way prepares young people to develop healthy relationships across the life span, but especially in adolescence (Coleman & Coleman, 2001). Adolescents lack the life skills, knowledge, and ability to talk with their parents or loved ones about their sexual feelings and well-being. The lack of open, honest, and caring discussions may carry over into later life, and in turn influence how they treat their own children's sexual development (Moore, Raymond, Mittelstaedt, & Tanner, 2002).

Data from the Youth Risk Behavior Surveillance System (YRBSS) give us a clearer picture of sexual activity in adolescence in the United States. Nationwide, in 2009, 46% of high school students had had sexual intercourse at least once. Prevalence was higher among Black males (72%) and Hispanic males (53%) than among Black females (58%) and Hispanic females (45%) (CDC, 2010). The statistics regarding sexual activity and sexual identity in adolescence can seem alarming. YRBSS data from 2001–2009 show that 44% of heterosexual students in high school had sexual intercourse. The study found that the highest percentage of students who had sexual intercourse was among bisexual youth (69%), followed by gay/lesbian youth (67%). Looking at sex with multiple partners in adolescence, the YRBSS showed that 11% of heterosexual students had sex with four or more partners, 29% of gay/lesbian youth report sexual contact with four or more partners, and bisexual students follow closely behind (28%). Compared with heterosexual students, a disproportionate number of sexual minority students engaged in high levels of sexual activity (CDC, 2011).

Figure 11.7 presents the YRBSS data visually. These data indicate part of what it means to mature sexually during adolescence. Children experience sexual curiosities and desires, but adolescents experience desires in response to hormonal changes, as discussed earlier in this chapter, and cultural shifts that promote adolescent sexuality. Adolescents' desires can be sexual, but often surround the need for intimacy and relationships. These desires are healthy, though some adolescents have not had the right to experience this intimacy with someone of their own choosing. The percentage of high school students reporting that they were physically forced to have sexual intercourse is about 8%. Also, the percentage of students reporting they had sexual intercourse before the age of 13, when they were possibly too immature to appreciate intimacy, was 6%. The percentage of students who reported

Figure 11.7
Rates of sexual behavior across adolescence.
Source: Youth Risk Behavior Surveillance System (YRBSS), 2009.



having more than one sexual partner in the 3 months preceding the survey data collection is 34%, which may indicate that they also do not understand intimacy.

Because sexual behaviors and relationships are a common part of what it means to be an adolescent in the United States, young people need sexual education that effectively furthers their sense of sexual health and well-being, and enables them to protect themselves against STIs, pregnancy, and sexual violence.

Teens have indicated that they want to talk about sex and would like to have a say in the sex education curriculum.

Student Perspectives About Sexual Education Sexuality education is a hot topic for diverse groups around the globe. In New Zealand, for example, sexual education is a target for competing social and political interests. Parents, teachers, school administrators, policymakers, civil liberties organizations, conservatives, and liberals have all made their preferences clear regarding the content to include in sexual education. Until recently, though, young people have been left out of the conversation. To get a student perspective, Louisa Allen (2008) looked at the preferences of 16- to 19-year-olds for improving the content of sexuality education. She based her analysis on information gathered from 10 focus groups and 1,180 surveys from youths in New Zealand.

Allen's study revealed that young people in New Zealand want content about emotions in relationships, teenage parenthood, abortion, and how to make sexual activity pleasurable. In addition, their responses indicate a desire to make their own decisions, to have a voice in their own sexual development and behavior, and to have access to information that will help them find more pleasure in their relationships. These results are important because they give adults a glimpse of the kind of information that interests teenagers. They want to be informed. They want to talk about sex. Interestingly, there has been some conversation about creating a more provocative curriculum for sex education and including the topic of sexual pleasure. For a discussion on teaching sexual pleasure, see "Controversies in Sexuality: To Teach or Not to Teach Sexual Pleasure?"

Categories of Sexual Education Programs Today, three major categories of programs address childhood and adolescent sexuality: (1) abstinence-only programs, (2) comprehensive sexuality education programs, and (3) youth development programs.

We have seen that abstinence-only programs are highly ineffective in their goal of delaying the onset of sexual intercourse. In addition, these programs provide little to no information for LGBTQ youth—a dangerous omission for sexual minorities that may be exposed to harrassment and bullying, HIV, and suicide risk.

