

Toward Healthy Childhood Sexual Development

CHILD SEXUAL ABUSE PREVENTION PROGRAMS

The Need for Childhood Sexuality Education

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The 1980s saw an explosion of reports of child sexual abuse, borne largely out of increased public awareness and acceptance of the occurrence of such abuse and out of more aggressive identification and investigation tactics by child protection agencies.

If one considers how we as a society have responded to *newly discovered* social problems in the past — such as drug abuse, teenage pregnancies, illiteracy, and mental illness — our response to child sexual abuse has followed a predictable course. First, considerable resources are focused on identifying the scope of the problem — a process which inevitably leads to the conclusion that the problem is both widespread and pervasive. Relatively early on in the identification process, a call for prevention is made, and resources are applied in an attempt to avert it. Next, pronouncements are made that the problem has reached crisis proportions that will require tremendous influxes of resources and money. As the problem is further uncovered, successive pronouncements are made about its ever-expanding scope and thus the need for additional money and resources.

This process has predictably been followed in the case of child sexual abuse. However, what is particularly distressing is that professionals with sincere commitments to ridding society of child sexual abuse have been so compelled to repeat the mistakes of their predecessors. Not only have they failed to learn from other prevention efforts, but they seem determined to pursue a course of action previously shown to be totally ineffective.

This article will briefly describe some of the issues currently under debate in the area of child sexual abuse prevention programs (hereafter referred to as CSAP programs); will highlight the specific areas about which parents and professionals need to be concerned; and will discuss some future directions.

What Do Sexual Abuse Prevention Programs Attempt to Teach and What Do Children Really Learn

A story is told in an opening monologue of a

relatively well-known comedian, of a young boy and girl, of approximately five years of age, who decide that the remedy for a hot, humid, summer's day is to take a dip in a shallow wading pool behind their summer homes. Observing that neither of them have bathing suits, the little boy, in his wisdom, suggests that they remove their clothing so as to not get into trouble with their parents for getting their clothes wet. Removing all of their clothing, they eagerly jump into the wading pool. After about five minutes of frolicking, splashing, and giggling in the water, the little boy stands up, looks down at himself, looks over at the little girl, looks back down at himself, and comments, "Gee, I didn't know there was such a big difference between Catholics and Protestants!"¹ This story reveals a critical feature of childhood often missed by developers of CSAP programs. Specifically, children's conceptualization of sexuality is, not only quite different from that of adults, but their attempts at understanding sexuality are likely to involve some distortions as they try to integrate such information into their world views.

Too frequently, CSAP programs attempt to convey an understanding of, or promote concern about, certain types of sexual behaviors, but offer no clear context in which children can accurately place them. What children actually do with the instructions they receive is still unclear, but it appears to be quite different from what their teachers have intended. Cheryl Kraiser presents one example of what can happen, when she describes the behavior of a seven-year-old boy,² who, after exposure to a CSAP program — in which the buttocks were described as a *private part* of the body — proceeded to apply his instructions at home. As the boy was going up to bed one night, his father patted him on his buttocks — as he had done every night for years — only to have his son turn around and chastise him, saying that his buttocks are a *private part* of his body, and that his father should not touch him there anymore. The child took the message of the program and, in the absence of an appropriate context within which to place his instruction, distorted it to fit his world.

The Development and Structure of CSAP Programs: Two Cornerstone Concepts

To understand CSAP programs, one needs to have some perspective on how the programs have been developed and structured. For the most part, they have been developed by people who have neither training nor experience in educational theory, child development, prevention program development, or learning theory; typically, the developers of such programs have had some training or experience in child sexual abuse, rape and rape prevention, and children's and women's rights.³

Most people would consider the cornerstones of the CSAP program movement to be two concepts: the touch continuum and empowerment.

The Concept of the Touch Continuum. The touch continuum was developed by Cordelia Anderson, a social worker with the Hennepin County Prosecutor's office in Minnesota in the late 1970s.⁴ Developed to assist in interviews with children suspected of having been sexually abused, it was designed to help them better understand and describe what they were experiencing. The continuum covered three types of touch:

1. *Good touch:* touch that feels good and is good for the child.
2. *Bad touch:* touch that may hurt; touch that the child is likely to avoid; or touch the child does not want, such as unwanted hugs and kisses.
3. *Confusing touch:* touch that may start out feeling good, but ends up becoming bad touch. (Sexual abuse was included in this category.)

Originally designed to be part of an investigatory technique, the touch continuum eventually was adopted by child sexual abuse prevention advocates as a way of teaching children about sexual abuse and its prevention.

The Concept of Empowerment. The second major cornerstone concept of most CSAP programs is that of empowerment — a concept largely borrowed from rape prevention models.^{5,6} The traditional empowerment model proposes that individuals have a role to play in preventing themselves from becoming victims of sexual abuse. It presumes that they have the competency to take care of themselves, requires that they take responsibility for themselves, and gives them permission to make choices about how they wish to lead their lives.³ Many CSAP programs similarly teach children that they have such rights, and attempt to empower them to exercise those rights.

The Problems with These Concepts

Both of these concepts are flawed, however. The touch continuum suffers from using poorly defined terms — particularly when it comes to objectively defining what constitutes good, bad, or confusing touch.^{3,6,7} How, for example, does one categorize the type of touch experienced when receiving a shot from a doctor? While clearly painful, such a shot cannot be avoided because it is a medical necessity. Also, children who are fondled in a sexual manner may, under some circumstances, experience pleasure from these interactions, and depending upon how they are socialized, may, or

may not, experience discomfort or distress. Does that touch then logically fall under the good touch definition?

The touch continuum presumes that children have an innate sense of appropriate touch — and that they will know when a certain touch is inappropriate. However, there are very few circumstances — particularly with young children — in which parents are willing to let children just *trust their feelings*. However, it is, in fact, a requirement of good parenting, that parents

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shape the behaviors of their children (behaviors that are manifestations of their children's feelings), so as to keep their children safe, and in order to teach them appropriate ways of behaving in this culture. For example, children who have an appointment with the dentist, often anticipate that it will be unpleasant; if they were allowed to act on just trusting their feelings, they would probably decline the visit. Similarly, children, who enjoy touching the family dog probably would not be allowed by parents to simply trust their feelings about touching just *any* stray dog they might encounter in the park. Also, CSAP programs do not explain how we can expect children to exercise good judgment in trusting their feelings solely in the area of sexual abuse, and they often boast that children know the difference between refusing unwanted touch and refusing to take a bath, but they fail to provide the research that supports this.

Equally problematic is the fact that CSAP programs are often a child's first exposure to adult-sanctioned discussions of human sexuality. Unfortunately, we have been reluctant in our culture to discuss issues of a sexual nature with children, to the point where we have denied them even basic biological knowledge, such as clarification about the differences between males and females and their genitals. By the time they enter elementary school, most children have become aware of adult reluctance to discuss information about the sexual aspects of the human body, and many have already internalized a sense of disgust or shame in regard to their genitals. The first time a child hears an adult speaking openly about male and female genitals may, in fact, be as a participant in a CSAP program — although they may still be referred to only vaguely, and inappropriately, as *private parts* or as *the parts covered by a bathing suit*. CSAP programs may then compound the children's sense of shame and disgust with negative presentations of sexuality, such as those which describe contact with the genitals as bad touch.^{3,6,7} Only recently have professionals raised concerns that a child's first officially sanctioned exposures to sexual concepts may be in the extremely negative context of child sexual abuse,^{3,7,8} and we have no idea what the eventual impact of this may be on the later sexual development of adolescents and adults.

Presentations of child sexual abuse generally tend to ignore certain developmental issues as well. It has long been documented that children are sexual beings and frequently have sexual experiences,^{7,8,9,10,11,12,13} the most common of which are masturbation and playing doctor. When CSAP programs label genital touch and exposure as bad touch, and as abusive, children who have engaged, or are engaging, in masturbation or peer sexual play often become confused. For example: two first grade Canadian boys, subsequent to their participation in a CSAP program, shamefully reported to their first grade teacher that they had engaged in mutual masturbation; they reported it as sexual abuse as the program had instructed them to do. The teacher, in this case, handled the situation appropriately by assuring the children that this was not what was meant by sexual abuse. One wonders, however, how many children, because their misperceptions have gone unmentioned, have

failed to have them corrected. In another example, a six-year-old boy was observed by his father to have begun to sit on the toilet seat to urinate; when asked why he was doing this, the boy replied that he had been told in school that no one should touch his penis, instructions which he had generalized to include himself. These children lacked appropriate contexts in which to place their instructions.

Children are now being offered, through CSAP programs, a very negative view of sexuality, which does not include information about the healthy role sexuality plays in the human life cycle. This is like teaching children, from a very young age, that all drugs are bad and that using them will harm and destroy their minds and bodies, without talking about how healthy bodies and minds are maintained and how medicines are appropriately used to cure illnesses and injuries. If one were to later try to give the same children aspirin or cough medicine, they might, at the very least, feel guilty about it, and at the worst, might refuse the medication.

Sexual Abuse Knowledge is Taught, But Do CSAP Programs Actually Prevent Sexual Abuse

The problem with the touch continuum, empowerment, and related concepts, such as body ownership, secrecy, and intuition, is that they are not only ineffective but potentially harmful for children. There is insufficient space here to discuss each of them, and the problems related to them, but it should be noted that they all represent knowledge-based prevention programming. Such programming is designed to increase children's knowledge and expects that children will translate that knowledge into action in order to prevent sexual abuse. However, it is in the application of this principle that CSAP programs ultimately reveal their ignorance of more than 20 years of research into prevention.

Clearly, it has been demonstrated — since the 1960s — that whether one is attempting to prevent drug abuse, tobacco use, alcohol abuse, teenage pregnancy, or any of a host of other social problems and ills, knowledge alone is not enough.^{14,15} Simply teaching people — particularly children — about a problem is insufficient to prevent its occurrence; individuals also must be taught specific behavioral skills in order to avoid the problem.² It should not be surprising to us, then, that most CSAP programs, while indicating that they have increased participants' knowledge of sexual abuse prevention concepts, have not demonstrated that children are any more effective in preventing or stopping sexual abuse.

Many of the reported successes of CSAP programs represent statistical successes of knowledge transmission only, in the sense that children demonstrate some understanding of sexual abuse prevention concepts after having gone through such programs. There is no reason, however, to believe that such successes result in an increase in abuse prevention. In fact, research projects often report that children have *significantly* increased their knowledge of sexual abuse concepts; however, when the data is analyzed, one generally finds only a few percentage points increase in participants' sexual abuse knowledge between pre- and posttests (e.g., Binder & McNeil reported a 3% increase in knowledge as

significant, for example).¹⁶ Thus far, unfortunately, there is no research that supports the assumption that participation in a CSAP program better prepares one to prevent abuse.³

The empowerment concept is also problematic. As noted earlier, empowerment, as initially conceptualized for adults, was most often equated with choice, responsibility, and competence, but CSAP programs that are based on the empowerment model, acknowledge none of these attributes with respect to children and sexual abuse. Specifically, CSAP programs assume competence (in children as young as three and four years of age), deny responsibility, and prohibit choice.³ They presume that children, from as young as three years of age onward, have the competence to understand complex sexual and social interactions, have the ability to appropriately identify abusive behaviors, and can carry out preventive behaviors in their own interests. Additionally, the programs deny that children are at all responsible or to blame for sexual abuse, yet, they teach them that they are responsible for preventing the abuse. This is clearly unreasonable. In their attempts to reduce children's guilt in having been sexually abused, most CSAP programs also unintentionally increase children's feelings of guilt when they find themselves in situations where they are unable to prevent the abuse from happening again after they have been exposed to the program.⁶ Finally, rather than promoting children's rights to make choices, CSAP programs often merely impose their perspectives on what children should do when confronted with a sexually abusive situation.

