

PARENT-CHILD COMMUNICATION ABOUT SEXUALITY

*Elizabeth J. Roberts, President
Population Education, Inc.
and
Steven A. Holt, Director
Project on Human Sexual Development
Cambridge, Massachusetts*

In 1974, the Project on Human Sexual Development was established "to increase public understanding of human sexuality and to seek ways of improving the current conditions of sexual learning in our society." The mandate is a difficult one to fulfill, for public discussion of human sexuality is too often emotionally charged and cliché ridden. Two widely held misconceptions usually serve as obstacles to full and easy discussion of the issues: (1) the belief that sexuality is limited to "sex" and reproduction; and (2) the assumption that sexual learning is limited to formal, usually school-based, educational programs. Furthermore, the narrow view of sexuality as something separate from the rest of life often leads people to ignore a number of important channels through which one's sexuality is experienced and expressed quite outside erotic or genital ways. If we can accept a broad-based meaning of sexuality in our lives, then education about it includes considerably more than a sixth-grade course on the "facts of life" or a lecture on contraception and family planning. Sexual learning is social learning, from birth throughout life. What is learned about sexuality, how it is learned, and who the "teachers" are, may be different at different stages in our life cycle.

To increase understanding about the process of sexual learning in the home, the Project on Human Sexual Development undertook a major study of over 1400 parents of 3- to 11-year-old children, as part of its Pilot Community Program in Cleveland, Ohio. (This program is now independently incorporated as the Cleveland Program for Sexual Learning, Inc., under the leadership of Judith Simpson, executive director.) Personal 70-minute interviews with the parents were held, followed by in-depth 4-6 hour group and couple interviews with 30 members of the group. These mothers and fathers spoke at length about issues related to sexuality: what they learned when they were growing up; their child-rearing practices today; their attitudes and values about such things as family and lifestyle issues, gender roles, expressions of affection, love and intimacy, and erotic conduct and its social consequences; their own patterns of sexual behavior; what they actually said to their children

about various aspects of sexuality; and what they hoped their children would know and believe by the time they were adolescents.

These parents ranged in age from 16 to 60; some were affluent suburbanites, others from the inner city; they came from every religious affiliation and from a diverse group of ethnic minorities; some had completed a junior high school education, others held professional degrees. Most were married; others were separated, widowed, or divorced; a few had never married. The analysis of the parents' responses was designed to provide a new and comprehensive look at the process and content of parent-child communication about sexuality in American homes today.

Fathers were often absent from the communication process. The notion of father-son talks seemed to be a myth, for in most homes both sons and daughters took almost all of their questions about sexuality to their mothers. This was true whether the mother worked in the labor force or was at home full time. In fact, many fathers were not even aware that conversations about sexual issues had taken place in their family. An exception to this general pattern was found in those (few) households where fathers shared more fully in general child care and household tasks. Here both parents reported there was increased likelihood of questions by the child to the father. However, this was only the smallest percentage of the Cleveland families studied.

Less than 15% of mothers and less than 8% of fathers had talked with their child about premarital sex or intercourse. Less than 13% of mothers and 6% of fathers had talked about venereal disease. And even though most parents stated their belief that contraceptive information should be available to preteenagers, only 8% of mothers and 2% of fathers had even mentioned birth control in their preadolescent child. Yet these were the very topics parents claimed they most wanted their children to know about before adolescence.

Those parents who did respond to their child's questions were apt to feel that once a topic had been discussed, "that's done with." As noted in the survey report, sociologist John

Gagnon has remarked that it seems as though both mothers and fathers are operating on an inoculation theory of sexual learning, "once is enough."

Most parents wanted their children to understand their bodies and to feel good about them. However, the messages parents send may have other effects. Many parents today, having structured family life so that questions are difficult to raise, ignore or minimize the child's need for assurance about body changes and often project negative feelings about touching or exploring body parts, especially the genitals. Thus, today's children may be learning that ignorance is bliss, the body a source of shame, and physical development not an appropriate topic for discussion. These messages may imbue simple health precautions in adolescence and adulthood (such as self-examination of breasts, checkup for venereal disease, or using a condom or a diaphragm) with unnecessary anxiety.

On the face of it, the roles of mothers and fathers in Cleveland and the organization of family life looked much as they have appeared in other studies. Most mothers had full responsibility for house and child care, a pattern not changed substantially even if the mother worked outside the home. And most parents still had more tolerant attitudes about the erotic conduct of their sons than of their daughters. Thus, while the majority of parents were prepared to communicate that premarital sex or masturbation was all right for their son, most did not want their daughter to masturbate or to engage in premarital sexual activity.

Beneath the surface of this rather traditional picture, however, there were suggestions of uncertainty, discontent with the status quo, and rumblings of change. Many of the mothers and fathers interviewed were ambivalent about maintaining or altering their present roles in the family. More than half the parents believed that it is *not* solely the woman's responsibility to run the house and care for the children. Also, almost half the parents said they do not believe that men and women should have different roles in life, and 40% of the mothers interviewed were working in managerial, clerical, or blue-collar jobs. Given this fact and the actual division of labor in most Cleveland homes, we found, not surprisingly, that those women with jobs outside the home were considerably more likely to express dissatisfaction with the current organization of their family life.

There was also evidence that parents were uncertain about the degree to which changes in other aspects of masculinity and femininity should be accepted or encouraged in their children. A significant portion of parents (approximately 40%) reported cautioning their sons to act like a "little man" and not like a "slissy," or their daughters not to behave like a "tomboy." Fathers in particular seemed to consider such gender inappropriate behavior to be more important to discuss with a son than with a daughter. For many parents, despite what they hoped to communicate to their children, changing the behavior patterns they had learned as children appeared extremely difficult. For example, while almost 95% of parents agreed they would like their children to grow up believing that it is acceptable for men to cry, most fathers interviewed acknowledged that they themselves never or rarely cried in any situation. Most men also reported that they seldom showed physical affection for other males, and in the group interviews the fathers indicated that they often were uncomfortable in demonstrating affection in general, even to those closest to them.

Still another indication of parental uncertainty about changing sexual values could be seen in the parents' attitudes toward marriage and children, values that ranked highest among all the parents as sources of their own life satisfactions. Yet more than two-thirds of mothers and fathers stated that they believed their own children need *not* marry or have children when they were grown. It seems that parents' level of commitment to their own lifestyles does not automatically translate into certainty that the same values are necessary for their child. Even the "double standard" observed in so many parents appears to be weakening in some families. Younger parents and parents with higher levels of education, as well as single mothers and mothers who worked full time in the paid labor force, tended not to hold different standards and values for their sons and for their daughters.

Extrapolating from this study, some generalizations could be made that will strike a familiar note:

When it comes to *talking* about sexuality, most parents don't. Today's mothers and fathers are struggling to reconcile new realities and new attitudes with the messages about sexuality they themselves received while growing up. They are often also struggling to reconcile their own behavior with their beliefs and their hopes for their children's future. As a result, parents seem confused and uncertain about sexuality and, regardless of their educational or social backgrounds, the vast majority retreat into silence and do not discuss sexual issues with their children at all. Many take refuge by saying that they are "waiting for their child to ask questions," an attitude having a number of unfortunate consequences serving as obstacles to the child's sexual learning.

First, it places the responsibility for initiating conversation about sexuality on the child. For those who do ask

Continued on page 10

SIECUS REPORT

Volume VIII, Number 4

March 1980

The *SIECUS Report* is published bimonthly. Subscriptions are sold on a volume basis only, with volumes beginning in September.

Subscription rates: Individual, \$12 for one year; Canadian and foreign, \$16. Institutional, \$24; Canadian and foreign, \$28. Single copies of any issue are available.

Queries about subscriptions and delivery should be sent to Human Sciences Press, 72 Fifth Avenue, New York, NY 10011 (overseas office: 3 Henrietta Street, London, England WC2E 8LU). Editorial queries should be sent to SIECUS at the address below.

SIECUS Report is available on microfilm from University Microfilms, 300 North Zeeb Road, Ann Arbor, MI 48106.

Editor—Mary S. Calderone, MD

Managing Editor—Anne Backman, MA

Copyright © 1980 by The Sex Information and Education Council of the U.S., Inc., 84 Fifth Avenue, New York, NY 10011.

Library of Congress catalog card number 72-627361

No part of the *SIECUS Report* may be reproduced in any form without written permission from the SIECUS Publications Office.