The second category, comprehensive sexuality education, has four primary goals (National Guidelines Task Force, 2004):

1. To provide youth with accurate information regarding sexuality
2. To provide youth with opportunities to explore, question, and assess their sexual attitudes and values
3. To help youth develop healthy and effective interpersonal skills, including communication, decision making, and assertiveness
4. To encourage sexual responsibility among youth regarding sexual relationships; this includes addressing abstinence, resisting pressures to engage in unwanted or early sexual activity, and encouraging safe-sex practices, including contraception and other sexual health measures

CONTROVERSIES in Sexuality

To Teach or Not to Teach Sexual Pleasure?

It is clear that comprehensive sexual education is critical for every child and citizen in the United States. But should the topic of sexual pleasure also be part of a sex education curriculum? In recent news, there has been some controversy surrounding a Pennsylvania sex-ed teacher, Al Vernacchio, who has abandoned the usual "sex is dangerous, don't do it, but if you must, use a condom approach." Instead, Vernacchio aims for candor, telling his students in grades 9 and 12 that sex can be pleasurable. In fact, one of his homework assignments requires that students interview their parents about how *they* learned about sex. Some professionals have begun to inquire about whether teaching young people about the pleasures of sex would be beneficial to their sexual well-being. While many cultures may not accept that teaching young people how to achieve sexual pleasure is valuable, research supports that positive and healthy sexuality education may benefit from a greater focus on positive sexual experiences (Ingham, 2005).

Should the topic of sexual pleasure also be part of a sex education curriculum?

Yes:

- If young people feel more relaxed about natural bodily pleasures, they may feel less pressure to engage in sexual activity against their will or engage in sexual activity in ways that make them feel uncomfortable.
- Allowing students to discuss sexual pleasure can help them discern their own desires for sexual fulfillment and prepare them for experiences that can happen when they are alone (i.e., masturbation) or with a partner.
- Arranging small group discussions, moderated by an adult, may allow individuals at the same stage of sexual development and experience to discuss deeper and personally relevant issues (Ingham, 2005).

No:

- Teaching children about sexual pleasure may be more than most parents can handle or desire to communicate with their children about.
- For sexual educators, sexual pleasure can be a touchy subject. Many professional educators have significant fears about saying something that could be harmful to a child (especially a child who has previous experience with sexual abuse), jeopardize a sexuality education program, or cost them a job and a career (Fay, 2002).

What's Your Perspective?

1. Do you believe that sexual pleasure should be part of comprehensive sexuality education? Why or why not?
2. Who do you believe is responsible for teaching the topic of sexual pleasure to young people?
3. What kind of outcomes do you see as a result of the inclusion of sexual pleasure into sex education curriculum?

Reviews of effective comprehensive sexuality education programs have found that they produce desirable effects with regard both to delaying the onset of intercourse and to preventing pregnancy and disease transmission (Kirby, 2006; Kohler et al., 2008). Based on a theoretical model of behavioral change, effective comprehensive sexuality education programs achieve the following results:

- An increase in knowledge regarding the risks of unprotected intercourse and options for reducing risk
- Clarification of sexual values
- An increase in communication between parent and child
- Delay in onset of sexual intercourse (for programs targeted at young adolescents)
- An increase in use of contraception (particularly condoms)
- Discussion of specific risky sexual behaviors
- Opportunity for students to practice interpersonal skills and discuss situations that are meaningful and realistic, including opportunities to practice communication and negotiation skills

- A decrease in the influence of media, peers, and culture on sexual decision making
- Development or reinforcment of students' values that support their decisions regarding abstinence or contraception use (Kirby, 2001)

The third category, youth development programs, is gaining popularity. These programs use a holistic approach. They rarely address sexuality at all. Their primary goal is to provide mechanisms for children and adolescents to fulfill their basic needs, including a sense of structure and safety. These programs seek to develop youths' sense of belonging, group membership, self-worth, independence, and social competence with peers and nurturing adults. Supporters of this type of program suggest that once these needs have been met, adolescents can effectively build competencies necessary to become successful and productive adults, which, in turn, may make them more motivated to avoid early sexual behavior and childbearing (Kirby & Coyle, 1997). Youth development programs are often targeted to populations in the 9- to 13-year-old range (Tepper & Betts, 2009). Most people agree it is developmentally inappropriate for young people age 9 to 13 to engage in intercourse or other types of sexual behavior (National Campaign to Prevent Teen Pregnancy, 2002). While youth development programs do not directly address issues of sex, abstinence, or even protection, they do help young people develop a positive orientation toward the future (Brindis & Davis, 1998). They also foster increased involvement with and attachment to critical youth institutions such as school, youth clubs, and organizations (Kirby, Lezin, Afriye, & Gallucci, 2002). Essentially, youth development programs work toward the goal of helping youth be healthy and successful in their lives by building a foundation for a strong future. The ability of youth development approaches to impact many risk and protective factors provides strong support for the use of youth development as a means of reducing young people's engagement in early sexual activity (Tepper & Betts, 2009).