There are additional problems with the empowerment movement. There is, for example, an essential difference between empowerment in the context of rape and empowerment in the context of child sexual abuse. With rape crisis prevention, and the prevention of battered wives, women empower women. They, themselves, recognize and assume the risks — persecution, arrest, assault, verbal and physical abuse — that are associated with attempting to alter the power, knowledge, and resource discrepancies in a male-dominated world. They recognize that changes in such imbalances require changes in our society's social structures, and that if they do not take place, the women who attempt to exercise an empowered view will have to assume additional risks. Within the CSAP program movement, however, rather than children empowering other children, adults attempt to empower children, even though the issue of risk for the group being empowered remains the same. Thus, children who attempt to exercise their empowerment, in the absence of societal changes, run tremendous risks of verbal and physical assault for engaging in behaviors that violate the existing power structures.³

For example, a participant in a CSAP program may be instructed that she has the right to be *safe, strong and free*. She may later relate that there are times when her father has become angry and has spanked her. As per the instructions in the CSAP program manual, the program presenter may attempt to empower her by telling her that her father has no right to inflict such harm, and that she acted appropriately in telling the presenter

about these events. The child may then be given strategies for dealing with the father's abusive behavior, which may include instructions to assert herself and provide the father with alternative forms of discipline.¹⁷ The child has now supposedly been empowered: she has been given knowledge and resources; has been told that she has the right to avert physical harm; and has consequently been given power. However, in reality, what started out for the child as a spanking has been confirmed and labeled as abusive behavior; additionally, the child's parents are unlikely to have a positive perception of their newly empowered child. Such attempts at empowerment may actually represent attempts at promoting social change, but it may be inappropriate to place responsibility for such change upon children.

All children, as they progress to mature adulthood, must learn how to meet and satisfy their own, and other's, needs. When one realizes that empowerment really means the ability of children to satisfy their needs and reduce the degree to which they are dependent upon others, it is easy to recognize that what one is talking about is a fundamental, social/emotional developmental process. The problem with the empowerment model is that it takes a fundamental developmental process and significantly accelerates it to address only one potential problem of childhood — child sexual abuse. However, in reality, just as lack of physical strength and shortness of stature are immutable characteristics of childhood, so too is their lack of power — in that children are essentially incapable of satisfying their needs in an adult-like manner.

CSAP Programs Serve Primarily as Identification Not Prevention Programs

While promoted as prevention programs, the reality is that CSAP programs primarily serve the purpose of identifying child sexual abuse; in essence, they teach children what to do if they are abused. Clearly, before children can utilize such strategies, as saying "no" or running away and telling someone, they must first be abused (as legally defined, sexual abuse includes sexual advances as well). Thus, the prevention program does not prevent the abuse, but rather encourages children to report the abuse as soon as possible. In reality, therefore, CSAP programs are child sexual abuse identification programs. But then, how reliable are they as identification instruments, and what is the potential for such programs to misclassify sexual abuse?

Earlier, the example of the young boy who chastised his father for patting his buttocks was described. Whatever the intent of the program was, it is clear that, for this child, contact with the buttocks in the form of a pat on the way up to bed, became labeled as abusive. The CSAP program advocates would probably take exception to this analysis of what occurred, arguing that the child was merely exercising his right of control over his body. In fact, CSAP program advocates like to claim, as a positive side effect of their programs, that children frequently become more assertive about who they allow to touch them, and when.^{18,19} What is ignored however, is the fact that we do not know how children actually process this information. Was the little boy merely

exercising his rights, or indeed, was the child processing his father's actions through some type of *incest or child abuse* censor, and then drawing the conclusion that the behavior was inappropriate. If the latter is the case, then we could be condemning a generation of children to censoring affectional contacts between friends and family, in order to avoid what they believe is abusive behavior, whether such an assessment is accurate or not. If so, this will not be serving the short- or long-term needs of children. Furthermore, CSAP programs typically lump together, into one category of bad touch, a range of behaviors that may include something as innocuous as an overaffectionate aunt who hugs her nephew or niece a little too tightly (unwanted hugs and kisses) to the other extreme of a father who sadistically sexually assaults his prepubescent daughter.

In order to answer the questions of how reliable CSAP programs are as identification instruments, and what the potential is for the misclassification of sexual abuse, two pieces of information are needed: first, how frequently does the behavior one is attempting to identify occur in the general population (the base rate),²⁰ and secondly, how reliable and accurate is the identification instrument in identifying such behaviors.

When one considers that many, if not most, children do not successfully learn all, or even most, of the concepts taught by CSAP programs, one has to conclude that the programs may not be particularly reliable. If a group of children learn only some of the concepts they are taught in a CSAP program, it is probable that they will make frequent errors. Even given an accuracy rate of 80%, with a base rate of child sexual abuse in the general population of 10%, more than twice as many children will be likely to misclassify nonabusive behaviors as abusive, compared to the number of children who will correctly identify sexual abuse. Therefore, the potential for children to misinterpret the actions of adults, after having been exposed to a CSAP program, is quite high.³

This does not mean that all children will report their families, friends, and teachers as sexual abusers. Rather, in most cases, false identification results in children having misgivings about what is occurring, accompanied by an overriding sense of loyalty, dependence, love and/or need for acceptance, that generally supersedes any desire to report the adult. Thus, the boy, whose father patted him on the buttocks, may make a false identification that may lead to some misgivings — and, for a time, mistrust on his part — but it is unlikely that this will be sufficient for him to report his father for sexual abuse. This is not always the case, however. In a similar Canadian case, a child reported his father's action to his teacher, which led to a child protection services investigation. Although no abuse was substantiated, the absurdity of the child abuse report, which was made on the basis of this child being patted on his buttocks by his father, merits no further elaboration. Other examples of false identification are the previously mentioned case of the two first graders who engaged in mutual masturbation, and the case of a six-year-old girl who became hysterical after being tickled by her three-year-old brother, because she had learned in a CSAP program

that tickling could be considered to be bad touch.

While on the one hand, we can take some comfort from the fact that most of these cases will not result in false accusations, it might actually be better, in some cases, if a child abuse report were actually made: when a child misidentifies nonabusive behavior by a significant person in his or her life as abusive, and the perception is not corrected, what remains is the potential for long-term damage to the relationship between the child and that person, as well as the child's ability to form future attachments.

Some Implications for CSAP Program Development: Two Crucial Elements

We have reached a point in CSAP program development where a critical decision must be made. The presumption all along has been that you can teach children to identify and report sexual abuse without having to provide any instruction in human sexuality or sexual development. It has further been assumed that child sexual abuse instruction would not negatively impact on the healthy sexual development of adolescents and adults. However, beyond the absence of any evidence for this belief, there is ample support for the conclusion that such an approach may truly be detrimental to healthy sexual development, both from a logical standpoint, and from what we have gleaned through research into sexual development.

There are two crucial elements in understanding the phenomena of sexual abuse:

1. *Empirical evidence on perpetrators clearly indicates that the overriding motivation for the abusive act is sexual, with power as the tool for gratifying sexual needs.*²¹ In adaptations of theoretical models of rape, attempts have been made to explain sexual abuse of children by arguing that such abuse represents an adult's exercise of power over a child, with sexuality serving as the tool. There is no research data, however, that supports this assumption. Contrary to what many in the field propose, child sexual abuse is not borne of power inequities between adults and children, but of a sexual disturbance on the part of the perpetrator.

It is also unfortunate that, although female perpetrators have received increased attention in treatment literature, CSAP programs still continue to conceptualize sexual abuse as an act of power on the part of the perpetrator (male) against the child (female), both in their underlying assumptions (particularly regarding empowerment) and in the manifestation of those assumptions in the content presented to children.

2. *The second element is acceptance of childhood sexuality.* Cross-cultural and numerous retrospective studies and interviews with children and adolescents reveal that children are sexual beings. Childhood sexuality, while obviously manifested in a manner quite different from adult sexuality, is nevertheless present and apparent in such activities as masturbation, exposure of genitals, and genital stimulation. Sexual developmental — like the development of language, emotions, cognitive skills, and so forth — is a process. A child's ability to make social judgments at age seven is clearly different from his or her ability to make such judgments at

age 18. Similarly, at age seven, the primary manifestation of children's sexuality is their curiosity about the genitals of others, and an awareness of the pleasant sensations derived from their own genitals. As noted earlier, the problem with most CSAP programs is that they ignore this aspect of children's lives. Rarely is any attempt made to distinguish sexual abuse from sexual behaviors.

Also, rather than constituting the exercise of power of an adult over the child, sexual abuse is misusing the child's sexuality — that is, using a child's sexuality for adult needs.³ In an attempt to avoid controversy over sexuality education, CSAP programs have attempted to teach children about sexual abuse, without talking about that which is being abused. It may be that the main reason for children misinterpreting nonabusive behaviors for abusive behaviors is because they lack an adequate understanding of the sexual component of sexual abuse. Given the vague definitions of *private parts*, and lack of specificity about what kind of touch is acceptable or not, children have been left to their own devices to try and figure out what sexual abuse is really all about.

The evidence is accumulating that sexual abuse prevention education cannot take place devoid of any sexuality education. Prior to children being told about sexual abuse, they need to be told about sexuality and appropriate forms of its expression. They need to develop a positive view of themselves and their bodies. Only after they have learned to feel good about their bodies, including its sexual parts, and only when they have come to understand that sexuality represents a very positive aspect of their lives, and that it is a very of meaningful component of adult interactions, can they begin to be taught about inappropriate sexual contact.

Although such issues are complex, it is possible to teach children what they are capable of understanding at age-appropriate levels, from approximately ages four or five onward. Up to about age seven, children can process information regarding their bodies and the feelings and sensations they experience, and it is within this context that sexuality education may be most appropriately provided. Children at this age, however, have limited capacity for perspective-taking (i.e., placing themselves in another person's shoes). Thus, they may frequently be inaccurate when making inferences or judgments about interpersonal situations, particularly those with which they have had limited personal experience. Given the complex (and for most children, unfamiliar) nature of interpersonal sexual experiences, sexuality education, which focuses on reproduction or on complex relationships between sexual partners, is not likely to be accurately assimilated. Consequently, this would preclude any sexual abuse prevention education prior to approximately ages eight or nine, as children younger than this may not be capable of processing information about interpersonal sexuality accurately. In effect, sexual abuse represents a rather complex interpersonal sexual event — and children need sufficient time to assimilate the information they must acquire about their sexuality.

There are many who believe it is inappropriate to

be teaching children about human sexuality. But, the decision is whether one teaches about both human sexuality and sexual abuse or teaches about neither. Specifically, if one must teach children about sexual abuse, one must first teach them, in an age-appropriate manner, about sexuality and healthy, appropriate forms of sexual expression. While speaking to the author, a school board member once expressed concern about what she expected would be resistance from her board in providing any kind of sexuality education for children.²¹ This was a board that had already approved a CSAP program that was to begin at the kindergarten level. However, her view and the board's view were essentially incongruous. Her view was that teaching children about their bodies and the feelings their bodies give them, and about love and sexuality (natural aspects of our existence from the day we are born), would corrupt or harm their natural development; the board's view was that teaching children about the most socially abhorrent and aberrant forms of sexual deviations (including incest, which can be very disturbing) will be both beneficial and healthful in the protection, maturation, and nurturance of a child's sexuality.

If we are afraid to introduce sexuality to our children, we should be terrified to introduce sexual abuse to them. The avoidance of correct terms for the sexual parts of the body, and the vague references to sexual acts, may sufficiently shroud and conceal the underlying sexual messages of CSAP programs from parents, but not from children. They know that these programs are talking about sexuality and they know why the vague terms and references are being used: because sexuality is bad and you do not talk about it with anyone. We must avoid teaching children that which they must unlearn in order to achieve mature sexual adulthood.

Dr. Krivacska, president of the New Jersey Association of School Psychologists, recently chaired the development of CSAP Program Guidelines for the National Association of School Psychologists.

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OCTOBER IS NATIONAL FAMILY SEXUALITY MONTH

SIECUS affirms that parents are — and ought to be — the primary sexuality educators of their children and supports efforts to help parents fulfill this important role. In addition, **SIECUS** encourages religious leaders, youth and community group leaders, and health and education professionals to play an important role in complementing and augmenting sexuality education received at home. To that end, **SIECUS** endorses the following:

Proclamation for National Family Sexuality Education Month

WHEREAS, much of the fundamental education of the child occurs within the family, with parents as the primary sexuality educators of their children;

WHEREAS, parents should be given community support in fulfilling this vital responsibility;

WHEREAS, parents and potential parents need to be aware of the resources which provide information to assist them in the sexuality education of their children; and,

WHEREAS, the purpose and commitment to strengthen American families and their values are reflected in National Family Sexuality Education Month;

WHEREAS, all citizens and health, civic, education, religious, social, and family organizations are encouraged to commemorate this month by supporting family sexuality education;

THEREFORE, **SIECUS** endorses the observance of National Family Sexuality Education Month.