SPEAKING OUT

Schools: An Essential Component in Good Sex Education

Mary Lee Tatum, MEd
Family Life and Sex Education Facilitator
Falls Church, Virginia
Member, SIECUS Board of Directors

I am always pleased to hear parents say that they believe sex education belongs in the home and/or the church. I have two eager replies to this statement: "I also believe it belongs in the home. By the way, I would love to know where you are in the process of conversation with your children. What are you talking about together? What feelings and attitudes about themselves are your children exhibiting right now? This would be of great interest to me as a sex educator. If you would care to share it with me, I would be very grateful." Or: "How is your church/synagogue dealing with sex education? At what levels? Who does it? It's so delightful to meet someone who believes in sex education in that setting where morals and values are sure to be discussed." I admit to some deviousness. I rarely get direct answers, but it often opens a discussion about the place of sex education in public schools and in family life.

I believe that public schools are an essential component in good sex education for today's children and adults. Students attending sex education courses in schools and churches where I encounter them often preface subjects by saying, "My dad and I were talking last night and . . ." or, "I asked my mom what she thought about what we talked about here last week and she said . . ." On the other hand, parents, confronting me in good humor, have said, "Well, we used to talk about football at the dinner table until this course!" I am convinced, in other words, that it is possible that dealing with human sexuality in school and/or church increases communication within the home. Even if it is not possible to validate this statistically, it is possible for the institution to set this as one goal of any program.

Parent sex education should run in advance of or at least concurrently with any program for children or teenagers. That can mean two hours or six weeks, depending on expressed parent need. By encouraging parent cooperation and participation, the schools generate an excellent atmosphere in which to begin an educational process that can reach the most people, both in numbers and diversity. Courses given in a school setting make it possible for adults and teenagers to interact in discussion sessions dealing with attitudes and behaviors. Students can then share with parents who are not their own what peer group mores are, and parents can share with young people who are not their own children why they feel as they do about dating, hours, and their fears about behavior consequences. A skilled facilitator

can effect new understandings in both groups, providing the material for further discussion at home.

Perhaps the most important contribution to the family by public school-directed sex education is the opportunity for a family's sons and daughters to engage in serious considerations of sexuality within their peer group. This accomplishes two things: It gets rid of the dishonesty and mythology which young people encounter in school locker rooms and hallways, and it provides feedback and exchange on serious questions and ideas within their own generation. Understanding as we do that one of the primary tasks of adolescents is to separate from their family with the least trauma possible for both, we also know that hearing another 15-year-old express feelings about dating is more important an influence than being told by one's mother, "Oh, everybody feels that way. When I was your age . . ."

Communication between the sexes is vitally important. Recently a high school group was asked to write the three best and the three worst things that might go with being the other sex. Ensuing conversation revealed the girls felt one of the positive things about being male was that they wouldn't have to "wait to be asked out," but could take the initiative. A 16-year-old boy then quietly said that it was so difficult to risk being rejected that "a lot of guys just don't ask girls out." One might say that parents could tell their children about this truth, but could not duplicate the revelation in that statement and the intense peer exchange that followed. No matter how earnestly the mothers and fathers want to provide positive sex education in the home, they simply cannot replace the value of the peer group in exchanging positive attitudes and information, nor can they match the impact of this on their child's awareness and evaluation of peer experiences and feelings.

All this must, of course, take place with a well trained, adult teacher/facilitator whose carefully defined goals support the family and the wishes of the community. This is the ultimate challenge for schools which involve themselves in sex education, for it seems apparent that who is teaching is a vital and proper concern of parents.

Good decisions about sexual behavior and positive attitudes about sexuality should ideally find their origins in the home. In turn, a well planned and implemented school program should serve to reinforce these important decisions and attitudes.

WHERE THE ACTION IS

Involving Parents in Sex Education

[It is encouraging that across the country more and more opportunities are being offered parents for learning about the sexual development of their children and the role they themselves should ideally be playing as sex educators in their families. This issue's "Where the Action Is" column focuses on three examples of such programs for parents, sponsored by a school, an organization, and a hospital. Following are descriptions of these programs as prepared by their developers and/or facilitators.—Ed.]

MARIN COUNTRY DAY SCHOOL Corte Madera, California

Joyce Gregory Evans, MA, Fifth Grade Teacher

Eight years ago, Marin Country Day School established its first formal, coeducational, sex education program for fifth-graders. The five-week course was described in advance to the parents in a letter which outlined the weekly topics and the resources to be used. This detailed information was followed by a request for parents to initiate conversations at home, thereby giving them the opportunity beforehand to instill their own values and beliefs. After the course was completed, a parents' night was held in order to discuss the curriculum and material, to hear the children's general concerns at this preadolescent age, and to answer any questions from the parent group.

Parent attendance was impressively high, affirming the desire and need to share concerns with others and to become more informed within a relaxed setting. A common request during the program's first six years was "Won't you teach a course for parents? We are the ones who need it!" With this reinforcement of our belief that parents are the primary sex educators for their children, and with helpful advice from Sol Gordon (director of the Institute for Family Research and Education at Syracuse University), a course for parents was then developed.

Now in its second year, the course has three major aims: to inform the parents of the student program content, to allow them to experience the exercises and review the materials their children are using, and to build the skills and confidence needed for developing greater freedom themselves in discussing sex-related matters with their children. The three-session evening course meets weekly for two and a half hours, twice at school where resources and materials are available for parental viewing, and once in one of the parents' homes, which allows for a more relaxed and informal atmosphere.

Session 1 begins with a review of the aims of the course as listed above. Then time is taken to note that the course is not designed to advise or assist with personal sexual problems, to dwell on current adult values and practices, or to

create "experts" in the field. Rather, the overriding concern is to provide the participants with assistance in their role as primary sex educators of their children. The rationale for the course is illustrated through an excerpt from the introductory chapter to parents in Wardell Pomeroy's book, *Boys and Sex* (1968):

Has it been a life so perfect and satisfactory, so free of guilt and fear, that it has never given you any problems or affected the quality of your existence as an individual? If not, ask yourself whether you want something better for your [children]. (p. 19)

The opening discussion centers around the definition of the parent role which commences with the child's birth. In the book *Our Bodies, Ourselves* (The Boston Women's Health Book Collective, 1976), there is a story told by one contributor:

When I was six years old I climbed up on the bathroom sink and looked at myself naked in the mirror. All of a sudden I realized I had three different holes. I was very excited about my discovery and ran down to the dinner table and announced it to everyone. "I have three holes!" Silence. "What are they for?" I asked. Silence even heavier than before. I sensed how uncomfortable everyone was and answered for myself. "I guess one is for pee-pee, the other for doo-doo, and the third for ca-ca." A sigh of relief; no one had to answer my question. But I got the message—I wasn't supposed to ask "such" questions, though I didn't fully realize what "such" was about at that time. (p. 40)

Such a true story helps parents recall their own childhood experiences and inspires them to become aware of family situations which can be taken advantage of in developing their children's sexual awareness.

Session 1 also deals with some misconceptions and concerns common to parents as listed in *Community Sex Education Programs for Parents* (Institute for Family Research and Education, 1977). Some misconceptions used and discussed are: (1) parents have to know a great deal if they are going to teach their child sex education; (2) parents should feel comfortable when talking to their child about sex; (3)

parents can tell a child too much and in fact harm the child's future understanding; and (4) it is best to wait until a child asks before offering information.

In Session 2 the focus is on the student course content (introductory anatomy, vocabulary, and written exercises), structured for the preadolescent group. Parents preview films and examine books, spending time evaluating as a group and then individually, noting resources which would best suit their own family.

The third and final session is centered on the children's questions as taken from class discussions as well as from the students' question box, and parents are offered guidelines for answering these.

Written evaluations of the course have been overwhelmingly positive. Parents state that, by helping them to deal more comfortably with the basic questions and concerns of this age, the course enables them to feel more at ease in communicating with their children not only about sex education but also about many topics of contemporary concern.

References

- The Boston Women's Health Book Collective. *Our bodies, ourselves* (2nd ed.). New York: Simon & Schuster, 1976.
The Institute for Family Research and Education. *Community sex education programs for parents*. Syracuse, N.Y.: Author, 1977.
Pomeroy, W. B. *Boys and sex*. New York, N.Y.: Delacorte, 1968.

BIRTH CONTROL INSTITUTE Anaheim, California

Carolyn Jones, Hawaii State Director,
Sally Warrick, Associate Director, Education Division

The Birth Control Institute Incorporated of Anaheim, California, is a private organization with a 10-year history of education and research in its special field. It is presently expanding its education division to include a wide range of life management skills and materials. A featured program of the education division is "Sex Education at Home," a training workshop for children, parents, and professionals that has proved highly successful. Developed by a team of educators, clinicians, and counselors out of 10 years of daily work with adults and young people, the program is aimed primarily at overcoming the value conflicts and embarrassments that are always major obstacles to positive adult/child communication and that can contribute to a variety of difficulties, including unplanned adolescent pregnancies. In November 1978, as part of increased agency emphasis on preventive approaches in education, the first workshop was held for the community at Anaheim High School as a launching pad for major program expansion.