Sexual Health in Europe and the United States

Young people enjoy better sexual health and well-being in western Europe, compared to many regions of the United States (Schalet, 2001, 2011). In the Netherlands, for example, sociologist Amy Schalet has shown that sex education begins years earlier, involves better health care, offers free access to information, provides contraceptives, and has much broader societal and government support than in the United States, all of which may explain why Dutch youths are healthier than U.S. youths when it comes to STIs, unintended pregnancy, and related sexual issues (Schalet, 2011).

WHAT'S ON YOUR MIND?

Q: *I work in a high school and the student body is asking that our nurse's office provide condoms for students to purchase or obtain. We are worried that if we make condoms available, we are sending the message that we support sexual activity and that we will see an increase in early sexual activity and maybe even pregnancy and STIs. Do you think we should comply with the students' request?*

A: We understand what a difficult position this request puts you in. But consider this, your students are asking you to help them pursue healthy decisions regarding sexuality. Research shows that schools that provide condoms to students do not see an increase in sexual activity. If you decide to comply with this request, couple it with an educational program designed to give students comprehensive sexual information so that they are fully informed. We believe this will help you to avoid the outcomes that are of a concern to you.

One reason for the healthier sexual life in Europe is that the sexual cultures in these countries, including the Netherlands, Denmark, France, Germany, and the United Kingdom, are more approving of sexuality and their media and government policies support this diversity (Badgett, 2009). For example, in 2001 the Netherlands became the first country to make gay marriage legal, and since that time, several other western European nations have done so (Badgett, 2009; Herdt, 2009). Also, in countries that have positive institutions and policies, it is more likely that individuals will make choices that result in better sexual health for themselves and their families (Schalet, 2011). People growing up in some of these countries may feel free to enter into premarital relationships and to have children out of wedlock. Denmark, Sweden, the Netherlands, France, and similar western European countries not only have legalized abortion and made contraceptives available to teens without parental consent (Schalet, 2011), but they also do something that is controversial in the United States: they begin sexual education in kindergarten. This is something that most professionals in sexuality recommend (Haffner, 2008; Irvine, 2002). However, political barriers stand in the way of making it a reality in the United States.

As we have seen, it appears that western European countries have consistently had a better report card when it comes to sexual health. Why? Some critics say that it is because these countries are more homogeneous, while others argue that sex education in the United States starts too late.

When comparing statistics for the United States and the European countries of France, Germany, and the Netherlands, we find that the rates of unintended pregnancy and STIs are much higher in the United States than in these European countries. In the United States, the rate of teen pregnancy is nine times higher than in the Netherlands, five times higher than in France and Sweden (Stobbe, 2010). In addition, our estimated rates of HIV and other STIs for youths ages 15–24 is considerably greater than for these European countries. On just about every measure of sexual health and well-being, western European countries outperform the United States. Europeans are more willing to invest in their young people's education and well-being to ensure a positive future. Their children have greater latitude in sexual exploration and are able to have comfortable and open conversations with their parents about sex. What we can conclude here is that western Europe has greater sexual literacy than the United States does (National Sexuality Resource Center, 2005).

Beginning in 1998, Advocates for Youth and the University of North Carolina at Charlotte began to sponsor annual trips to European countries to explore why European youth sexual outcomes are so much more positive than in the United States. After reviewing media, public policy, and educational messages, they found that these nations have an unwritten social contract with their youth that says: "We'll respect your right to act responsibly and give you the tools you need to avoid pregnancy and sexually transmitted infections, including HIV" (Advocates for Youth, 2001). In addition to this valuable message, other values appear to set them apart from the United States:

- Adults in France, Germany, and the Netherlands view their youth as important assets who deserve respect and expect youth to behave responsibly.
- Government supports comprehensive sexuality education utilizing television, the Internet, film, radio, and other public venues.
- Research rather than personal opinions drives public policy and the goal to reduce unintended pregnancy, abortion, and sexually transmitted infections.
- Youth have access to free or low-cost contraceptive resources.
- Sexuality is discussed in school settings. Educators are free to answer students' questions.