National Family Sexuality Education Month (NFSEM) has been observed every October since 1975 by a growing national coalition of more than 50 social service, education, and health care organizations. To commemorate the month, there will be special programs, publications, promotions, and increased media focused on the important role of parents as their children's first and primary sexuality educators, with a special emphasis on using television as a family communication tool. (By the time children graduate from high school, they have spent 4,000 more hours watching television than they have spent in school — more time than is spent on doing anything else, except sleeping.)

Parents can be effective in educating their children about sexuality without being *experts*. As one parent said, "It is more frightening to grow up without proper enlightenment than to know how things happen." Accurate education about sexuality helps prepare young people to educate their own children. In this way, the cycle of sexual ignorance and silence can be broken. Also, working together, parents and their communities can provide the information and support necessary to prepare today's youth for the responsibilities of tomorrow's adults in sexuality and family living.

A brochure for parents, a poster, a television public service announcement on this year's theme, and information on NFSEM, are available from Planned Parenthood Federation of America, Education Department, 810 Seventh Avenue, New York, NY 10019, 212/261-4629.

UNDERSTANDING THE SEXUAL BEHAVIORS OF YOUNG CHILDREN

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If one were to ask a group of teachers, school counselors, or social workers, "Do you think children today express more sexual behaviors than they did a generation ago?" most of them would probably say, "Yes." Documenting such an increase, however, would be impossible, because, until recently there has been no reliable collection of data about the number and types of sexual behaviors in which children engage; even now, such research is in its infancy. Nonetheless, all of us can point to certain sociological factors that may be contributing to changes in sexual behaviors, including children's access to cable television, adult videos, and 900 numbers that provide telephone sexual experiences for callers. Without an established base of research, however, how are parents, teachers, and counselors to determine when a children's sexual behaviors fall within an acceptable range of sexual behaviors or when they require intervention and treatment?

Some professionals continue to argue that intervention around sexual issues is *never* required for children — that all sexual behaviors of children are, by their very nature, benign and uncomplicated. However, a growing body of research, largely based on two specific populations — children who have been sexually abused¹ and children who have used some kind of coercion or pressure to force other children into sexual behaviors^{2,3,4} — is causing many professionals to rethink that argument.

Most professionals who work with children are aware of contemporary studies that suggest that increased sexual behaviors *may* be an indication that a child is being, or has been, sexually molested.^{1,5,6} Increasing evidence also points to the fact that it is important to evaluate young children who are coercing other children into unwanted sexual behaviors; research on adult offenders has revealed that many offenders began their coercive sexual behaviors in elementary school and increased the number and violence of their sexual behaviors during adolescence.^{7,8} Such findings indicate that there may be danger in just hoping that children will *grow out* of coercive sexual behaviors. On the other hand, overreacting to children's sexual behaviors can also have negative consequences; it could cause them to feel ashamed and self-conscious about a natural and healthy interest in their bodies and sexuality.

It is also important to note that adults who work with children often assume that they "just know" whether a child's sexual behavior is natural and healthy. However, what they are generally employing in making their evaluations are just sets of internal — largely

unconscious — intuitive guidelines, which have been drawn from their sexual experiences as children, their parents' attitudes, their religious beliefs, and other aspects of their personal histories and cultures. Such preformed guidelines may actually reveal more about the adult evaluator than the child in question. Individual standards for evaluation, not surprisingly, vary widely: some adults think that any behavior of a young child relating to sexuality is unacceptable, while others accept a wide range of sexual behaviors among children. Professionals who work with children need practical data-based guidelines to determine when a child's sexual behaviors are within acceptable limits and when they are causes for concern.

Some General Guidelines

While research data on childhood sexuality is still in the pioneering stages, there is enough information to establish some important observations about the sexual behaviors of children 12 years of age and younger.

In looking at the continuum of sexual behaviors presented in this article, it is important to remember that:

1. *There is no single standard for determining normal sexual behaviors in all children, since there are individual differences due to the developmental level of the child and due to the amount of exposure the child has had to adult sexuality, nudity, explicit television, and videos.* Parental and societal attitudes and values, as well as the child's peer group and living conditions, exert additional influences on the types and range of the child's behaviors. A set of guidelines, nonetheless, may provide a base line by which children's sexual behaviors can be somewhat objectively evaluated at this time, and may help target potential problems.

2. *The sexual behaviors of a child represent only one part of their total being.* Sexual behaviors should not be used as the sole criteria for determining whether a child has a significant problem. (See section entitled *Initial Assessment*.)

A Continuum of Sexual Behaviors

Professionals who work with children need to have perspective on the full spectrum of childhood sexual behaviors, from the wide variety of what are perceived to be age-appropriate healthy activities to patterns that may be unhealthy or pathological and may require attention and/or treatment.

After analyzing extensive evaluations of hundreds of children, and their families, who were referred to the author due to the child's sexual behaviors, four definable clusters or groups of children have begun to emerge on

a continuum of behaviors: *Group I* includes children engaged in natural and healthy childhood sexual exploration; *Group II* is comprised of sexually-reactive children; *Group III* includes children who mutually engage in a full range of adult sexual behaviors; and *Group IV* includes children who molest other children. This continuum of sexual behaviors applies only to boys and girls, ages 12 and under, who have intact reality testing and are not developmentally disabled. Each group includes a broad range of children, some are on the borderline between the groups, and some move between the groups over a period of time.

The Initial Assessment

The initial assessment, to determine where on the continuum the child may fall, includes:

1. An evaluation of the number and types of sexual behaviors of the child.⁹
2. A history of the child's sexual behaviors.
3. Whether the child engages in sexual activities alone or with others.
4. The motivations for the child's sexual behaviors.
5. Other children's descriptions, responses, and feelings in regard to the child's sexual behaviors.
6. The child's emotional, psychological, and social relationship to the other children involved.
7. Whether trickery, bribery, physical or emotional coercion is involved.
8. The affect of the child regarding sexuality.
9. A thorough developmental history of the child, including abuse and out-of-home placements.
10. Access and careful reading of protective services' reports, court reports, and probation documents (if applicable).
11. An assessment of the child's school behaviors, peer relations, behaviors at home, and behaviors when participating in out-of-home activities, such as day care or recreational programs.
12. A history of each family member, the overall family history, and an evaluation of the emotional and sexual climate of the home.

Assessment of these areas helps to determine whether the child falls into *Group I*, *II*, *III* or *IV*. If the child falls into *Groups II*, *III*, or *IV*, a thorough evaluation to assess the treatment needs of the child, and the family, will be necessary. Assessments should be completed by a mental health professional who specializes in child sexual abuse. While the child may not have been sexually abused, the sexual behaviors demonstrated in these groups may be indicative of previous or current sexual abuse.

Group I: Natural and Healthy Sexual Play

Normal childhood sexual play is an information gathering process. Children explore — visually and through touch — each other's bodies (e.g., play doctor), as well as try out gender roles and behaviors (e.g., play

house). Children involved in such explorations are of similar age and size, are generally of mixed gender, are friends rather than siblings,¹⁰ and participate on a voluntary basis ("I'll show you mine if you show me yours!").

The typical affect of children, in regard to sexually-related behaviors, is light-hearted and spontaneous. In natural sexual play or exploration, children often are *excited*, and they feel and act *silly* and *giggly*. While some children in *Group I* may feel some confusion and guilt, they do not experience feelings of shame, fear, or anxiety.

Group I Example:

Three 10-year-old boys threw the staff of one elementary school into conflict when they were discovered playing in the bathroom: one boy was "creating designs in the toilet bowl with his urine," while his two friends were seeing who could stand the farthest away while aiming their urine into the toilet bowl. The principal, convinced that their behavior was *perverted*, suggested that the three boys be removed from school.¹¹

Despite the principal's alarm, the boys offer an excellent example of healthy — if, perhaps, mischievous — childhood behavior. They were exploring the capabilities of their bodies, and were trying out something that was *fun*.

The sexual behaviors of children who are engaged in the natural process of childhood exploration are balanced with curiosity about other parts of their universe as well. They want to know how babies are made *and* why the sun disappears; they want to explore the physical differences between males and females *and* figure out how to get their homework done more quickly, so they can go out and play.

If children are discovered while engaged in sexual play and are instructed to stop, their sexual behavior may, to all appearances, diminish or cease, but it generally arises again during another period of the child's sexual development. The range of sexual behaviors in which children engage is broad; however, not all children engage in all behaviors, some may engage in none, and some may only engage in a few.^{10,12,13} The sexual behaviors engaged in may include: autostimulation and self-exploration, kissing, hugging, peeking, touching, and/or the exposure of one's genitals to other children, and, perhaps, simulating intercourse,¹² (a small percentage of children, 12 or younger, engage in sexual intercourse.¹³) Because of this broad range of possible sexual behaviors, diagnosing a child based solely on their sexual behaviors can be misleading. Although children who have sexual problems usually manifest more varied and extensive sexual behaviors than *Group I* children, their behaviors may, in some cases, vary only in degree. (See box on Eddie on page 10.)

Group II: Sexually-Reactive Behaviors

Group II children display more sexual behaviors than the same-aged children in *Group I*; their focus on

Group I Example:

Eight-year-old Eddie.* The need for careful evaluation of children referred for problem sexual behaviors is evident when one considers the case of eight-year-old Eddie, who was referred for evaluation after experiencing a long and traumatic day: Eddie was taken from his apartment in handcuffs and, as his neighbors watched, was put into a squad car. Telephoned by the police, his parents met him at the police station. The allegation made against the third grader was sexual assault. Earlier that day, the apartment manager's two young daughters (ages four and five) came to their mother and announced that Eddie had pulled their pants down and tried to put his finger into their vaginas. The manager immediately phoned the police, who responded by transporting Eddie to the police station.

After questioning Eddie and his parents, and in lieu of filing charges, the police referred the family for an evaluation to a center with special expertise in treating children who molest other children. The family followed up by immediately scheduling an appointment. The parents, upon arrival, presented an immediate contrast to the fragmented and chaotic families of most sexually troubled children (particularly those in *Group IV*). Both parents attended the session with Eddie, and instead of being hostile or denying the allegations, they made it clear that they took the incident with the neighbor children seriously, and that they were very concerned about their son.

The intake information revealed a stable family history. Eddie's parents had been married for 18 years; had an older son who regularly attended the local high school; and both had worked for the same company for more than 12 years. There was no history of drugs, alcohol, physical or sexual abuse, or any other major family disruption.

Up to his arrest, Eddie's history showed the same kind of positive stability and achievement. He did fine academically, was a Little League player, and had many friends. Assessment instruments filled out by Eddie's parents and his teacher indicated no significant behavioral problems. His parents also filled out the *Child Sexual Behavior Checklist*,⁹ which indicated sexual behaviors within normal limits. All questions related to abuse, abandonment, neglect or a highly sexually charged family atmosphere were met with negative responses.

In the interview with Eddie alone, the eight year old quietly told the therapist that he knew that what he had done was wrong, and that he was sorry. He explained that his motive in approaching the children was curiosity. He was alone all day in his apartment, during the summer vacation, and there was little to do. "And," Eddie said, "I really did wonder what girls looked like." He added, "I hope I didn't scare them." The two little girls were interviewed the following day, and the therapist asked them if they were afraid of Eddie. "No way!" they insisted, giggling. Further questioning revealed that Eddie did not play with them regularly, and had never tried anything sexual with them before. The only time they were together was in the apartment's swimming pool, and their interactions, at those times, were nonthreatening.

On the other hand, Eddie's sexual behavior with the children had clearly been inappropriate. He had not asked to look, and had pulled down both the children's pants and touched and poked their genitals without their permission or mutual agreement. The behavior was of special concern, because the little girls were considerably younger than he, and were not regular playmates who engaged in other mutually enjoyable activities. The girls stated that Eddie stopped immediately, when they said, "No!"