Several features contribute to the significance and success of the format. First, it is designed to be conducted by nonprofessionals with minimum training, who soon learn that they need not be experts in order to help others learn more effective communication skills. A special rapport then usually develops between participants and peer leaders. Leader training is accomplished readily and the program can be duplicated without difficulty by interested groups. Because it involves just one three-hour session instead of a series, it becomes easier to secure broad community participation. Key skills are learned and practiced, to be nurtured as helpful throughout one's lifetime. The workshop gives par-

ticipating parents a major advantage in having effective dialogue with their children not just about sex, but in virtually all areas of concern.

Community awareness is raised by direct mailings, radio public service announcements, health fairs, conference and convention educational displays, and extensive personal phone contacts. All of these activities have served as catalysts for creative and constructive dialogue with the over 500 parents who have participated so far.

What actually happens at a "Sex Education at Home" workshop? Parents are greeted at the door with an information and pretest packet. The workshop facilitator begins by stating how parents can and should become the primary sex educators of their children. A discussion follows dealing with problems which arise when teenagers are uninformed or misinformed about sexuality concerns. The attention then focuses on steps that might alleviate these situations, the first being for parents to become "askable."

The majority of participating parents thus far have young children, so the specific aim is to establish honest, open communication channels as soon as possible to help avoid later problems. After a sentence-completing exercise in which they are asked to explore their personal values regarding human sexuality, the parents list five words related to sex that they find most offensive or difficult to articulate. The words are then said aloud by everyone—an exercise with time-honored effectiveness in reducing reactions to such words when discussing them with children at home. The next exercise gives parents the opportunity to describe four items related to human sexuality as they would to a ten-year-old child. This role-playing encourages using such essential terms as tampon, condom, masturbation, and intercourse. Having already practiced saying the words, the parents feel easier about using them with their child. Student volunteers from the local community colleges are specifically trained to assist and are on hand as facilitators for small-group discussions. The workshop concludes with a film presentation in which, for example, representative parents discuss human sexuality with their children ranging from preschool through college age. A resource packet, containing lists of recommended books, resource materials, and public agencies, a post-test evaluation form, and personal values worksheets, is then given to each parent. (Work is now under way for the "Sex Education at Home" program to be offered nationally as a full-course-credit, home-study, alternative elective for grades 7–12.)

For further information, send a self-addressed, stamped envelope to: BCI Life Skills Management Program, 1242 West Lincoln Avenue, Anaheim, CA 92805.

UNIVERSITY OF MINNESOTA HOSPITALS Minneapolis, Minnesota

Philothea T. Sweet, RN

In 1977 the University of Minnesota instituted special prenatal classes for expectant families where parents and their children together learn about childbirth in a loving relationship. For most participating families, these sessions represent their first encounter with formal sex education.

The idea for these special childbirth sessions grew in part out of my personal concern over the family, described

recently by one author as "an endangered species." The concern is natural—I come from a family of 11 children and am the mother of two—and when I myself became pregnant for the second time, I recognized the need to prepare other children in the family for the arrival of a new baby. As a registered nurse and instructor of prepared childbirth in the University's maternity clinic, I was provided with the opportunity to carry out the idea.

Because sex is so often a "delicate" topic intricately interwoven with an individual's value system, parents are informed beforehand of the territory to be covered in each session. They are warned that only correct anatomical terms, not cute euphemisms, will be used (babies grow in the uterus and not in Mommy's tummy). Parents are encouraged to use the same terms at home.

In over two years of teaching the family childbirth sessions I was asked by only one couple not to discuss intercourse with their child. Most parents, in fact, have been grateful that someone else is available to handle the explanation.

In a private family session lasting about 90 minutes, youngsters learn how the baby came to grow inside their mother. They are told that their mother and father each contributed a part to make them, that the man's is called the sperm and the woman's the egg. The children then learn that "the sperm comes from your father's penis, that your father put his penis into mother's vagina and the sperm he put there eventually met with her egg. From that time you began to grow and were a special person."

A birth atlas, film, and a series of life-size models that depict a fetus at various stages of development help children understand reproduction. I encourage mothers to let the children see and feel the baby kick, also invite the children to listen to the baby's heartbeat through a stethoscope. At this point youngsters often try to start a conversation with their sibling-to-be. Said one little girl recently, "Hi, I'm your sister. Is it nice in there?" Typically they ask, "What does the baby eat inside?" "How does it go to the bathroom?" They are excited to learn that they, too, were connected to their mothers by the umbilical cord. "Does it hurt," they ask, "when the cord is cut?" In addition to physiological information, they are taught other facts about babies—that they often cry a lot, that they won't be able to play blocks or ball right away, etc. Parents, supplied with a list of books that may help them answer their children's questions, are urged always to take the time to answer these questions immediately.

While the children explore the birth models on their own or play with toys scattered in the room, I talk to the parents about their youngster's reactions to the expected arrival of the new baby. Parents are told that jealousy begins before the baby is born, that they should anticipate that their youngsters will be somewhat anxious, even angry, and that to a certain extent, these reactions are normal. I often ask mothers how they would feel if their husband said one day, "I'm bringing another woman into the household. From now on she'll be sharing our life." It is difficult for a small child to make space for another youngster in the world he or she knows. This period is a critical one for a child's self-image. For this reason parents are urged to go easy, give the child lots of love, and make him or her part of the excitement connected with the arrival of a new baby. The older child can help select the baby's name or help mother pack her suitcase for the hospital. Parents are also advised to make any necessary

changes in the older child's routine, such as a move to a new room, bed, school, or baby-sitter, several weeks before the baby's birth.

More than 150 families have attended the family childbirth sessions since their beginning and so far we have had only positive responses. Parents indicate that the classes give children an understanding of the development and birth of a baby, reduce their anxiety about mother's hospitalization, and make them feel more personally involved in the pregnancy. Many couples say that they learned as much if not more than their children—mainly how to talk to their children about reproduction. Parents also say they are now more sensitive to the anxieties of their older child and more understanding of behavior problems.

A recent follow-up conversation with one couple several weeks after the birth of their baby best illustrates perhaps the greatest value of the family sessions. Both mother and father admitted that at the beginning they had been extremely embarrassed when I had explained intercourse to their nine-year-old son, Steven. The mother said she had felt like "crawling under the furniture." Later at home they had again been embarrassed when Steven asked them questions, such as "Did you have intercourse before I was born?" "Was I there?" "Did I see you?" "Those initial steps for establishing communication with our son were extremely painful," said Steven's father, "but we're so grateful that we took them. Now we can talk about sex as easily as we talk about a football game, and if you can talk about sex you can talk about anything."

DO YOU KNOW THAT...

New SIECUS Board Members

Twelve new members have been elected for three-year terms on the SIECUS Board of Directors. They are: Marjorie Costa, MPH, DMA; The Rt. Rev. Walter D. Dennis, MDiv; Sol Gordon, PhD; Gail Johnson, MBA, CPA; Richard B. Klarberg, JD; Douglas J. Rimsky, MBA; Susan Scrimshaw, PhD; David Smith, Esq; William R. Stayton, ThD; Mary Lee Tatum, MEd; The Rev. Charles B. Weiser; and Rabbi Sheldon Zimmerman.

Dr. Michael A. Carrera, Board Chairperson, and Dr. Mary S. Calderone, President, expressed SIECUS's appreciation for the dedicated work done by the following board members who have completed their terms of office: Alan P. Bell, PhD; William H. Genné, MA, BD; Roger Mellott, MA; J. Robert Moskin, MA; Gilbert M. Shimmel, EdD, MPH; and James Siefkes, MDiv.

IMPORTANT CORRECTION

The center section of the January 1980 *SIECUS Report* listed the SIECUS/Uppsala Principles Basic to Education for Sexuality. On page 8 of this section, line 4 of Principle 3 should read:

"between the infant and the parents or parent-figures . . ."

WHERE THE ACTION IS

Sexuality and Disability: A National Symposium

*Evalyn S. Gendel, MD, Director, Human Sexuality Program
School of Medicine, University of California at San Francisco
Member, SIECUS Board of Directors*

A pervasive belief in this society is that men and women with disabilities, with acute or chronic illness, or who are over 60 are uninterested in and incapable of experiencing sexual and loving feelings. This cultural attitude persists despite the lack of underlying scientific confirmation. These myths and biases have been so strong that even the affected groups themselves have hesitated to express their own concerns, thus limiting their own demand for appropriate information and help, as well as that for research about possible relationships between their handicap and their sexuality. Only recently has recognition been given to work previously done in this field.