- It is more common for families to have open and honest conversations about sexuality, responsibility, and decision making.
- Adults see sexual involvement as normative for adolescents. Similarly, sexually active adolescents view unprotected sexual interactions as "stupid and irresponsible" and believe that if one is not going to engage in "safe sex" they should have "no sex."
- These countries diligently work to include cultural diversity and immigrant populations. (Advocates for Youth, 2001)

Sex education may be the key to understanding these differences in sexual literacy. Today western European countries teach sex education as a mandatory course often spanning kindergarten through high school. Contraceptives, the morning-after pill, and other methods of birth control are available to teens without parental consent, and people seem to use them responsibly. In countries with more sex education, there is a greater tendency for the individual to learn tolerance for cultural, sexual, and gender differences, diversity of sexual identity, and the placement of sexuality holistically into the life course. Additionally, researchers have discovered that many but not all parents in these countries are more willing and ready to discuss sexuality with their children (Schalet, 2011). The difference is that many western European parents regard their children as needing comprehensive early sexuality education that is respectful and teaches that each person is responsible when it comes to learning this information (Schalet, 2000). The net effect is to enhance people's potential for sexual well-being.

YOUNG PEOPLE'S RIGHTS AND SEXUAL WELL-BEING

You might be surprised to know that within the United States and around the world, there are varying ages of consent for sexual behavior. The **age of consent** is the age at which an individual can legally agree to have sex. In most countries, until a person reaches this age, it is against the law to have sex with anyone, even with someone who's older than the age of consent. Sometimes the law is slightly different when both partners are the same age, but usually a minimum legal age exists below which sex is illegal. The age of consent depends on where you live in the world. In some places the age of consent is different for boys and girls, as well as for heterosexual couples and homosexual couples.

age of consent
The age at which an individual can legally agree to have sex.

If a girl is even 1 day younger than the age of consent, her partner is in violation of the law. There are sound reasons for such laws, but the discrepancies create weird, unfortunate, and discriminatory situations that may take away people's rights. For example, consider a boy who was arrested for having sex with his girlfriend and sentenced to time in jail, because he was 6 months older than she was. In many states this kind of conviction results in mandatory reporting and registration as a sex offender. Such cases are also reported in the media.

When someone breaks the law by having sex with an underage minor, he or she can be charged with **statutory rape,** regardless of whether this was a consensual act or not, and regardless of whether there is 1 day or 10 years' age difference. Age of consent laws vary widely across the world and in the different states within the United States. This is a challenge to young people's sexuality and well-being because many of these laws are quite old and do not take into account how sexuality has changed (Abramson et al., 2003; Klein, 2006).

statutory rape
Sexual intercourse with an underage minor, regardless if it is consensual and regardless of the age difference between partners.

Several conditions create disparity with regard to the age of consent. Poverty, ethnicity, and sexual orientation all have an impact on how the law applies these ages of consent:

Table **11.5** The age of consent across the United States

STATE	MALE-FEMALE SEX	MALE-MALE SEX	FEMALE-FEMALE SEX
Arkansas, Indiana, Iowa	14/16	14/16	14/16
Colorado	15/17	15/17	15/17
Alabama, Alaska, Connecticut, District Of Columbia, Georgia, Hawaii, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Montana, North Carolina, Nevada, New Hampshire, New Jersey, North Carolina, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Vermont, West Virginia	16	16	16
Delaware, Florida, Utah, Washington, Wyoming	16/18	16/18	16/18
Illinois, Louisiana, Missouri, Nebraska, New Mexico, New York, Texas	17	17	17
Arizona, California, Idaho, North Dakota, Oregon, Tennessee, Virginia, Wisconsin	18	18	18
Notes: If more than one age is given, the law within the state varies according to region or circumstances. Male-female sex is vaginal or anal sex, and male-male sex is anal sex. Other sexual activities may be legal at a lower age.			

being poor makes people vulnerable, as does racism, and homophobia—completely changing what it means to give consent when you are pushed around. Immigrants also are not recognized by the authorities in some states as having legal rights and may be more vulnerable to arrest. Table 11.5 shows the age of consent for the states within the United States.

Sexual well-being requires protecting children and young adolescents from molestation or rape, but it also necessitates respect for couples, their rights as individuals, and the recognition that they may desire to engage in intimate relationships. Finding justice in such situations requires recognition of the importance of sexual health and sexual well-being in young people's development.