After assessing Eddie, the evaluator felt that he was a *Group I* child, but that he had engaged in behaviors consistent with *Group II*. Eddie and his parents were provided with materials regarding sexuality, and were encouraged to have open discussions in the family regarding sexual issues. The evaluator also pointed out that Eddie needed a more structured schedule and planned activities: eight year olds are not self-sufficient enough to be left alone all day in an apartment complex, with no same-aged playmates, and no supervision. His parents agreed, and enrolled him in a local day camp for summer and an afternoon day care program for the school year.

Finally, the interviewing therapist gave the parents a list of children's sexual behaviors, and other related behaviors, that occur in children who have problems in the area of sexuality. "Call me if Eddie begins to engage in the behaviors on this list," the evaluator urged. "And, let us set an appointment two months from now just to see how things are going for Eddie."

**The names used in the examples cited in this article are not the real names of the individuals.*

sexuality is out-of-balance in relationship to their peer group's; and they often feel shame, guilt, and anxiety about sexuality. Many children in *Group II* have been sexually abused; some have been exposed to explicit sexual materials; and some have lived in households where there has been too much overt sexuality. Young children, who watch excessive amounts of soap operas or cable television and videos, and who live in sexually explicit environments, may display a multitude of sexual behaviors.¹⁴ Some parents, who themselves may have been sexually and/or physically victimized, express their sexual needs and discuss their sexual problems openly with their young children. This can overstimulate and/or confuse their children. Some children are not able to integrate these experiences in a meaningful way. This can result in the child acting out his or her confusion in

the form of more advanced or more frequent sexual behaviors, or heightened interest and/or knowledge beyond that expected for a child of that age. The sexual behaviors of these children often represent a repetition compulsion or a recapitulation (often unconscious) of previously overstimulated sexuality or sexual victimization. The time between the sexual overstimulation and the sexual behaviors is close, and often overlaps or is contiguous. Behaviors of *Group II* children include: excessive or public masturbation, overt sexual behaviors with adults, insertion of objects into their own or other's genitals, and talking about sexual acts.

Such sexualized behavior may be the way the child works through his or her confusion around sexuality. After being told that their sexual behaviors need to be altered, for example, *Group II* children generally

When Children's Sexual Behaviors Raise Concern

— Signals for Parents and Counselors —

1. The child focuses on sexuality to a greater extent than on other aspects of his or her environment, and/or has more sexual knowledge than similar-aged children with similar backgrounds who live in the same area. A child's sexual interests should be in balance with his or her curiosity about, and exploration of, other aspects of his or her life.
2. The child has an ongoing compulsive interest in sexual, or sexually-related activities, and/or is more interested in engaging in sexual behaviors than in playing with friends, going to school, and doing other developmentally-appropriate activities.
3. The child engages in sexual behaviors with those who are much older or younger. Most school-aged children engage in sexual behaviors with children within a year or so of their age.^{10,11,12} In general, the wider the age range between children engaging in sexual behaviors, the greater the concern.
4. The child continues to ask unfamiliar children, or children who are uninterested, to engage in sexual activities. Healthy and natural sexual play usually occurs between friends and playmates.^{10,11,12}
5. The child, or a group of children, bribes or emotionally and/or physically forces another child/children of any age into sexual behaviors.
6. The child exhibits confusion or distorted ideas about the rights of others in regard to sexual behaviors. The child may contend: "She wanted it" or "I can touch him if I want to."
7. The child tries to manipulate children or adults into touching his or her genitals or causes physical harm to his or her own or other's genitals.
8. Other children repeatedly complain about the child's sexual behaviors — especially when the child has already been spoken to by an adult.
9. The child continues to behave in sexual ways in front of adults who say "no," or the child does not seem to comprehend admonitions to curtail overt sexual behaviors in public places.
10. The child appears anxious, tense, angry, or fearful when sexual topics arise in his or her everyday life.
11. The child manifests a number of disturbing toileting behaviors: s/he plays with or smears feces, urinates outside of the bathroom, uses excessive amounts of toilet paper, stuffs toilet bowls to overflow, sniffs or steals underwear.
12. The child's drawings depict genitals as the predominant feature.
13. The child manually stimulates or has oral or genital contact with animals.
14. The child has painful and/or continuous erections or vaginal discharge.

Group II Examples:

Nine-year-old Tommy was sexually abused last year by a man who lived down the street whom he called *Uncle Frank*. After his abuse, he showed an intense and anxious interest in everything sexual, and his teacher reported that he was having some behavior and attention problems in the classroom. Tommy initiated oral sex and other behaviors with an 8-year-old male cousin on several occasions, but he did not try to force the boy or threaten him into silence. Most of the sexual activities Tommy engaged in with his cousin were the ones that his *Uncle Frank* had engaged in with him, or were the ones that he had seen while watching explicitly sexual videos with this man.

Four-year-old Jenna is also a sexually-reactive child, but, unlike Tommy, she has never been molested. When Jenna's mother, an attractive 18 year old named Jackie, brought her in for an evaluation, the child's behavior was unusually sexualized. When Jenna met a man — even a complete stranger — she would climb onto his lap, stroke his face or put her arms around his neck, and snuggle up against him. She also would make sexual sounds and frequently tried to stick her tongue into the mouths of people who kissed her. She spent hours sitting on the couch in front of the television, rubbing herself against her stuffed animals to masturbate. Jackie told the child sexual abuse evaluator that she thought her child had been molested. After several interviews, however, there still was no evidence of sexual abuse. What emerged, however, was a picture of a home that was sexually over stimulating, with virtually no developmentally appropriate activities. The little girl and her teenaged mother lived in a one-room apartment with Jackie's boyfriend, Bob. There were no children in the complex, and Jenna did not have a single friend. Every day, the four year old and her mother spent hours watching soap operas. Before Bob returned from work, Jackie and Jenna did their hair and dressed up to "look pretty for Bob"; frequently Jackie let Jenna wear her makeup. At night, Jenna watched cable movies and slept on the sofa bed where Bob and Jackie made love ("Only after Jenna is asleep," Jackie told the psychologist).

Their Treatment. Like most *Group II* children, Tommy and Jenna were very responsive to treatment. In Tommy's case, treatment focused on his sexual confusion and abuse; group therapy with other boys who had been molested was especially helpful. Within a period of months, his sexual behaviors decreased to natural and healthy levels.

For Jenna, recovery was even faster, and primarily involved working with her mother. Jackie made a curtained, sleeping corner for Jenna, which created a little more privacy for the adults in the evening. She and her daughter enrolled in a *Mommy and Me* class, which provided Jackie with knowledge of a four-year olds' needs and with practice in interacting appropriately with her daughter. Jenna started attending nursery school, and Jackie took a parenting course at the local community center. Trips to the park, zoo, and library took the place of soap operas.

acknowledge the need to stop the behaviors and welcome help. The sexual behaviors of this group of children are often fairly easy to stop, as they do not represent a long pattern of secret, manipulative, and highly charged behaviors, such as those seen among child perpetrators (*Group IV*).

Group III:

Extensive Mutual Sexual Behaviors

Group III children have far more pervasive and focused sexual behavior patterns than *Group II* children, and they are much less responsive to treatment. They participate in a full spectrum of adult sexual behaviors, generally with other children in the same age range, (oral and anal intercourse, for example), and they conspire together to keep their sexual behaviors secret. While these children use persuasion, they usually do not force or use physical or emotional coercion to gain other children's participation in sexual acts. Some of these children, however, move between *Groups III* and *IV*, i.e. between mutually engaging in sexual behaviors and forcing or coercing other children into sexual behaviors.

Group III Example:

Nine-year-old Todd and Joey have been in the foster care system as long as they can remember. In talking about them, their group home leader threw up his hands in frustration: "I literally cannot leave Todd or Joey alone in a room for ten minutes or they will try to have sex with one another or some other kid." He added, "Todd is always behind a tree or in a bed with one of several girls, while Joey seems to be pretty available to girls or boys. So far, Joey has had sex — lots of it — with both roommates I've assigned to him. Neither of the boys told me — I found out from the other kids. At the moment, he is spending nights in the nurse's office, until I can come up with a better plan. When I try to talk to either of them, I get nowhere. They do not seem to understand why I should care about this. The other day, Joey just looked at me, shrugged, and said, 'Hey, this is just the way we play!'"

One of the striking differences between these children, and the children in other groups, is their affect — or more precisely, their lack of affect — around sexuality. *Group III* children do not have the light-hearted spontaneity of sexually healthy children, the shame and anxiety of sexually-reactive children, or the anger and aggression typical of child perpetrators. Instead, they display a blasé, matter-of-fact attitude toward sexual behaviors with other children — as Joey explained, "This is the just the way we play."

It might be more accurate to say that sexual interaction is the way *Group III* children *try to relate* to their peers. As for relating to grownups, most *Group III* children expect only abuse and abandonment from adults. On one of Todd's few remembered trips home (see the above box), his mother beat him and left him locked in a room. Joey does not remember ever living with his parents, but he has failed placement in 10

foster homes. In one of these foster homes, he was sexually molested by an older boy. Clinical experiences with children in the foster care system indicate that there are many cases like Todd's and Joey's, but no research has been done to document this phenomena.

Other *Group III* children have been sexually abused, in a group, by one or more adults, and continue the sexual behaviors experienced with the other children after the abuse by the adults has stopped. Other children in *Group III* are siblings who mutually engage in extensive sexual behaviors as a way of coping in their highly dysfunctional families.

All *Group III* children have been sexually and/or physically abused and/or have lived in highly chaotic and sexually charged environments. Through these experiences their understanding of relationships has become skewed; distrustful of adults, chronically hurt and abandoned, and lacking in academic or social success, these boys and girls use sexuality as a way to make a child a *friend* — even briefly. Few of these children report any need or drive for sexual pleasure or orgasm. Although their "What's the big deal?" attitude may have the appearance of sophistication, it conceals significant emotional vulnerability. Their sexual activities appear to be their attempts to make some kind of human connection in a world which is chaotic, dangerous, and unfriendly.

Group IV: Molestation Behavior

Many professionals involved with the care and protection of children find it difficult to believe that children 12 years and younger can molest other children. Evidence that they can, and do, is found not only in a growing group of studies and journal articles, but in FBI reports¹⁵ and newspaper clippings.¹⁶

In one recent case, a fourth grader was sexually assaulted by several students in the bathroom of her local public school. The incident occurred at a small country school in Vermont which serves just 150 children, from kindergarten through fourth grade. The perpetrators of the sexual assault against the little girl were all her age or younger. Two 10-year-old boys from the girl's class initiated the attempted rape, and three other boys watched or helped to hold the struggling victim while her attackers tried to penetrate her. One of these boys was eight years old and the other two were six years old.¹⁷

This small town incident is just one example of a nationwide increase in reports of sexual offenses by prepubescent children¹⁸ that have taken the system by surprise. Last year, in the state of New York, "juvenile court prosecutors handled 270 cases of sexual crimes involving children 12 years old and younger — more cases than in the 13- to 15-year-old range."¹⁹ Commenting on the statistics, Peter Reinharz, supervisor of the sexual crimes prosecution unit, noted that the age drop meant that the unit was dealing with "eight, nine, ten year olds committing rape [and] sodomy." The identified victims are usually other children.²⁰

Only a few treatment programs have been established for these *child perpetrators*, but preliminary

findings on children in *Group IV* have been published.^{23,4} As a group, they have behavior problems at home, and at school, few outside interests, and almost no friends. These children lack problem-solving and coping skills and demonstrate little impulse control. Often, they are physically and sexually aggressive. In preliminary findings on child perpetrators, no one — parents, teachers, or peers — described any member of the group as *an average child*.²¹

The sexual behaviors of *Group IV* children go far beyond developmentally appropriate childhood explorations or sexual play. Like the children in *Group III*, their thoughts and actions are often pervaded with sexuality. Typical behaviors of these children may include (but are not limited to) oral copulation, vaginal intercourse, anal intercourse and/or forcibly penetrating the vagina or anus of another child with fingers, sticks and/or other objects. These children's sexual behaviors continue and increase over time, and are part of a consistent pattern of behaviors rather than isolated incidents. Even if their activities are discovered, they do not, and cannot, stop without intensive and specialized treatment.

A distinctive aspect of *Group IV* children is their attitudes toward sexuality. The shared decisionmaking and lighthearted curiosity evident in the sexual play of children in *Group I* is absent; instead, there is an *impulsive, compulsive, and aggressive quality* to their behaviors. These children often link sexual acting out to feelings of anger (or even rage), loneliness, or fear. In one case, four girls held a frightened, fighting, and crying 18-month-old child while another girl fellated him. The other girls (all ages six to eight) each took a turn. The little boy required extensive medical attention as a result of penile injuries.