Handicapped individuals tend to perceive their disabilities in different ways, many viewing them as inconveniences and not as catastrophic alterations to their ability to function as human beings. These people are often so knowledgeable about their sexual and affectional needs that they tend to seek the same information and express the same concerns as nondisabled people. Since, generally speaking, most health professionals, disabled or otherwise, have only recently become concerned with sexuality as a part of health, their skills and knowledge in working with disability and sexuality are not only limited but may also still be influenced by cultural myths.

Information about the fairly extensive work that has been done over the past decade in individual community programs, university and medical school centers, rehabilitation programs, and in special research efforts in this area has not been widely disseminated. The literature has developed relatively slowly and, except through articles in various journals, communication between programs has been minimal. The addition of the new *Journal of Sexuality and Disability* in the spring of 1978 was a step in overcoming this difficulty.

The National Symposium on Sexuality and Disability held in May 1979 at the University of California at San Francisco was sponsored cooperatively with the Schools of Dentistry, Medicine, Nursing, Pharmacy, Continuing Education in the Health Sciences, and the Human Sexuality Program of the Department of Psychiatry, representing the University; the Israel Society for Rehabilitation of the Disabled; and the Sex Information and Education Council of the U.S. (SIECUS). This diversity of sponsorship is central for any major breakthrough to focus attention on significant health and social issues. The purpose of the symposium was to provide a concentrated national focus on the research, training, and services currently happening in the field of sexuality and disability.

The objective in planning the symposium was to provide a framework within which both able-bodied and disabled

individuals could organize, present, and participate in sharing information for mutual learning. Over 400 people from United States and five foreign countries attended, in handicap-accessible facilities. Many participants and presenters were people with disabilities.

The format was organized to cover the largest possible number of projects, programs, and materials currently available in the field. Pilot efforts with tentative though important implications were presented on such topics as the following: community hotlines for responding to sex-related inquiries from persons with disabilities; the rationale for and distribution of workbooks, curricula, syllabi, and films for peer counseling training programs; modalities for integrating project developments in television interviewing and testing for sociosexual skills; techniques for enhancing the communication of empathy and understanding between disabled and able-bodied professionals and client/patients; consumer criteria by which disabled men and women are able to rate sex counseling services; review of research projects on etiology, sexual concerns, and outcome of treatment for many conditions.

Workers competent at all levels and about all kinds of disabilities, who had never previously been involved in the sex-related issues of their special field, met with those whose specialty was in the field of sexuality but who had never been exposed to the concerns and variabilities of disability needs in any form. The opportunity for interchange between these two groups was one major goal of the symposium. Serving as catalysts for all were those deeply involved in awareness, practice, and training in *both* the areas of sexuality and disability. The result was to produce an atmosphere of unity in the recognition of human needs, regardless of background and training, and an exhilarating caring milieu in which to conduct this initial endeavor.

However, inherent in the program structure was recognition of the essentiality of addressing future needs and of implementing what is already known. A similar symposium could be presented as a regional workshop in many areas of the U.S., creating an information and training network which would be invaluable to this sensitive area and its critical relationship to general health and well-being. Along with implementation of current efforts, other issues and policies should be pursued, with continued monitoring and dissemination of results. Toward that end, the Second National Symposium on Sexuality and Disability will be held May 16-18, 1980, in Berkeley, California. For information, contact the Sex and Disability Unit, Human Sexuality Program, 814 Mission Street, 2nd Floor, San Francisco, Ca 94103.

SUMMER 1980 GRADUATE WORKSHOPS IN HUMAN SEXUALITY AND SEX EDUCATION

Workshops are listed alphabetically by state. Announcements arriving too late for this listing will be published in the May 1980 SIECUS Report.

California

American Institute of Family Relations, Los Angeles, Calif.

- *Human Sexuality and Sexual Therapy*. July 21–August 1, 4 units.

Write to: Mary Jo Marasco, 5287 Sunset Boulevard, Los Angeles, CA 90027.

California State University, Fresno, Calif.

- *HS 124. Human Sexuality*. May 27–June 13, 3 units.
- *HS 124. Human Sexuality*. June 16–July 25, 3 units.

Write to: Prof. Nathan E. Liskey, Health Science Department, California State University, Fresno, CA 93740.

National Sex Forum, San Francisco, Calif.

- *SAR XIV. Theme: The 1980s, A Decade for Sexual Health*. June 28–July 5, 4 units/70 hours.
- *SAR XV. Theme: The 1980s, A Decade for Sexual Health*. August 16–23, 4 units/70 hours.
- *Practical Skills Workshop*. October 20–24, 3 units/50 hours.

Write to: Phyllis Lyon, DA, Co-Director, 1523 Franklin Street, San Francisco, CA 94109.

Connecticut

Southern Connecticut State College, New Haven, Conn.

- *IDS 545. Sex Education Institute Summer Program*. July 8–24, 6 credits.

Write to: A. C. Schildroth, Assistant Director, Sex Education Institute, 501 Crescent Street, New Haven, CT 06515.

University of Bridgeport, Bridgeport, Conn.

- *Human Sexuality Workshop*. August 11–15, 3 credits.

Write to: Dr. Robert Selverstone, 31 Bonnie Brook Road, Westport, CT 06880.

District of Columbia

American University, Washington, D.C., in cooperation with the American Association of Sex Educators, Counselors, and Therapists.

- *New Sex Education*. July 13–18, 3 credits.
- *Advances in Sex Therapy*. July 20–25, 3 credits.
- *Advances in Sex Research*. July 27–August 1, 3 credits.

Write to: Patricia Schiller, Director of Education, AASECT, 5010 Wisconsin Avenue NW, Washington, DC 20016.

Center for Study of Human Systems, Washington, D.C.

- *Creative Relating: A Holistic/Humanistic Approach to Human Sexuality*. June 6–8, 1.5 CEUs.
- *Family Re + Search: A Psychodramatic Exploration of Family History*. June 20–29, 6 CEUs.

Write to: Bonnie Hassler, Administrator, Center for Study of Human Systems, 8604 Jones Mill Road, Washington, DC 20015.

Florida

University of Miami, Coral Gables, Fla.

- *Sexual Dysfunction Counseling*. May 13–June 18, 3 credits.
- *Psychosocial Study of Women and Sex Roles*. May 13–June 18, 3 credits.
- *Sexual Lifestyles Today: Men and Women*. June 25–July 16, 3 credits.

Write to: Linda Sieffert, Coordinator, Summer Sessions, University of Miami, P.O. Box 248005, Coral Gables, FL 33124.

Georgia

Georgia College, Milledgeville, Ga.

- *Focus on Human Sexuality, An Interdisciplinary Symposium*. May 15–17, 2 quarter hours, graduate/undergraduate, or 2 CEUs.

Write to: Kelley M. L. Brigman, Department of Home Economics, Georgia College, Milledgeville, GA 31061.

Hawaii

University of Hawaii at Manoa, Honolulu, Hawaii

- *General Social Work Approaches to Human Sexuality*. July 21–23, Continuing Education credit.
- *Sexual Therapies: Current Developments for Treating Sexual Dysfunctions*. July 21–23, Certificate.
- *Responding to the Sexual Needs of the Aged, Ill, and Handicapped*. July 24–25, Certificate.
- *Interventive Strategies for Counseling Rape and Incest Victims and Offenders*. July 24–25, Certificate.
- *Helping Homosexually and Bisexually Oriented Clients and Their Families*. July 26, Certificate.

Write to: Cliff Mazer, MSW, Coordinator, Social Work Program for the Study of Sex, University of Hawaii, 2500 Campus Road, Honolulu, HI 96822.

Illinois

Western Illinois University, Macomb, Ill.

- *HE 440G. Sex Education in the Home, School, and Community*. June 16–August 8, 3 semester hours.

Write to: Dr. John Leach, Department of Health Sciences, Western Illinois University, Macomb, IL 61455.

Indiana

Institute for Sex Research, Indiana University, Bloomington, Ind.

- *Institute for Sex Research Conference for Sex Educators*. July 25–August 1.

Write to: Dr. Paul Pearsall, Director of Educational Programs (ISR), 14800 W. McNichols, Suite 406, Detroit, MI 48235.

Iowa

Drake University, Des Moines, Iowa.

- *Psychology of Sex Differences*. May 19–June 6, 3 semester hours.
- *Sexual Behavior*. July 14–August 15, 3 semester hours.

Write to: Director of Summer Sessions, Drake University, Des Moines, IA 50311.

Kansas

Emporia State University, Emporia, Kan.