Chapter Review

SUMMARY

Sexual Development in Childhood and Adolescence

- In childhood and adolescent sexual development, biology, family, and community interact to help determine how we view sexuality as we move through the lifespan.
- Families are the primary source of sexual socialization. The actions and attitudes of our family members directly impact our early feelings about sex and sexuality.
- Our communities, which include friends, peers, church, school, and media, communicate sexual messages and impact our sexual socialization. Peer influence, in particular, increases during adolescence.
- Current models need to examine healthy and positive sexuality so that children can grow up and safely pursue sexual well-being.
- Sexuality begins at birth.
- Encouraging healthy sexuality in childhood and adolescence means accepting our sexual nature and teaching children about sexuality in age-appropriate ways.

Sexuality in Childhood

- Children can display both age-appropriate and age-inappropriate sexual behaviors. Age-inappropriate sexual behaviors may signal sexual abuse or an inappropriate level of exposure to sexual material, media, and information.
- Masturbation is a common sexual behavior in childhood and is now thought to be completely harmless and possibly beneficial to children's sexual development.
- Sex play begins at about age 3 as children become more curious about their own bodies and the bodies of the opposite sex.
- Children begin to enact marriage scripts by the age of 5.

Sexuality in Adolescence

- The body begins preparing for puberty between 6 and 8 years of age. Pubertal development may become evident any time from age 8 to 15 years in the United States.
- Health and diet are significant in determining the age at which pubertal development occurs.
- More teenagers today seek romantic relationships and view these relationships as important in their lives.
- Most teenagers experience intercourse by the time they leave high school.
- Teen sex is not limited to intercourse. It can include masturbation, mutual masturbation, oral sex, and other sexual behaviors.
- Teenage pregnancy and STI rates among adolescents in the United States indicate a need for better resources and education around sexuality.

Sexuality in Context: The Role of Institutions

- People often assume that parents should be the main source of sexual information for kids, but parents often fail to meet this expectation.
- Failing to teach age-appropriate sexuality can result in children failing to learn sexual language, being unable to discuss sex in a socially acceptable manner, and being unable to teach their own children about sexuality.
- Peers are important sources of sexual information for kids. Many children and adolescents will consult their friends on a variety of sexual issues.
- Media have a big impact on our sexual socialization, especially as more and more teens are sharing private aspects of their sexual lives in public spaces such as Facebook.
- Media also influence body image. It is important to have conversations with children of all ages regarding the impact media can have on their own body image.
- Abstinence-only education is not an effective means of preventing pregnancy, preventing STIs, or delaying onset of intercourse.
- Studies are beginning to show that adolescents want a role in selecting the content of their own sexual education, including how to further their own sexual pleasure.
- Comprehensive sex education programs appear to produce desirable effects with regard both to delaying the onset of intercourse and to preventing pregnancy and disease transmission.
- Western European models of sex education may provide a good model for the United States because teen pregnancy and STI rates are lower there than in the United States.

Young People's Rights and Sexual Well-Being

- Age of consent laws are intended to protect young people from sexual violence and abuse.
- In the United States, the age of consent varies from state to state.
- Young people's sexual well-being requires respect for couples and for their rights as individuals to engage in intimate relationships, as well as protection from sexual violence and abuse.

What's Your Position?

1. **At what age do you believe we become sexual beings in our lifetime?**
   - At what age were you when you experienced your first sexual feelings? What were they and what did you do or think in response to them?
   - How old do you believe children should be when we begin talking with them about sex?

2. **How were you taught about sexuality early in your life?**
   - What early messages did your parents or caregivers pass on to you about sexual behaviors like masturbation and sexual play?
   - Do you remember your first experiences with sexual play or masturbation? What feelings do you associate with those first experiences?
   - How did you feel about the sexual parts of your body when you were a child?
   - At what age did you first see or read something that was sexually explicit? What was it and how did it affect your own sexual develoment?
   - Did your parents or teachers ever talk to you about sexual abuse or dating violence?

3. **What was your pubertal development like?**
   - Did you experience puberty early, on time, or late? How did the timing of your own pubertal development affect you?
   - How did you prepare for puberty? Did you talk to parents or friends, or seek information from other sources?
   - What do you remember most about your own pubertal development?
   - What do you believe is the ideal way to teach children and adolescents about puberty?