Group IV children also seldom express any sympathy for their victims. **Ten-year-old David** repeatedly explained that he had to slap an eight-year-old girl, and call her a *bitch*, because she would not stop screaming. "I told her to shut up," he said, "but she just wouldn't stop." The fact that the child was screaming because he was trying to penetrate her vagina with his finger did not seem to David to be particularly relevant or worth discussing.

Even being discovered in the act of molesting another child does not necessarily break down this denial of responsibility. When his foster mother walked into the room where **nine-year-old John** was sodomizing his five-year-old foster brother, the older boy immediately announced, "I'm not doing *anything*."

While most of the case studies in this group are not physically violent, *coercion is always a factor*. Child perpetrators seek out children who are easy to fool, bribe, or force into sexual activities with them. The child victim does not get to choose what the sexual behaviors will be, nor when they will end. Often the child victim is younger and sometimes the age difference is as great as 12 years, since some of these children molest infants. On the other hand, some child

perpetrators molest children who are age-mates or older. In sibling incest with boy perpetrators, the victim is typically the favorite child of the parent/s. In other cases, the child is selected due to special vulnerabilities, including age, intellectual impairment, extreme loneliness, depression, social isolation, or emotional neediness. Child perpetrators often use social and emotional threats to keep their victims quiet: "I won't play with you ever again, if you tell"; this is a powerful reason to keep quiet if the child victim already feels lonely, isolated, or even abandoned at home and at school.

Even the bathroom games sometimes seen in *Group I* children are markedly different from the disturbed toileting behaviors common in *Group IV*.²² Some children who molest other children habitually urinate and defecate outside the toilet (on the floor, in their beds, outdoors, etc.). While many *Group I* children may mildly resist changing underwear, some children in *Group IV* will wear soiled underpants for more than a week or two and adamantly refuse to change. Some constantly sniff underwear. Many of the children regularly use excessive amounts of toilet paper (some relate wiping and cleaning themselves to masturbation) and stuff the toilet until it overflows day after day. The children continue these disturbed toileting patterns even if their families have severely punished them for their behavior. While *Group IV* children often obsessively focus on toileting and sexual activities, the natural and healthy sexual curiosity and delight of young children in their bodies is absent. Instead, they express a great deal of anxiety and confusion about sexuality. Many *Group IV* children say they act out sexually when they feel *jumpy, funny, mad* or *bad*. Yet, after engaging in sexual behaviors, most report that they feel *worse*.

Most child perpetrators who have been studied have been victims of sexual abuse themselves, although the sexual abuse generally has occurred years before the children began molesting other children. All of the girl perpetrators³ (females represent about 25% of child perpetrators) and about 60% to 70% of the boy perpetrators² have been molested. All of the children live in home environments marked by sexual stimulation and lack of boundaries, and almost all of the children have witnessed extreme physical violence between their primary caretakers. Most parents of *Group IV* children also have sexual abuse in their family histories, as well as physical and substance abuse.

This group of children is at the highest risk for continuing, and escalating, their patterns of sexually abusive behaviors, unless they receive specialized treatment specifically targeting their acting out.²¹ Unfortunately, there are only a handful of *any* type of treatment programs specifically targeted for children who molest other children. A jury in New York City took just two months to convict a ten-year-old boy of raping a seven-year-old girl, but two *years* to find a treatment resource for him.¹⁷

Even in an age of sharply limited government funds, increasing resources for children who molest other children are vital. Gene Abel, MD, Director of the Behavioral Medicine Institute in Atlanta, and author of more than 80 articles on sexual offenders, has hypoth-

esized that the average adolescent perpetrator could be expected to commit more than 300 sexual crimes in his lifetime.²³ Abel noted, "We know that many adolescent perpetrators engaged in deviant sexual behaviors as early as five or six years of age. When there is a persistent and consistent pattern of sexually deviant behavior in young children, early assessment and specific treatment affords the best opportunity to stop the behavior."²⁴

Conclusion: The Need for Practical Guidelines on Child Sexual Behaviors

While thorough evaluation needs to be provided by an expert in child sexual behaviors, it is almost always a nonspecialist who identifies and refers a child for evaluation. The *persistent and consistent pattern* of problem sexual behaviors is usually first noticed by parents, caretakers, and *front line* professionals, including school teachers, nurses, counselors and social workers. For this reason, all professionals who work with children or families need practical guidelines as to which child sexual behaviors are *natural* and *healthy* and which behaviors indicate a need for specialized assessment (see the box on page 11).

Research on child sexual behaviors also has immediate practical ramifications for anyone teaching sexuality education classes to youngsters. *First*, the families of children in *Groups II, III, and IV* frequently verbally or nonverbally communicate inaccurate information about sexuality, gender, and reproduction.²⁵ Accurate information, and a forum in which to ask questions about sexuality, are essential for these children. *Secondly*, the increase in reports on child perpetrators underscores the importance of including information on child sexual abuse in sexuality education classes. Children should be aware that no other person (whether that person is an adult or another child) has the right to force or pressure them into unwanted sexual behaviors.

This article is an attempt to give a front line audience information based on clinical experience and recent findings. Evaluating child sexual behaviors is a new, complex, and dynamic field of research. Therefore, this effort is just one small step in an evolving field. The results of an international study on children's sexual behaviors, currently being conducted by the author, will provide a further step in our understanding of children's sexual behaviors and their relationship to culture, geographic area, social, economic, racial, and religious background.

Written with the assistance of Joanne Ross Feldmeth, co-author, Child Sexual Abuse: The Clinical Interview (for professionals) and We Weep for Ourselves and Our Children (for adult survivors).

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BOOK REVIEW

WITHOUT CONSENT: How to Overcome Childhood Sexual Abuse

Carol Jarvis-Kirkendall and Jeffery Kirkendall
Scottsdale, AZ: Swan Press, 1989, 203pp., \$12.95.

Authors Carol Jarvis-Kirkendall and Jeffery Kirkendall state in their prologue that *Without Consent* is primarily a book for females who have experienced childhood sexual abuse, but I believe it would also function as a helpful primer for educators, law enforcement personnel, medical workers, and anyone else who deals with those who have been abused in their day-to-day lives (and that includes almost all of us at some time or another). Their message is straightforward, simply worded, and rings out loud and clear from the very first pages: "You are not shameful, you are not defective, you are not crazy, there is hope." Their therapeutic technique is one of empowerment through the confrontation of these basic truths. The book is a product of 15 years of the authors' combined experience working with those who have been abused, and includes many sensitive portraits of courageous patients who have worked their way slowly and painfully from despair to self-esteem.

Without Consent offers a clear and concise definition of childhood sexual abuse for those who may not fully understand what it is, including the recipients of the abuse themselves. It places the responsibility for the sexual abuse of children squarely in the hands of adult abusers without, however, glossing over the psychological reasons for why such abuse occurs. The authors draw a clear picture of how this trauma negatively affects the lives of the abused as adults, and emphasize that they have the power to break free of unhealthy fears and patterns of behavior, by confronting their childhood experiences and by recognizing the underlying causes of their negative behavior.

As the authors — a husband and wife therapy team — do in their personal practice, *Without Consent* guides those who have been abused in a step-by-step program towards recovery and helps them establish positive relationships by breaking the addiction cycle of preoccupation, ritualization, acting out, and despair. I was struck by how the authors encouraged those who have been abused to draw on the same strengths that helped them survive the abusive experience itself, in order to help them recover and lead active, joyful lives. Also, their frank acknowledgement that "all change, even obviously positive change, is frightening," seemed a particularly realistic, yet empowering, attitude.

Though a book is obviously no substitute for person-to-person therapy, for those who have experienced childhood sexual abuse, and their friends and partners, *Without Consent* is an important first step on the road to recovery.

Reviewed by Carol Cassell, PhD, director of the Institute for Sexuality Education and Equity.

DEMI MOORE, POSTCARDS, AND TOPLESS DANCERS

Debra W. Haffner

As you walked through New York this summer, Demi Moore's eight-month-pregnant and nude body stared back at you from every newspaper kiosk. The July cover of *Vanity Fair* stimulated news coverage, radio talk shows, and debates. Several major chain stores decided not to carry this issue, claiming that the image should not be seen by children.

I personally think the cover and the inside photographs by acclaimed photographer Annie Leibovitz are beautiful. How wonderful it is to see a model of a pregnant woman who is healthy and sexy. How affirming it is to see a pregnant woman who clearly feels that in her pregnancy she is beautiful and sexually arousing. And what a wonderful way to break the taboos about sexuality and pregnancy. And yet, several of my women friends find the cover offensive and exploitative, seeing it as pandering and without value. One, siding unknowingly with Phyllis Schafley, said that she thought it was vaguely pornographic.

My friend's comment brought to mind some of the feelings I had just a few weeks ago while visiting Amsterdam. I was in Amsterdam in June at the World Congress of Sexology biannual meeting and spent some time visiting with colleagues throughout the Netherlands. The Netherlands is a society that is wonderfully open about sexuality. In her opening address to the Congress, the Dutch Minister for Welfare, Health and Cultural Affairs, Ms. H. d'Ancona, told the participants: "We remain convinced that continuing openness and attention to the subject [sexuality] are the habits best calculated to enable people to exploit their sexual potential and enjoy their sex lives, as well as avoiding frustration and trauma. It seems reasonable to assume that satisfying sexual contacts and relationships will have a beneficial effect on the mental and physical health of the people concerned and will consequently help them to function better both as individuals and as members of society." There are laws protecting the civil rights of gay men and lesbians, and a beautiful monument in central Amsterdam is dedicated to the gay men and lesbians who were killed in World War II. Sexuality education programs for adults appear on television, along with explicit advertisements for HIV prevention.

But there was another side to the openness that I found disquieting and uncomfortable. The red light district features blocks of live sex shows, explicit book stores, and female sex workers in small, red lit windows who negotiate with passersby. Materials are not limited to this section of the city; in the postcard stores found throughout Amsterdam, one can buy postcards depicting couples having intercourse; painted, mutilated, and distorted genitals; and other sexual scenes. To me, many of these images were offensive, without artistic or social merit, and distasteful. In my view, the live sex shows and the pictures of floating genitals were not an affirmation of sexuality, but sexist and exploitive.

It was indeed ironic to learn, in an Amsterdam hotel lobby one night, catching up on news with CNN, that the U.S. Supreme Court had decided *Barnes v. Glen Theater*, ruling that states may ban nude dancing in the interest of "protecting order and morality." The 5-4 decision upheld an Indiana law

requiring female performers in night clubs and adult bookstores to wear at least pasties and a G-string. Chief Justice Rehnquist wrote that "nude dancing of the kind sought to be performed here is expressive conduct within the outer perimeters of the First Amendment, though we view it as only marginally so." He then went on to say that "the perceived evil that Indiana seeks to address is not erotic dancing, but public nudity...Indiana's requirement that the dancers wear at least pasties and a G-string is modest, and the bare minimum necessary to achieve the State's purpose."

Justice Souter wrote a separate opinion to "rest my concurrence in the judgment, not on the possible sufficiency of society's moral views to justify the limitations at issue, but on the State's substantial interest in combating the secondary effects of adult entertainment establishments..." These effects, as described later in his opinion, are "prostitution, sexual assault, criminal activity, degradation of women, and other activities which break down family structure." Justice Souter seems painfully ignorant that there is no scientific basis for these connections, instead allowing his own perception of what a viewer might feel to override his legal judgment. I could not help but wonder, as I read his opinion, if Justice Souter had ever been in such an establishment and what the effects on him had been!

Justice White, writing for the four dissenters, chided his colleagues for obfuscating their real intent. He wrote, "the purpose of forbidding people from appearing nude in parks, beaches, hot dog stands, and like public places is to protect others from offense. But that could not possibly be the purpose of preventing nude dancing in theaters and barrooms since the viewers are exclusively consenting adults who pay money to see these dances. The purpose of the proscription in these contexts is to protect the viewers from what the State believes is the harmful message that nude dancing communicates." He went on to say, "that the performances in the Kitty Kat Lounge may not be high art, to say the least, and may not appeal to the Court, is hardly an excuse for distorting and ignoring settled doctrine. The Court's assessment of the artistic merits of nude dancing performances should not be the determining factor in deciding this case."