- *Sex Education*. June 2–20, 3 credits.

Write to: Dr. J. Jack Melhorn, Chairperson, Department of Sociology/Anthropology, Emporia State University, Emporia, KS 66801.

Massachusetts

Amherst College, Amherst, Mass., in cooperation with the American Association of Sex Educators, Counselors, and Therapists.

- *New Sex Education*. July 13–18, 3 credits.

- *Advances in Sex Therapy*. July 20–25, 3 credits.
 - *Advances in Sex Research*. July 27–August 1, 3 credits.
- Write to:** Patricia Schiller, Director of Education, AASECT, 5010 Wisconsin Avenue NW, Washington, DC 20016.

Boston University, Boston, Mass.

- *Sex and Family Living Education*. May 26–July 3, 4 credits.

Write to: Carl E. Willgoose, Boston University, 704 Commonwealth Avenue, Boston, MA 02215.

Michigan

Oakland University/Macomb County Teen Health Program, Mt. Clemens, Mich.

- *Reproductive Health Education*. August 1–8.

Write to: Mary L. Otto, EdD, or Sherry E. McRill, MA, CSW, Oakland University/Macomb County Teen Health Program, 111 Cass Avenue, Mt. Clemens, MI 48043.

Missouri

University of Missouri, St. Louis, Mo.

- *Sex Education and the Developmentally Disabled*. October 3–4, 1 hour credit, graduate/undergraduate.

Write to: Dr. Richard L. Thurman, Behavioral Studies Department, 8001 Natural Bridge Road, St. Louis, MO 63121.

Nevada

University of Nevada, Reno, Nev.

- *H.Ec. 400D, 600D. Sex Education for Children and Youth*. August 4–15, 2 credits.

Write to: Milton L. Nolin, PhD, School of Home Economics, University of Nevada, Reno, NV 89557.

New Jersey

Montclair State College, Upper Montclair, N.J.

- *Workshop in Home Economics: Parenting and Parent Education*. June 2–19, 3 credits.

Write to: John H. Leffler, Summer Sessions Office, C-215, Montclair State College, Upper Montclair, NJ 07043.

New York

New York University, New York, N.Y.

- *International Seminar in Human Sexuality: Taiwan–Hong Kong*. June 30–August 22, 12 credits.

Write to: Dr. Ronald Moglia, Human Sexuality Program, New York University, South Building, 5th Floor, New York, NY 10003.

SIECUS–New York University, New York, N.Y.

- *International Colloquium for Professional Sex Educators–Taiwan*. July 11–24, 3 credits (optional).

Write to: Deryck Calderwood, Director, Human Sexuality Program, New York University, South Building, 5th Floor, New York, NY 10003.

Syracuse University Division of Summer Sessions and the Institute for Family Research and Education, Syracuse, N.Y.

- *Tenth Annual Workshop on Sexuality—Sex Education in the Schools*. July 10–18, 3 credits.

Write to: Alison M. Deming, Workshop Coordinator and Instructor, 760 Ostrom Avenue, Syracuse, NY 13210.

Oregon

Oregon State University, Corvallis, Ore.

- *FL 407/507A. Seminar: Family Enrichment—Marital Relationships*. June 16–20, 1 or 2 credits.
- *FL 407/507B. Seminar: Family Enrichment—Parent-Child Relationships*. June 23–27, 1 or 2 credits.
- *FL 407/507C. Seminar: Family Enrichment—The Later Years*. June 30–July 3, 1 or 2 credits.

- *FL 407/507D. Seminar: Development of Children's Fantasy and Humor*. July 7–11, 1 or 2 credits.

• *FL 407/507E. Seminar: Family Systems*. June 17–July 10, 3 credits.
Write to: June Henton, PhD, Oregon State University, Milam 314, Corvallis, OR 97331.

Pennsylvania

Temple University, Philadelphia, Pa.

- *Human Sexuality*. May 12–June 20, 3 credits.
- *Human Sexuality and Family Living Education*. June 30–August 8, 3 credits.

Write to: Dr. Marv Levy, Health Department, Seltzer Hall, Temple University, Philadelphia, PA 19122.

University of Pennsylvania, Philadelphia, Pa.

- *History of Sexuality and Moral Culture*. May 20–June 27, 3 semester hours.
- *Relationships and Sexuality*. June 30–August 8, 3 semester hours.
- *Concepts in Human Sexuality*. August 11–15, 3 semester hours.

Write to: Dr. Kenneth D. George, University of Pennsylvania, 3700 Walnut Street, Philadelphia, PA 19104.

West Chester State College, West Chester, Pa.

- *Human Sexuality in a Changing Society*. June 2–20, 3 credits.

Write to: Walter Funk, Chairman, Health Department, West Chester State College, West Chester, PA 19380.

Texas

University of Texas, El Paso, Tex.

- *Seminar: The Teaching of Family Life and Sex Education*. July 14–August 22, 3 credit hours.

Write to: Dr. William Harris, Department of Health and Physical Education, University of Texas, El Paso, TX 79968.

Vermont

University of Vermont, Burlington, Vt.

- *Sex Education and Counseling*. July 14–25, 3 credits.

Write to: Dr. Kay Frances Schepp, Counseling and Testing Center, University of Vermont, Burlington, VT 05405.

Washington

Eastern Washington University, Cheney, Wash.

- *Psychology 359. Human Sexuality*. June 23–August 15, 5 credits.

Write to: Psychology Department, Eastern Washington University, Cheney, WA 99004.

Wisconsin

University of Wisconsin, Madison, Wis.

- *270-920-2. Workshop in Counseling and Guidance: Counseling Couples*. May 27–June 13, 3 credits.
- *272-760-0. Sex-Related Issues in Curriculum and Instruction*. May 27–June 13, 3 credits.

Write to: Office of Inter-College Programs, University of Wisconsin–Madison, 433 North Murray Street, Madison, Wisconsin, 53706.

Canada

Algoma University College/University of St. Jerome's College, Sault Ste. Marie, Ontario.

- *Basic Issues in Family Life Education*. July 21–August 8, 1 credit.

University of St. Jerome's College, Waterloo, Ontario.

- *Advances in Family Life and Sex Education*. July 2–18, 1 credit.
- *Basic Issues in Family Life Education*. July 21–August 8, 1 credit.

Write to: Dr. Peter J. Naus, Director of Studies in Family Life and Sex Education, University of St. Jerome's College, Waterloo, Ontario N2L 3C3, Canada.

Parent-Child, Continued from page 2

questions (usually younger boys and girls), the information obtained is limited by their ability to ask the right questions, and these limits can be considerable. It is not surprising, therefore, that our study found that when parent-child conversation did occur, it was usually about pregnancy and birth, marriage and divorce, or the differences between men and women—all topics a young child is likely to ask questions about. However, even in those homes where parents did talk about these relatively "easy" topics, answers were so brief and simplistic as to discourage further questions. For example, most parents who discussed pregnancy and birth with their child did so in terms of animal or plant life, only a third doing so in human terms. And although about 60% of parents said they had discussed the physical differences between males and females, many reported telling their child something as brief as "boys and girls should use different bathrooms" or "boys have a penis and girls a vagina." In the vast majority of families it seemed that many important dimensions of sexuality and of human life went undiscussed.

Children today are left to make sense of isolated, disconnected, and often random bits of information. They are required to try to understand a complex set of issues without all the necessary data and without the support and help of their parents. Unasked or unanswered questions may remain so in adolescence or the child may seek other sources which may or may not provide correct information.

The process of sexual learning is not organized like a textbook or a lesson plan, in which children first learn this and then learn that. Rather, it is often a chaotic, disorderly, and incomplete collection of learnings that never become completely integrated. Too many children today (as well as adolescents and adults) are required to find their way to responsible sexual satisfaction without ever talking about responsibility or sexuality or satisfaction. If these are the

conditions for learning about sexuality, then the growing evidence of the significant number of persons who find their own sexuality a source of difficulty should come as no surprise. But as children grow, their bodies develop, they acquire new information from outside the home, changing their needs for clarification, and they have new social attitudes and feelings to discuss. Most parents, however, do not seem to realize that for the growing child "boosters" (in the form of reinforcing rediscussion) are necessary, and that incomplete answers or waiting for the child to ask "the next question" may serve to discourage further questions as the child gets older.

The findings from the Cleveland study certainly do not describe a society that has undergone a "sexual revolution," as was once popularized. There are, however, strong indications of a society in transition, reevaluating old assumptions. Parents, most of whom had little or no discussion about sexuality in their own homes while growing up, are uncertain about their own sexual information and the applicability of their values for today's youth, for they want their children to understand sexuality and grow into personally satisfied and socially responsible adults. But unless both parents and children receive assistance, it appears generally questionable whether the majority of today's families may ever achieve this goal.

The Project on Human Sexual Development was established by John D. Rockefeller 3rd and subsequently supported by grants from Cleveland Foundation, Carnegie Corporation of New York, John and Mary R. Markle Foundation, George Gund Foundation, Brush Foundation, Rockefeller Brothers Fund, and John D. Rockefeller 3rd. A report on the above study, *Family Life and Sexual Learning: A Study of the Role of Parents in the Sexual Learning of Children* (Volume I: Summary Report) is available at a cost of \$5.00 from the Project on Human Sexual Development, 27 Longfellow Hall, 13 Appian Way, Cambridge, MA 02138.

DO YOU KNOW THAT...

Resources to Write For . . .

Human Sexuality: A Curriculum for Teens, a 200-page ring-bound publication written by Jane M. Dodds and distributed by Planned Parenthood of Rochester and Monroe County, New York, is designed for teachers of courses which address interpersonal relationships—health, home economics, sociology, etc. Originally produced in 1977–78, a revised 1979 edition contains four additional chapters. Topics covered include human sexual response, adolescent anatomy and physiology, personal responsibility, contraception, homosexuality, and parenting. The five components of each chapter are: introduction, background information, activities, resources, and test/evaluation. Copies cost \$15 plus \$1.50 for postage and handling, and may be ordered from: Planned Parenthood Education Department, 24 Windsor Street, Rochester, NY 14605

The Sex Atlas by Erwin J. Haeberle is now available in paperback for \$12.95, published by the Seabury Press, 815 Second Avenue, New York, NY 10017.

Sex Education for Deaf-Blind Children and Adolescents, edited by Jeff Sheldon, is a thoughtfully prepared, 99-page compilation of the proceedings of the May 1978 Mid-Atlantic and Caribbean Regional Deaf/Blind Center workshop held at the New York Institute for the Education of the Blind in the Bronx, New York. It covers a wide range of topics including "Sex Is for Everyone," "General Policy Guidelines for a Sex Education Program," "Fifteen Facts on Deaf-Blind Sexuality Education," and "The Rights of Mentally Retarded Persons," and also includes a 9-page bibliography of resources. For a free copy, write to the Mid-Atlantic and Caribbean Center for Services to Deaf-Blind Children, 999 Pelham Parkway, Bronx, NY 10469.

A Decision-Making Approach to Sex Education: A Curriculum Guide and Implementation Manual for a Model Program with Adolescents and Parents presents a detailed description of a demonstration project designed to develop and implement a process enabling youth-serving agencies to assume a share of the responsibility for educating adolescents about sexuality and responsible decision-making. It includes complete curriculum outlines for a program appropriate for adolescents and parents in a wide variety of settings. A limited number of free copies are available from the Office for Family Planning, Room 7-49, Department of Health and Human Sciences (DHHS), 5600 Fishers Lane, Rockville, MD 20857.

BOOK REVIEWS

Sex Education Books for Young Adults 1892-1979. Patricia J. Campbell. New York: R. R. Bowker Company, 1979 (169 pp.; \$15.95).

Reviewed by Mary S. Calderone, MD, president, SIECUS.

The author's preface is a review in itself—a concise, insightful commentary on the nature and scope of the book: "*Sex Education Books for Young Adults, 1892-1979* is an analysis of sexual advice literature for American teenagers from the late Victorian era to the present. The history of the sex education book documents the almost unconscious movement of our culture's ideas and attitudes toward sex and youth; it reveals both the heritage of our own sexual beliefs and the foundation for contemporary codes of behavior. As this study makes abundantly clear, the one distinguishing feature that has characterized sex education for young people in America from Victorian to modern times has been the reluctance of parents, sex educators, and other professionals to tell teenagers what they really need and want to know about sex. Indeed, from their first appearance, sex education books for young adults have aimed primarily at preventing teenagers from engaging in any sexual activity outside of marriage.

"The authors of these books were not conscious villains; they simply reflected the attitudes and apprehension of our fundamentally 'sex negative' society. Only in the past few years have sex educators begun to acknowledge teenage sexuality to the point of providing young people with the considerate advice and practical information they need to live safely and responsibly. Today, a sex education book that is older than ten years is a road map to a country that no longer exists. It is precisely because sexual ideas are in a state of constant flux that libraries and other agencies that provide sex education books for young people must con-

tinually reevaluate, weed, and add to their collections."

Arranged chronologically, each of the nine chapters covers approximately a decade in the 1892-1979 spectrum of sex education books, ending with an annotated bibliography of those the author considers currently valid, and a listing of evaluation sources. The easy-to-use index comprehensively covers topics, titles, and authors.

This is a very useful and important book—useful because of its keenly accurate and critical overview of what and where we have come from, important because the author, as a teacher and library consultant for young adult (teenage) services, brings to the work a specialized appreciation of her subject. Her evaluation of these past and present books for teenagers forces readers to consider what is needed in today's—and tomorrow's—books for this important age group.

As I have said before (and as quoted on the first page of the book's preface): "The willingness of the adult world to share with young people whatever accurate and valid information on sexual and reproductive behavior we possess constitutes one of our best gestures of confidence and communication in their direction." This willingness to share is a worthy and healthy goal for us all. **A, PR**

Modern Human Sexuality. Burt Saxon and Peter Kelman. Boston: Houghton Mifflin Co., 1976 (129 pp.; \$4.08).

Masculinity and Femininity, revised ed. Elizabeth Winship, Frank Caparulo, and Vivian K. Harlin. Boston: Houghton Mifflin Co., 1978 (138 pp.; \$5.20).

Reviewed by Marie B. Steinsieck, RN, MA, school nurse and health educator, Plainfield School System, Meriden, N.H.

These two paperback textbooks are appropriate for well-designed courses in sexuality, *Modern Human Sexuality*

at the junior high level, and *Masculinity and Femininity* at the senior high level. Each volume contains a well-thought-out test covering both previous knowledge and attitudes. Both texts have a teacher manual section with excellent advice, including the need for teacher comfort and preparation, and the importance of knowing your community and its values, examining your own values, and creating a non-threatening atmosphere in your classroom.

There are excellent bibliographies in each book along with valuable resource guides giving appropriate recommendations for filmstrips, movies, in-class exercises, and suggestions for potential guest speakers. The goals for each chapter are clearly defined, the diagrams and illustrations are easy to understand, the photographs appealing and contemporary.

This reviewer has personally used the junior high text and can testify to its effectiveness in the classroom. *Modern Human Sexuality* covers growth and development in puberty, learning sex roles, values and social behavior, sexual behavior and problems, personal relationships, and ends with a chapter on marriage and parenthood. Topics such as sexual intercourse, masturbation, conception, birth control, and venereal disease are openly discussed. Sexual responsibility is implicit throughout the writing.

For the busy teacher the value clarification exercises and carefully thought-out learning games will be a big asset. My students particularly enjoyed the dating game, the demonstration of how a VD chain develops, working on the birth control chart, and role-playing the case histories on unplanned pregnancies. That these were worthwhile learning tasks was proven by the post-test results.

The authors of this textbook are both experienced teachers who clearly understand early adolescents and their needs. The volume had the consultant help of Vivian K. Harlin, MD, past-

Audience Level Indicators: **C**—Children (elementary grades), **ET**—Early teens (junior high), **LT**—Late teens (senior high), **A**—College, general adult public, **P**—Parents, **PR**—Professionals.

president of the American School Health Association, and Julia S. Smith, a health educator in Massachusetts.

Masculinity and Femininity has three authors: Elizabeth Winship, author of the nationally syndicated newspaper column "Ask Beth"; Frank Caparulo, coordinator of the Family Life and Sex Education Program at Family Counseling of Greater New Haven, Connecticut; and the previously mentioned Vivian K. Harlin, District Medical Officer for the Seattle Public Schools.

Although the format of this text is similar to the junior high level volume, there are differences. Each of the nine chapters begins with a letter addressed to "Dear Beth," presenting an appropriate problem—a good technique to generate discussion in a coeducation classroom. At the end of each unit a self-checklist is presented, encouraging a review of the material presented.

Because this book is written for the older adolescent, each subject is more detailed. One example is the inclusion of a chapter on sexual health care and prevention where detailed descriptions of a pelvic examination and pap smear are given—a real help to the girl who has recently become sexually active. Sexual dysfunctions are minimally addressed. Family life is discussed realistically, especially early teenage marriages and parenthood, and alternative lifestyles and living situations are well handled. The chapter on pregnancy and birth discusses genetics and the value of genetic counseling, different choices for delivery of a baby, and ends with a section on parenting. There is no question that all the above information will be invaluable to students in their future relationships.