The implications of this case are chilling. The case sends a clear message that in the words of *The New York Times*, "freedom of speech must bow to protecting public order" and conservative visions of morality. Conservative groups hailed the decision as a victory. A spokesperson for the Free Congress Foundation was quoted in *The Washington Post* as saying, "it is a green light for communities to aggressively enforce basic community standards of decency." And, as many of you know, that means that there will be more attacks on bookstores, video stores, and college and high school classrooms, as opposition groups work to abridge the First Amendment in order to promote *their own version* of order and morality.

And that brings me back to Demi Moore and the Amsterdam postcards. It is unacceptable to use our own personal judgments to decide whether sexually explicit materials or content are appropriate or acceptable to others. As sexologists, we need to support the informed use of sexually explicit materials for educational and therapeutic purposes and affirm the rights of adults to have access to sexually explicit materials for personal use. We must object to sexually explicit materials that condone or promote violence and exploitation, and we must protect minors from exploitation, while working to protect the rights of freedom of speech and freedom of the press. And we need to be concerned with the rights of topless dancers because the abridgement of their rights to expression can quickly lead to abridgement of the rights of educators, counselors, researchers, and therapists.

A View From the Field

PEE WEE HERMAN

Vern L. Bullough, PhD, RN
SUNY College Distinguished Professor
Buffalo, New York

"Paul Reubens is living out every man's and every boy's worst nightmare. He is alleged to have been seen touching himself."

— The Washington Post

Though much of the press found it difficult to write dispassionately about the arrest and disgrace of Pee Wee Herman, his case is both an indication of the success and the failure of sexuality education.

First the good side. Sexuality educators have, over the last few years, emphasized the importance of safer sex, and the dangers of picking up a casual sex partner, and many have encouraged masturbation as an alternative. Paul Reubens, professionally known as Pee Wee Herman, engaged in safer sex, albeit in a XXX-rated movie theater: he did not pick up a prostitute; he did not rape anyone; he did not proposition anyone.

However, Reubens was arrested in the lobby of a XXX-rated movie theater in Sarasota, Florida. The arresting officers apparently went into the theater—which was featuring heterosexually-oriented films, *Tiger Shark*, *Turn Up the Heat*, and *Nancy Nurse*—only after a drug case they had been working on did not pan out. Maybe, wanting to have something to show for their shift, they decided to check out the theater for sex offenders. They alleged they saw Reubens with an exposed penis in his left hand. Since the theater was dark and Reubens had a coat on his lap, it difficult to say what they saw; in short, it is their word against his. The point is that the officers knew ahead that they could charge almost anyone in the theater with indecent exposure—if they chose to do so. If Herman had rented the same films at a video store and masturbated at home, there would be no issue today; Reubens, however, was staying at his parent's home where he, most likely, would not feel comfortable viewing explicit sexual materials. Sexuality researchers, therapists, and educators, know that masturbation is often done to some kind of visual fantasy, and that many people use explicit sexual materials as an aid to their visualizations. Gay men use gay male sexually explicit films, heterosexuals use heterosexual sexually explicit films, etc.

The failure of sexuality education lies in the public's immediate reaction to masturbation *per se*, which became further confused when Reubens was charged with indecent exposure. Such a charge immediately conjures up a picture of a devious man in a raincoat who exposes himself to children; such a picture probably helped to fan the hysteria. Our failure as sexuality educators is that we have not effectively informed the American public that fantasy masturbation is common. Some people fantasize by using visual images; some rely solely on their imagination, some seek still other ways. Educators need to emphasize that masturbation is a normal activity; that it is often achieved through fantasizing; and that Reubens was doing nothing wrong.

Theaters that specialize in XXX-rated films anticipate and expect that their patrons will masturbate. XXX-rated theater owners know this, and so do the police; such behavior is

generally ignored or tolerated—unless the vice officer needs to make some arrests. Since such theaters are legal, society, in effect, has said that such behavior is acceptable. Periodically, however, perhaps to discourage too many patrons, police make sweeps through the theaters and use catch-all laws to arrest the patrons. The night Reubens was arrested, three other men, who were spotted allegedly doing the same thing, were arrested as well. There is usually a small fine, both the police and the officer know the client will be back, and everyone, except the arrested client, feels better. (In some cases, the client may even feel better, since he may have guilt feelings about what he has done.) Generally, the officers do what they can to keep a public nuisance under control, society applauds them, and things return to normal—except when a prominent person is discovered. Then there can be a tragedy.

Did we help put Pee Wee Herman's career in jeopardy? Have we failed as sexuality educators, in our campaign for safer sex, by not emphasizing that masturbation is often practiced using explicit fantasy/sexual materials? While masturbation is only one aspect of human sexuality education, it is an aspect about which the public needs better education. Sexuality educators also need to come to grips with their ambivalence toward XXX-rated theaters. Personally, I think that they serve a purpose by encouraging some people to practice safer sex.

ATTENTION AIDS EDUCATORS

SIECUS Calls for HIV/AIDS Materials

SIECUS will publish a collection of HIV/AIDS teaching strategies, guidelines, and syllabi in December 1991. This resource will provide educators with new ideas and approaches that will promote information-sharing and networking among HIV/AIDS educators. Information about this resource, and its availability, will be distributed to SIECUS members and to HIV/AIDS agencies nationwide. According to a membership survey SIECUS conducted in May 1989, 75% of our membership is involved in HIV/AIDS education.

Now, 10 years into the HIV/AIDS epidemic, as we hear more about *HIV/AIDS saturation*, it is important that we infuse our programs with new vital energy and enthusiasm. If you have developed any type of educational resources, such as teaching strategies, guidelines, exercises, and syllabi, we encourage you to submit them by October 15, 1991. All contributions will be greatly appreciated, and will serve to foster a rich and diverse collection. Please do not hesitate to send an outline that you feel may be too informal or brief. We need to include as many voices, approaches, and philosophies as possible.

According to our agreement with the Centers for Disease Control, a review committee will review all materials to ensure that they adhere to CDC guidelines. Please do not let this dissuade you from contributing. You will be contributing to a resource that has the potential to greatly enrich existing programs. Please direct submissions to: Carolyn Patierno, Director, SIECUS' National AIDS Initiative, SIECUS, 130 West 42nd Street, Suite 2500, New York, NY 10036. (We will not be able to return the materials that we receive.)

CURRENT RELIGIOUS PERSPECTIVES ON SEXUALITY

A SIECUS Bibliography

This current listing of materials addresses sexuality topics from a cross-cultural, historical, religious, and spiritual point of view. Specific topics, such as ethics, abortion, sexual abuse, sexual orientation, and HIV/AIDS are included. Each citation is listed with a description of the book's primary focus.

Please note that SIECUS does not sell any of these publications. However, most of them are available for use at SIECUS' Mary S. Calderone Library. If your local library or bookstore cannot obtain these publications for you, please write directly to the publishers and distributors whose addresses are listed with each title.

Copies of this bibliography can be purchased from SIECUS'

Publications Department at the following costs: 1-4 copies/\$2.50 each; 5-49 copies/\$2 each; 50+ copies/\$1.50 each; plus 15% postage and handling (p/h). SIECUS is located at 130 West 42nd Street, Suite 2500, New York, NY 10036; 212/819-9770.

This bibliography is an update of the previous *Bibliography of Religious Publications on Sex Education and Sexuality*, which was published in 1987. It was developed by summer intern Pamela Papish, Columbia University, with the assistance of James Shortridge, director of Library Services. An additional bibliography on religion and sexuality education will be published in the near future.

HISTORICAL PERSPECTIVES

ADAM, EVE, AND THE SERPENT

Elaine Pagels

Sexuality is discussed in the context of early Christianity and light is cast on the evolution of attitudes that have been passed down to modern Christians. 1988, \$8.95.

Random House, 400 Hahn Road, Westminster, MD 21157; 800/733-3000.

THE BODY AND SOCIETY: Men, Women, and Sexual Renunciation

Peter R.L. Brown

Addresses the practice of permanent sexual renunciation (continence, celibacy, and lifelong virginity) and the questioning of various beliefs and practices within Christian circles in the first through sixth centuries AD. Also discusses marriage and sexuality in the Judaic, early Christian, and Roman worlds. 1988, \$16.50.

Columbia University Press, 562 West 113th Street, New York, NY 10025; 212/316-7100.

EROS AND THE SACRED

Paul Avis

Discusses the alienation of women from Christianity and analyzes the patriarchal conditions — where women represent nature rather than culture, instinct rather than reason, body rather than spirit, pleasure rather than purpose, and a source of sexual temptation rather than the embodiment of true

personhood — that have caused it. Calls for the Church to realize that reconstruction of the image of women in the Bible and Christian tradition is necessary. 1989, \$7.95.

Morehouse Publishing Company, 78 Danbury Road, Wilton, CT 06897; 203/431-3927.

THE POISONING OF EROS: Sexual Values in Conflict

Raymond Laurence, Jr.

Traces the development of sexual values throughout Western history and describes the various conflicts that have existed where views of sexuality have differed. Also examines the impact that religious institutions have had on sexual values formation and proposes a basis for a new system of sexual ethics. 1989, \$19.95.

Augustine Moore Press, 217 Mountain Avenue, No. 11, Roanoke, VA 24016; 703/343-8203.

SEX AND SOCIETY IN ISLAM

B.F. Musallam

Discusses birth control and abortion in classical Islam and uses Islamic jurisprudence, belles lettres, erotica, popular literature, and medical materials to dispel current assumptions about the tradition. 1983, \$14.95.

Cambridge University Press, 40 West 20th Street, New York, NY 10011; 800/227-0247.

SEXUAL PRACTICES & THE MEDIEVAL CHURCH

Vern L. Bullough & James Brundage

Examines medieval canon law and its views on homosexuality, adultery,

transvestism, prostitution, rape, and marriage. 1982, \$19.95.

Prometheus Books, 700 East Amherst Street, Buffalo, NY 14215; 800/421-0351.

SEXUALITY, SPIRITUALITY, AND THEOLOGY

THE ART OF SEXUAL ECSTASY: The Path of Sacred Sexuality for Western Lovers

Margo Anand

Uses the Eastern tantric tradition's goal of sexual ecstasy and enlightenment as the base for presenting new methods for enhancing sexual relationships and for attaining spiritual wholeness. Rather than adopting any particular religious belief, the book is designed to be compatible with any view of the world that includes a positive, healthy response to sacred sexual experience. 1989, \$26.95 hc, 16.95 pb.

Jeremy P. Tarcher, Inc., 9110 Sunset Boulevard, Los Angeles, CA 90069; 800/288-2131.

BETWEEN TWO GARDENS: Reflections on Sexuality and Religious Experience

James B. Nelson

These essays attempt to integrate human religious and sexual experiences in the face of the Western cultural split between spirit and body. 1984, \$9.95.

Pilgrim Press, 700 Prospect Avenue East, Cleveland, OH 44115-1100; 800/537-3394.

**EARTH HONORING:
The New Male Sexuality**

Robert Lawlor

Examines male sexuality from a variety of non-Western perspectives. 1989, \$12.95.

Inner Traditions International, One Park Street, Rochester, VT 05767; 802/767-3174.

EMBODIMENT: An Approach to Sexuality and Christian Theology
James B. Nelson

Discusses sexual issues — such as pre- and extramarital sexual relationships, masturbation, sadomasochism, homosexuality, and the needs of disabled or older people — from the perspective that sexuality is the base on which our capacity to enter into life-enhancing and life-enriching relationships is built. Through one's sexuality, one has the possibility to become what God would have one become — fulfilled, integrated, sharing, and free recipients of divine love. 1978, \$14.95.

Augsburg Fortress, 426 South 5th Street, Box 1209, Minneapolis, MN, 55440; 612/330-3300.

**ENLIGHTENED SEXUALITY:
Essays on Body Positive Spirituality**
Georg Feuerstein

Essays by Sam Keen, Lewis Thompson, Da Free John, David Alan Ransdale, Julie Thompson, and others focus on the belief that one's sexuality "can be a means to, and expression of, spiritual enlightenment." 1989, \$12.95.