The school system that is enlightened enough to use these textbooks in its health education program will be performing an important and useful service for its students and their community. **ET, LT, PR**

Sexually Victimized Children. David Finkelhor. New York: The Free Press, 1979 (228 pp.; \$13.95).

Reviewed by James W. Ramey, EdD, Senior Research Associate, Center for Policy Research, New York City.

This is one of the most important books on this subject to date—a sociological study of sexual victimization, a term

Finkelhor defines by emphasizing that "the child is victimized by age, naiveté, and relationship to the older person rather than by aggressive intent of the abusive behavior." The report covers 350 relationships entered into by 264 students attending six New England colleges or universities, part of a potential population of 1299 students of whom 718 (or 55%) filled out usable questionnaires. Finkelhor's percentages are based on 796 questionnaires—264 study population and 532 controls—but since 10% (78) of these respondents did not answer the questions about sexual involvement, we cannot know how many of these 78 might have been sexually involved, so that usable responses actually totaled only 718. Thus his reported percentages should be increased, but without a breakdown of males and females among the 78 reticent respondents we do not know which percentages to increase how much.

The author includes cousins as proscribed family members in his incest calculations, although only nine states prohibit first-cousin marriages. This decision seriously changes his findings since 42% of female and 70% of male incest reported was with a cousin. Subtracting cousins would drastically reduce the incest percentages.

The author did not complete his analysis of material relating to family sexual norms, family violence, sex education, and several other factors, the inclusion of which might have changed the interpretation of his findings.

Finkelhor classifies childhood sexual experiences as victimization if: (1) the child is under 13 and the partner over 17; or (2) the child is 13 to 16 and the partner is at least 10 years older; or (3) if the child is under 13 and the partner under 18 but at least five years older than the child. He does not indicate how many sexual experiences occurred to his respondents that did not meet these criteria or how those experiences differed, although he does indicate that 66% of the females had childhood sexual experiences.

The author found that most of the factors generally thought to be associated with trauma were unrelated in a regression analysis—that is, such factors as: whether the child told anyone; the child's age; the degree of relatedness; whether the partner was male; the seriousness of the sex act; or the duration of the sexual contact. Use of

force and partner's age were the only significant factors. Use of force correlated 0.53 with trauma. It would seem, then, that Finkelhor's findings do not bear out his definition. The child is in actuality victimized not by naiveté, age, or relationship to the older person, but by the use of force and the age spread between victim and partner.

But these findings are marred by the wording of the question measuring trauma. Finkelhor states: "There is some ambiguity in the meaning of our measure of trauma. Our question asked: 'In retrospect, would you say this experience was positive? mostly positive? neutral? mostly negative? or negative?' Although 'in retrospect' usually means 'looking back on things past from the perspective of the present,' not all respondents may have understood it in that way. Some may have interpreted it to mean, 'How did you feel about the experience at the time it happened?' In either case, the scale is a highly subjective measure of trauma, and it may be affected by guilt or denial" (p. 98). The author also points out that "reports of trauma are subject to the clinical fallacy. Therapists, clinics, and drug treatment facilities are by definition dealing with traumatized individuals. It is not clear whether, for each person who seems to be badly affected by the childhood sexual experience, there are many others who were not affected. Moreover, there is the additional difficulty of identifying the exact trauma-inducing factor" (p. 32).

Finkelhor might have helped clear up this confusion if he had not himself further compounded the problem: "Ultimately we even included under our definition of victimization some respondents who said their experiences had in fact been positive" (!) (p. 51). An examination of the questionnaire indicates that the question was loaded against a positive answer. The choices were: (1) fear, (2) shock, (3) surprise, (4) interest, or (5) pleasure. Nevertheless, only 66% of the females and 38% of the males rated the experience as negative.

Having indicated these methodological flaws in the study, I still believe it to be "must" reading for anyone professionally interested in the topic. The author has produced a thoughtful, carefully constructed, sometimes even provocative book that should help clear the air by laying to rest some of the more obviously gross misconcep-

tions about the nature of sexual victimization and incest.

The sample included students in social science classes in a small elite private college, a large residential university in a rural state, another large university in an urban industrialized state, an urban state university branch campus with 50% commuter students, a community college in an industrial town, and a community college without campus operating adult education courses at night. Median family income was \$14,000 versus the national average of \$10,236, with 20% under \$7,000. Most students (82%) were 17 to 22 years of age, the rest ranging up to 74 years. Almost all were white, and only 11% reported parents who had been divorced or separated. Catholics accounted for 53% of the sample, Protestants 34%, Jews 6%, and 5% reported no religion.

In deriving his figures for sex-related findings some confusion arose, apparently because much of the incest did not meet the author's definition of victimization. Nor did he present together the data on the types of sexual involvement reported, so that many hours of digging and comparing were required to enable this reviewer to col-

lect them into tabular form (see table). Note that childhood sexual experiences with an older person (1 out of 3 for girls and 1 out of 7 for boys) were not necessarily perceived as victimization. Both men and women indicated that 17% of all their childhood sexual experiences were homosexual. Other findings follow:

many people would have thought. If children defend themselves in this way, it would certainly explain why short-term, one-time experiences might be reported more negatively than long-term, repeated ones" (p. 104). Only 4% of the female experiences involved intercourse: "Children who have been involved in intercourse do not seem more negative about the experiences than those who only had their genitals touched. Intercourse certainly did not stand out as a particularly negative factor in an experience, and for both boys and girls, simple fondling was about as negative as any kind of physical contact" (p. 103).

Exhibitionism accounted for 20% of the girls' sexual experience with adults. The older partner initiated the experience for 98% of the females and 91% of the males. Age distribution for older partners is exactly opposite to the stereotype. The largest group is teenagers, followed by young adults, and tapering off in an almost perfect inverted pyramid. The girls knew 76% of the older partners and 43% were family members. The boys knew 70% of their older partners but only 17% were family members.

Type of sexual involvement reported	Women	Men
Childhood sexual experiences	66 %	63 %*
Childhood experiences with older person	22 %	9 %
Sexual victimization	19.2%	8.6 %
Incest (includes cousins)	28 %	23 %
Incest within nuclear family	14 %	8 %
Cross-generational sexual experiences	4.5%	0.69%

*This figure did not appear in the book but was provided in a personal conversation with the author.

lect them into tabular form (see table). Note that childhood sexual experiences with an older person (1 out of 3 for girls and 1 out of 7 for boys) were not necessarily perceived as victimization. Both men and women indicated that 17% of all their childhood sexual experiences were homosexual. Other findings follow:

Sixty percent of the sexual experiences were single occurrences, but the average duration of all relationships was 31 weeks. Duration and repetition were unrelated to trauma. If anything, the shorter, one-time experiences were reported as more negative. "Children are apparently more assertive in terminating negative experiences and keeping them from reoccurring than

Finkelhor found that 55% of the girls and almost as large a percentage of the boys reported either actual physical restraint or the threat of force if they did not participate. This finding was so different from the 5% or so previously reported that a look at his questionnaire seemed called for. The wording of the question that produced these results has a lot to do with them. He asked: "Did the other person threaten or force you? (1) yes (2) a little (3) no." It was the biased structure of the question that favored negative responses.

Only about one-third of the respondents told anyone about their experiences but those who did, both boys and girls, fared no better or no worse than those who didn't. Incest and sex-

ual abuse were found to be more common in rural areas but Finkelhor believes this may be a spurious association. He also found at least one ethnic group with a peculiarly high incidence rate, suggesting that subcultural patterns play a role. He was also able to substantiate that sexual victimization of children is more common among lower class groups.

Father-daughter incest is more likely in families with stepfathers than in any other subgroup in the study—almost five times higher. However, only two cases were found among 30 girls with stepfathers, not a large enough sample to put much faith in this finding, especially in light of the finding that sibling incest is no more frequent in families with stepsiblings. However, the presence of stepbrothers does, as in the case of stepfathers, increase the likelihood of sexual victimization by nonfamily members.

Girls whose mothers were not high school graduates were twice as likely to have sex with older partners or to have incest, and four times as likely to have experienced father-daughter incest. Ordinal position did not make any difference in the chances of a child's being sexually victimized or experiencing incest.

Boys are older than girls when they have their sexual experience with an older person, but the older person is usually younger than in the case of girls, usually a teenager. Considerable difference showed up in male and female reporting. Finkelhor says: "The findings about the boys' experiences appeared much less coherent [than about the girls'], and there were many fewer significant correlations" (p. 71). This "strikes right at the heart of the very important but inadequately researched subject of the validity and reliability of sex surveys" (p. 96). The assumption of the researchers should also be examined in dealing with these differences between males and females. It has been suggested elsewhere that the differences in the socialization of children—males seeing sex as an adventure and females as an invasion—might have much to do with the differing perceptions of sexual involvement of any type.