The Crossing Press, 22D Roache Road, PO Box 1048, Freedom, CA 95019; 800/777-1048.

IN HER OWN RITE: Constructing Feminist Liturgical Tradition
Marjorie Proctor-Smith

Addresses the benefits of, and necessity for, dialogue between liturgical and feminist movements. Explores language (verbal, physical, and visual), preaching, and the role of the Bible and sacraments. 1991, \$11.95.

Abingdon Press, PO Box 801, 201 8th Avenue South, Nashville, TN 37202; 800/251-3320.

THE INTIMATE CONNECTION
James B. Nelson.

Designed to help men explore the relationship between their sexuality and spirituality in order to enable them to experience greater wholeness as human beings. 1988, \$9.95.

Westminster/John Knox Press, 100 Witherspoon Street, Louisville, KY 40202-1396; 800/523-1631.

**LAW, SEX, AND CHRISTIAN SOCIETY
IN MEDIEVAL EUROPE**

James A. Brundage

Discusses the origin and development of canon laws on marriage and sexuality

and their influence on the Catholic church's present positions on abortion, women's, lesbian's and gay male's rights, prostitution, and contraception. The volume (674 pp.) is organized for easy subject consultation. 1987, \$22.50.

University of Chicago Press, 5801 Ellis Avenue, 4th Floor, Chicago, IL 60637; 800/621-2736.

LIVING IN SIN?: A Bishop Rethinks Human Sexuality

John Shelby Spong

Explores traditional roles of men and women, marriage, and sexual relationships in light of modern medicine, psychology, economics, culture, and biblical studies. 1989, \$9.95.

Harper San Francisco, Icehouse One-401, 151 Union Street, San Francisco, CA 94111; 800/242-7737.

OUR PASSION FOR JUSTICE: Images of Power, Sexuality, and Liberation
Carter Heyward

One of the first women Episcopalian priests in this country offers her social, political and religious views on passion and compassion; sexuality, love, and justice; the holiness of the body; sexism, heterosexism, homophobia, and lesbianism and the Church. "Sexual power," she says "not only carries us into lovemaking with our partners, but is moreover present and active in all creative, mutually empowering relationships we have, whether in our one-to-one relations or in our efforts to cross over the various boundaries we have tolerated between us as people of different races, genders, nations, classes, and religions." 1984, \$11.95.

Pilgrim Press, 700 Prospect Avenue East, Cleveland, OH 44115-1100; 800/537-3394.

SEX AND THE BIBLE
Gerald Larue

Examines adultery, prostitution, lust, celibacy, homosexuality, masturbation, incest, and bestiality in the Old and New Testaments. 1983, \$16.95 pb, \$24.95 hc.

Prometheus Books, 700 East Amherst Street, Buffalo, NY 14215; 800/421-0351.

**SEXUALITY AND SPIRITUAL
GROWTH**

Joan H. Timmerman

Discusses stages of sexual and spiritual development; sexuality/spirituality for women, men, singles, and married couples; social justice; friendship and leadership; personal and pastoral practice; and guilt and redemption. 1991, \$10.95.

Crossroad Publishing, 370 Lexington Avenue, New York, NY 10017; 212/532-3650.

STORIES FROM THE CIRCLE

Marcy Darin, Editor

Women trainers from the Episcopal Church's Office for Women in Mission and Ministry Leadership Program discuss empowerment, racism, sexism, the relationship between spirituality and sexuality, and self-discovery within the religious community. 1991, \$8.95.

Morehouse Publishing Company, 871 Ethan Allen Highway, Suite 204, Ridgefield, CT 06877; 203/431-3927.

**THE TAO OF HEALTH, SEX, AND
LONGEVITY:
A Modern Practical Guide to the
Ancient Way**

Daniel P. Reid

Discusses Taoist philosophy and offers practical advice and information on physical exercises, sexual therapy, herbal aphrodisiacs, sexual aids, and meditation. 1989, \$12.95.

Simon & Schuster, Inc., 1230 Avenue of the Americas, New York, NY 10020; 800/223-2450.

**TOUCHING OUR STRENGTH:
The Erotic Power and the Love of God**
Carter Heyward

Affirming the sacredness of mutually empowering relationships and sexual pleasure, this book explores the spirituality of lesbians, gay men, feminists, and others not accepted within the strict bounds of mainstream Christianity, and lays to rest the dualism between sexuality and God, sexuality and spirituality, body and spirit, and pleasure and goodness that have historically been used "to dull the edges of human and divine experience." 1989, \$12.95.

Harper and Row, 10 East 53rd Street New York, NY 10022; 800/242-7737.

**WOMEN'S SPIRIT: Reclaiming the
Deep Feminine in Our Human
Spirituality**

Susan Muto

Challenges churches to examine their treatment of women and calls upon women to reclaim the wealth of their heritage as they search for self-knowledge and sexual growth. 1991, \$15.95.

Crossroad Publishing, 370 Lexington Avenue, New York, NY 10017; 212/532-3650.

ETHICS

**BETWEEN THE SEXES: Foundations
for a Christian Ethics of Sexuality**
Lisa Soule Cahill

Discusses sexual ethics, Christian ethics, and the ethics of male and female cooperation. 1985, \$9.95.

Augsburg Fortress, 426 South 5th Street, Box 1209, Minneapolis, MN, 55440; 612/330-3300.

DIRT, GREED, AND SEX: Sexual Ethics in the New Testament and Their Implications for Today
L. William Countryman

Identifies how biblical ideas of sexual purity and property differ among individuals and how ethical principles in the *New Testament* still provide guidance for one's sexuality. 1988, \$12.95.

Augsburg Fortress, 426 South 5th Street, Box 1209, Minneapolis, MN 55440; 612/330-3300.

INNOCENT ECSTASY: How Christianity Gave America an Ethic of Sexual Pleasure

Peter Gardella

Explains how Christianity has led Americans to expect a great deal from sexuality and why the sexual revolution occurred in a nation deeply imbued with Christian ethical values. 1985, \$25.

Oxford University Press, 200 Madison Avenue, New York, NY 10016; 800/451-7556.

ABORTION

COMPREHENSIVE THEOLOGICAL PERSPECTIVES ON ABORTION

Gary N. McLean, Editor

A collection of essays that cover a broad spectrum of positions on reproductive rights. 1983, \$1.73.

Religious Affairs Committee, Planned Parenthood of Minnesota, 1965 Ford Parkway, St. Paul, MN 55116; 612/698-2401.

CONFESSING CONSCIENCE: Church Women on Abortion

Phyllis Tickle, Editor

Twelve women, of different backgrounds and perspectives, reveal how their faith has contributed to their response to the abortion debate. 1991, \$9.95.

Abingdon Press, PO Box 801, 201 8th Avenue South, Nashville, TN 37202; 800/251-3320.

HIV/AIDS

AIDS: The Spiritual Dilemma

John E. Fortunato

Addresses the spiritual dilemma of HIV/AIDS and offers spiritual help and comfort to people with HIV/AIDS, their families and friends, and the clergy who counsel them. 1987, \$8.95.

Harper San Francisco, Icehouse One-401, 151 Union Street, San Francisco, CA 94111; 800/328-5125.

EMBRACING THE CHAOS: Theological Responses to AIDS

James Woodward, Editor

Demonstrates how theology can grow and mature through genuine engagement with the physical realities of

sexuality, suffering, and death that the HIV/AIDS crisis has helped bring into focus. 1991, \$11.50.

Abingdon Press, PO Box 801, 201 8th Avenue South, Nashville, TN 37202; 800/251-3320.

SEXUAL ORIENTATION

CHRISTIANITY, SOCIAL TOLERANCE, AND HOMOSEXUALITY:

Gay People in Western Europe from the Beginning of the Christian Era to the Fourteenth Century

John Boswell

This 10-year study of homosexuality in medieval Europe traces changes in public attitudes — over a 1,500 year period — toward gay men and lesbians by examining popular literature and other historical legal, literary, theological, artistic, and scientific evidence. Elucidates the origins and operations of intolerance as a social force and its complex relationship with the oral and theological traditions which both derive from and support it. 1980, \$16.95.

University of Chicago Press, 5801 Ellis Avenue, 4th Floor, Chicago, IL 60637; 800/621-2736.

COME HOME!

Reclaiming Spirituality and Community as Gay Men and Lesbians

Chris Glaser

With a vision of faith, hope, and affirmation, gay men and lesbians are invited to return to their spirituality through Christian faith and community. 1990, \$10.95.

Harper San Francisco, Icehouse One-401, 151 Union Street, San Francisco, CA 94111; 800/328-5125.

AND GOD LOVES EACH ONE:

A Resource for Dialogue about the Church and Homosexuality

Ann Thompson Cook

Explores the relationship between the church and its lesbian and gay members. 1989, \$4.95.

Reconciling Congregation Program, PO Box 24213, Nashville, TN 37202, 615/292-6371.

HOMOSEXUALITY IN THE PRIESTHOOD AND THE RELIGIOUS LIFE

Jeannine Gramick, Editor

Focuses on homosexuality in the priesthood from ecclesiastical, personal, and ministerial perspectives. Essays by John Boswell, Daniel Maguire, Rosemary R. Ruether, and others. 1989, \$14.95.

Crossroad Publishing, 370 Lexington Avenue, New York, NY 10017; 212/532-3650.

THE VATICAN AND

HOMOSEXUALITY: Reactions to the "Letter to the Bishops of the Catholic Church on the Pastoral Care of

Homosexual Persons"

Jeannine Gramick & Pat Furey, Editors

Twenty-six leading Catholic educators, journalists, activists, and officials subject the letter to the Bishops to an intensive study. The complete text of the letter is included. 1988, \$14.95.

Crossroad Publishing, 370 Lexington Avenue, New York, NY 10017; 212/532-3650.

SEXUAL ABUSE

ESCAPING THE SHADOWS, SEEKING THE LIGHT: Christians in Recovery from Childhood Sexual Abuse

Connie Brewer

Christian survivors of childhood sexual abuse share their stories in order to encourage other adult survivors to move beyond denial in order to begin a life of recovery. 1991, \$7.95.

Harper San Francisco, Icehouse One-401, 151 Union Street, San Francisco, CA 94111; 800/328-5125.

SEXUAL ASSAULT AND ABUSE:

A Handbook for Clergy and Religious Professionals

Mary D. Pellauer, Barbara Chester, & Jane Boyajian, Editors

Introduces the physical, spiritual, and psychological consequences of sexual abuse and explains how to recognize abuse patterns and respond to cases of sexual abuse with compassion and understanding. 1987, \$16.95.

Harper San Francisco, Icehouse One-401, 151 Union Street, San Francisco, CA 94111; 800/328-5125.

SEXUAL VIOLENCE:

The Unmentionable Sin. An Ethical and Pastoral Perspective

Marie Marshall Fortune

Examines the social and religious roots of sexual violence and the consequences of silence, and provides information useful to anyone attempting to respond to survivors or offenders. 1983, \$9.95.

Pilgrim Press, 700 Prospect Avenue East, Cleveland, OH 44115; 800/537-3394.

WE WEEP FOR OURSELVES AND OUR CHILDREN: A Christian Guide for Survivors of Childhood Sexual Abuse

Joanne Ross Feldmeth & Midge Wallace Finley

Follows the stories of seven women as they recognize and mourn their childhood crises and learn how to reestablish their self-esteem, trust in others, and faith in God. 1990, \$8.95.

Harper San Francisco, Icehouse One-401, 151 Union Street, San Francisco, CA 94111; 800/328-5125.

IN MEMORY OF A PIONEER SEXOLOGIST

Lester A. Kirkendall

After well over a half century of ground-breaking contributions to sexuality research and sexuality education, Lester A. Kirkendall passed away after a short illness on May 31, 1991 at the age of 87. Kirkendall was a cofounder and member of the SIECUS Board of Directors.

Dr. Mary S. Calderone, cofounder, executive director, and president of SIECUS from 1964 to 1982, said "Lester Kirkendall's life was of service to the needs of others and to the quiet development of thoughts, principles, and programs to meet those needs. He was loved by the many who have been warmed by his presence." Kirkendall was widely regarded as a pioneer in the field of sexuality and family life education. As Roger Libby, sexuality educator, said, "Kirkendall was most certainly one of the most original, fearless, and selfless sexologists of this century." A vibrant humanist, he continued to write and read about sexuality, population explosion, and humanism after his retirement. During his last two years, he discussed doing a study, of the emotional and sexual needs of older people, at his retirement community.

Lester Kirkendall was born, raised, and educated on a farm near Oberlin, Kansas. Kept by his father from going to high school because he felt that such education was unnecessary for a farm boy, Kirkendall began high school at age 18, graduated from Kansas State College in 1928, received his doctorate degree from Columbia University in 1935, and in 1936, married Laura Williams, who passed away in 1982.

Kirkendall had a varied educational career. He began as a teacher, assistant principal, and principal for elementary, junior, and senior high school, then, from the 30s through the 60s, directed, taught, counseled, and consulted at various universities and organizations, including: the U.S. Army University for Soldiers in Florence, Italy, Association for Family Living, University of Illinois/YMCA, University of Kansas Medical School, National Council on Family Relations, Oregon Mental Health Association, Association of Humanistic Psychology, Committee on Adolescence/Children's Bureau, Department of Health, Education and Welfare, American Association of Sex Educators, Program on Human Sexuality, University of Minnesota Medical School, and Society for the Scientific Study of Sex, among others.

Kirkendall launched the first college level course on human sexuality in this country at Oregon State University (OSU) in the early 1960s, and taught classes there on family life and human relations from 1949 until his retirement as emeritus professor in 1969. While at OSU, he served as a mentor for many entering the field of human sexuality, including deryck calderwood and Roger Libby, and was a close colleague of Alfred Kinsey, Wardell Pomeroy, and Ira Reiss, among others. "Kirkendall was a mentor par excellence," said Libby, "and was a critical role model for many of us. Always supportive of new ideas about sexuality and interpersonal relationships, he was a guiding light for all sexologists and sexuality educators. He was an extremely kind, gentle man with a sense of humor that kept him from giving up against sometimes heavy criticism within and beyond his own academic department. He had guts and he survived." Don Read, sexuality educator and codirector of the Center for Sexual Concerns, emphasized: "He was a pioneer in the days when it was incredibly unpopular — it was like cutting your wrists." "Kirkendall was undaunted by the social

atmosphere around him," said Ira Reiss, author of *An End to Shame: Shaping Our Next Sexual Revolution*. "He knew what he wanted and he went after it. He was a man for all seasons in the early development of sexology in this country."

Believing that sexuality research is an integral part of sexuality education and counseling, Kirkendall conducted a landmark interview study in 1961 on premarital intercourse. The study represented a significant contribution toward understanding what sexuality means, and why its meanings and motives must be fully ascertained in order to understand how to successfully integrate sexual expression into the context of our lives. Kirkendall also wrote, during that period, an article with Libby entitled "Interpersonal Relationships — Crux of the Sexual Renaissance" for *The Journal of Social Issues*. It has since appeared in 13 anthologies. The article's theme became the central thesis of his work in sexology. "Kirkendall believed," said Libby, "that a responsible approach to sexuality and sexuality education must focus on qualities in relationships, such as honesty, openness, and caring — rather than whether or not a penis and vagina get together. His emphasis on intimate relationships centered on sexual choices and why we do, or do not, choose to experience *any* sexual act — not just sexual intercourse. He argued that our society is too obsessed with whether or not we engage in sexual acts, and not the consequences of our decisions. For Kirkendall, the morality of a sexual choice focused on the meaning and openness about any sexual act — not on whether or not the people are married or monogamous. He felt that rigid religious edicts are often harmful in that they fail to place the onus of responsibility on each person in the context of what they find to be moral, nonexploitative, affectionate and uplifting." Libby added, Kirkendall was also "sad to see the rigid approach to sexuality in the media, and in much of education today. He also strongly disagreed with the *politically correct* approach to sexuality now so common on campuses and elsewhere."

Kirkendall wrote and edited more than 13 books on sexuality and sexuality education, including *Marriage and the Family in the Year 2000*, *Sex Education and Human Relations*, and *Premarital Intercourse and Interpersonal Relations*, and more than 300 articles, which appeared in numerous professional journals. He was also associate editor of eight publications, including *Sexology*, *Journal of Sex Research*, and the *Sexual Digest*. He was the recipient of many awards during his lifetime, including the American Humanist Association's *Humanist of the Year Award* and the World Congress on Sexuality's *International Award for Promoting Sexuality Education*. In 1985, Kirkendall established the Lester Kirkendall Endowment at the OSU Foundation to promote the family as an instrument of peace.

Kirkendall often challenged his audiences and colleagues: "This then is your challenge for the future as I see it," he would say. "First, you must find an affirmative and positive way to integrate human sexuality with the whole of life. In the process you yourself will need to be involved and concerned with your own life and with the whole of humankind everywhere. Second, broaden the outreach in terms of communication and personal and social growth — broaden it to include interchanges between age groups, cultures, and nations, and freedom, regardless of one's gender or sexual preference. Third, make expressions of human sexuality affirmative, outreaching experiences."

Kirkendall will be missed by all, but, as Libby says: "We can use his integrity and fortitude, as an example, in our devotion to truth, responsible pleasure, and love. His futurist bent should guide us toward creativity in spite of criticism — toward a more objective, nonmoralistic, healthy, and thorough approach to sexuality education."

Conference and Seminar Calendar

14TH ANNUAL CURRENT CONCERNS IN ADOLESCENT MEDICINE CONFERENCE, October 10-11, 1991. Will address adolescents' health status, guidelines for services, and psychosocial issues, such as sexuality, crisis intervention, media, and suicide. The New York Hilton. Contact: Ann J. Boehme, CMP, Office of Continuing Education, Schneider Children's Hospital of Long Island Jewish Medical Center, New Hyde Park, NY 11042, 718/470-8650, fax 516/352-4801.

PLANNED PARENTHOOD FEDERATIONS' 1991 ANNUAL CONFERENCE, "A TRADITION OF CHOICE," October 16-20, 1991. Will address reproductive health care rights, America's sexual crisis, and effective ways to deal with organized opposition tactics. Grand Hyatt, Washington, DC. Contact: PPFA, 1991 Annual Conference, 810 Seventh Avenue, New York, NY 10019, 212/541-7800.

SEVENTH ANNUAL CONFERENCE ON FAMILY LIFE EDUCATION, "POSITIVELY DIFFERENT: AFFIRMING DIVERSITY IN SELF AND OTHERS," October 17, 1991. Will offer resources for teaching children of varied backgrounds and strategies for strengthening their self-esteem by validating their differences. Sheraton Hasbrouck Heights Hotel & Towers, New Jersey. Contact: The Center for Family Life Education, Planned Parenthood of Greater Northern New Jersey, 575 Main Street, Hackensack, NJ 07601, 201/489-1265.

ASSOCIATION OF REPRODUCTIVE HEALTH PROFESSIONALS' (ARHP) ANNUAL CONFERENCE, "CHALLENGES IN REPRODUCTIVE HEALTH," October 17-20, 1991. Cosponsored by the National Association of Nurse Practitioners in Reproductive Health (NANPRH). Holiday Inn Crowne Plaza, Washington, DC. Contact: ARHP/NANPRH Annual Meeting, 2401 Pennsylvania Avenue NW, Suite 350, Washington, DC 20037, 202/466-3825.

NATIONAL EDUCATION ASSOCIATION (NEA) HEALTH INFORMATION NETWORK HIV WORKSHOPS. Montana Education Leadership Conference, October 17, 1991, Billings, Montana; **University of Puerto Rico College of Education Workshop, October 18-19,** San Juan, Puerto Rico; **Michigan Education Association Leadership/Staff Workshop, October 23-24,** Lansing, Michigan. Contact: NEA Health Information Network, 1590 Adamson Parkway, Suite 260, Morrow, GA 30260, 404/960-1325.

SECOND SYMPOSIUM ON CLERGY AS SEXUAL ABUSERS, October 23, 1991. Cosponsored by the Joseph J. Peters Institute (JJPI). Will address unethical, or illegal, sexual involvement issues faced by religious administrators, clinicians, and parish/congregation clergy. Institute of Pennsylvania Hospital, Philadelphia. Contact: JJPI, 260 South Broad Street, Suite 220, Philadelphia, PA 19102-3814, 215/893-0600.

"HIV/AIDS HOTLINES IN THE 90s," October 23-25, 1991. Third national conference cosponsored by the American Social Health Association and the Centers for Disease Control, National AIDS Information and Education Program and Center for Prevention Services. Research Triangle Park, North Carolina. Contact: Nikki Vangnes, ASHA, PO Box 13827, Research Triangle Park, NC 27709, 919/361-8438, fax 919/361-8425.

TENTH ANNUAL WOMEN'S REPRODUCTIVE HEALTH CARE CONFERENCE, "A CONTINUING AND UNMET CHALLENGE," October 24-25, 1991. Sponsored by the Emory

University School of Medicine, Department of Gynecology and Obstetrics. Hotel Nikko, Atlanta, Georgia. Contact: Continuing Medical Education, 1440 Clifton Road, Atlanta, GA 30322, 404/727-5695.

SECOND ANNUAL MENNINGER CLINIC CONFERENCE, "SEXUAL DESIRE DISORDERS: EVERYTHING YOU WANTED TO KNOW BUT LACKED THE DESIRE TO ASK," October 24-26, 1991. Held in cooperation with the American Association of Sex Educators, Counselors and Therapists (AASECT). Holiday Inn Crowne Plaza, Kansas City, Missouri. Contact: Brenda Vink, Conference Coordinator, Division of Continuing Education, The Menninger Clinic, Box 829, Topeka, KS 66601-0829, 800/288-7377, x5991.

SEXUAL ATTITUDE REASSESSMENT (SAR), October 26-27, 1991. Led by Jeanne Shaw, PhD and Paul Fair, PhD. Will promote sexual enrichment in relationships; support positive change in sexual attitudes, knowledge, and behaviors; and illustrate how communication styles, values, and expectations affect sexual experience. Atlanta, Georgia. Contact: Jeanne Shaw, 145 Inland Drive NE, Atlanta, GA 30342, 404/255-7439.

THIRD ANNUAL AIDS DEMONSTRATION RESEARCH PROJECT NATIONAL MEETING, October 29-30, 1991. Sponsored by the National Institute on Drug Abuse; and the National AIDS Research Consortium. Washington, DC. Contact: National AIDS Demonstration Research Project, 5600 Fishers Lane, Room 10-46, Rockville, MD 20857, 301/443-3783.

THIRD ANNUAL CONFERENCE OF THE NATIONAL ASSOCIATION OF PREVENTION PROFESSIONALS AND ADVOCATES (NAPPA), "CULTURE, CHALLENGES, UNITY, AND DIVERSITY IN PREVENTION," November 2-6, 1991. Will cover prevention approaches to teen pregnancy and suicide, juvenile delinquency, and alcohol and other drugs. Oakland, California. Contact: Sidney Lindsey, NAPPA, 1228 East Breckinridge Street, Louisville, KY 40204, 502/583-6820.

ASSOCIATION FOR THE TREATMENT OF SEX ABUSERS' TENTH ANNUAL RESEARCH AND CLINICAL PRACTICES CONFERENCE, November 6-9, 1991. Will focus on current research and clinical practices in the assessment and treatment of sexual deviancy. Ft. Worth, Texas. Contact: Sharon Siebert, ATSA, PO Box 66028, Portland, OR 97266, 503/494-6144.

NATIONALNET TEEN PREGNANCY PROGRAM EVALUATION WORKSHOPS, November 15-16, 1991; May 15-16, 1992. Will provide skills for assessing needs for evaluation, for designing/conducting evaluations, and for developing program models. Palo Alto, California. Contact: Marv Eisen, Social Research Applications, 170 State Street, Suite 280, Los Altos, CA 94022, 415/949-3487.

"MANAGING ABUSIVE SEXUALITY: INTEGRATING RESEARCH AND TREATMENT," November 18-19, 1991. Sponsored by the Illinois Network for the Management of Abusive Sexuality and the National Task Force on Juvenile Sex Offending of the National Adolescent Perpetrator Network. Will focus on training programs for providers of intervention services to sex offenders and survivors of sexual abuse. Chicago, Illinois. Contact: Sue Talbot, Conferences and Institutes, University of Illinois at Chicago, M/C 607, Box 6998, Chicago, IL 60680, 312/996-5225.

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