Finkelhor recognizes many of the deficiencies of his study and makes important suggestions for future work: "We need to assess trauma with more objective indicators, ones based on life

experiences and life adjustment as well as on the kind of subjective measures we have used here. A complex causal analysis should be made to distinguish the traumatic factors in the general environment—poverty, family disruption, social and emotional isolation—from those of the sexual experience itself. We also need to distinguish the trauma induced by the experience itself from that induced by the reactions of friends, family, and institutions. . . . More efforts must be made to apply what we know about other aspects of the family—family interaction, socialization, the development of values specific to individual families, power relationships among family members, the strains of parenting—to understand why some children are sexually victimized” (pp. 146–148). These suggestions are excellent.

Thus, Finkelhor has on the whole advanced our understanding of child sexual victimization and incest, even though no light was shed on how these children who found this experience positive and pleasant differed from those who found the experience negative and unpleasant, or why. I look forward to his future work with a great deal of anticipation, with respect to answers to such questions. In particular, I would highly recommend his forthcoming article on “Sex among Siblings” in *Archives of Sexual Behavior*.
PR

Making Sense of Sex: The New Facts About Sex and Love for Young People. Helen Singer Kaplan. New York: Simon and Schuster, 1979 (154 pp.; \$10.95).

Reviewed by Gary F. Kelly, MEd, Director, Student Development Center, Clarkson College, Potsdam, N.Y.; member, SIECUS Advisory Panel.

I looked forward with anticipation to reviewing this book, written by one of our most respected sex therapists. My eagerness gave way to disappointment as soon as I read the first few pages. Determined to find whatever positive features I could, I persevered and did indeed find much in the book that is praiseworthy. However, for me some of Kaplan’s fundamental approaches do not represent sound sex education.

The opening paragraph of Chapter 1 (“Making Love, Reality and Myth”) graphically describes a heterosexual experience beginning with a man and

woman walking together, then becoming involved in foreplay and intercourse. He experiences orgasm during intercourse; she reaches orgasm through his manual stimulation afterward. Despite some disclaimers about how the pattern might have varied, the author explains that her intent was to paint a “word picture of normal sexual intercourse because in our society such information is not easily available.” I fear that instead the picture could readily be construed as a pattern to be followed, perpetuating the sociosexual scripts which are not only available to the young but constantly emphasized to them. These are the same scripts that create the performance pressures and penchants for “spectatoring” that so often interfere with erotic pleasure. In this passage and many times throughout the book Kaplan uses the word “normal,” and she continues—often in vague ways—to make value judgments about what she considers normal. From the beginning, heterosexual intercourse is established as the norm against which other behaviors are judged.

I was also disappointed to see in a book written “primarily for adolescents” an introduction that talks about what the book “contains for Parents and Teachers.” This confusion in intended audience is also evident in the volume’s vocabulary and discussion of subtle relational concepts, much of which is simply too high powered for the average adolescent. An example from page 7: “A great barrier to abandonment and sexual pleasure is the fear of rejection. This results in ‘performance anxiety.’” Later in the book, terms such as “tactile stimulation” slip in, along with other technical jargon that so easily rolls off our professional pens. Young people are often just as easily put off or confused by them. At other times, in contrast, Kaplan’s language is very relaxed and lively.

The book contains excellent discussions of the biological aspects of sex, including anatomy, physiology, evolutionary implications, reproduction, genetics, and embryonic development of the reproductive systems. It deals more with the sexual dysfunctions than any other book for young people, with a 14-page discussion, but then relegates sexual variations (mostly represented by homosexuality) to less than three pages in the chapter on sexual problems. It explodes some pervasive myths for

teenagers, such as the idea that males must always be the sexual aggressors. At the same time it creates and perpetuates some dangerous expectations for young people, such as the explanation that “sex is incredible when you are in love. A kiss can bring you close to orgasm. . . . A mere telephone call can make you lubricate.” On page 64, a statement seems to suggest that *all* women are capable of having multiple orgasms, although no research bears out this conclusion. The essential topic of communication is mentioned in brief passages but for the most part is relegated to a single paragraph at the end of the first chapter. We are constantly telling teenagers about the importance of communication in sex, but neglecting to tell them how to communicate.

This is not a bad book, and from a factual standpoint has much of value as a sex education tool. It has a very positive outlook on many aspects of human sexuality. However, it also reflects some specific value stances, ranging from the psychoanalytic orientation in discussing the life cycle (Oedipal period, latency period) to the psychiatric judgment that exclusive or intense variant sexual behavior grows out of psychological conflict (“most authorities believe that homosexuality usually results from a disturbed emotional relationship between child and parents”—pp. 78–9). The book’s level of sophistication will also render it of limited use to younger teenagers and the less literate. Those interested in considering *Making Sense of Sex* for use by young people should read it carefully and critically. **LT, A, P**

The Frontiers of Sex Research. Vern Bullough, ed. Buffalo, N.Y.: Prometheus Books, 1979 (190 pp.; \$16.95).

Reviewed by Dennis Rubini, DPh (Oxford), Fellow of the Royal Historical Society; The Graduate School, Temple University, Philadelphia, Pa.

The Frontiers of Sex Research is a provocative volume of 18 brief article-type chapters written by 20 authors surveying the frontiers of the sexual revolution. Although designed principally for the lay reader, most of the articles will also provide the professional with fresh insights: specifically they should be required reading for all social workers. Bullough’s three-page introduction

provides a remarkably succinct "State of the Union" message on contemporary sexuality. His chapter on the history of prostitution is an equally cogent historical overview. Although he does not conclude by advocating legalization, it does seem that decriminalization is tacitly urged.

Other articles cover a wide variety of subjects, the most exotic being Julius Winer's "Transsexual Surgery," a detailed insight into the surgical aspects of the increasingly controversial operation. More prosaic, but equally provocative, is Bonnie Bullough's "Who Are All Those Sex Counselors?" This essay raises any number of interesting questions: Will increased public knowledge, through schooling and the media, decrease the need for sex counselors? Does certification stifle innovative techniques? What will happen to the counselors of old, the clergymen, and general practitioners? If some kind of certification for various types of work in sex-related fields seems overdue, certainly one of the key problems will be the question of periodic recertification requirements. The changes in concepts relating to human sexuality have been so staggering over the past two decades, that radically different counsel from that given even five years ago would be called for today. Helen Colton's "Personal View of the Sexual Revolution" also develops this theme of rapid transition; her discussion regarding the theoretical changes associated with both masturbation and touching is particularly outstanding.

The implications of the "Schachter effect" on scientific research relating to homosexuality in Richard W. Smith's article are highly enlightening. Named after the social psychologist, Stanley Schachter, the principal implication of the theory is that considerably more attention tends to be paid to the causes of *deviance* than to the causes of *conformity*. Thus the possible causes of homosexuality are given vast amounts of study, while the causes of "homoracism" are given very little. Even people who are violently antiracist, Smith notes, almost invariably marry within their own racial groups. Smith develops and applies Schachter's theory in a variety of interesting ways relating to sexual deviance.

John Money's "Erotic Sex and Imagery in Sexual Hangups" contains many insightful ideas, although the contrast between occasional "hip" terms and

complex medical terminology does not provide for easy transitions. The studies of Edward Shorter and Michael Phayer, moreover, indicate that some revisions in Money's historical overview are in order. James Elias's "Three Issues Relating to Sexuality and Adolescence" is a useful study even though Elias seems blissfully unaware of the storm raised by the feminist movement over the question of sexual versus erotic violence.

In "We Were There at the Beginning," W. Dorr Legg provides an overview of the homophile movement and related research in the 1950s. The contribution of Thomas Coleman, "Sex and the Law," one of the finest articles in the collection, is a product of a mind with the rare quality of being able to see both the forest and the trees—the contemporary consciousness and the processes involved in legislative and judicial change. The discussion of the trials and tribulations of gay teachers is particularly outstanding.

Bullough and his contributors are to be commended for providing us with an outstanding representative showcase. **A, PR**

What Is a Man? What Is a Woman?
Morton Hunt. New York: Farrar, Straus and Giroux, 1979 (167 pp.; \$8.95).

*Reviewed by Susan Fox Ziff, MA,
SIECUS Sex Education Consultant.*

Written in terms young people can understand, *What Is a Man? What Is a Woman?* directs its focus to the history, psychology, anthropology, and sociology involved in sex roles and behavior. Hunt has synthesized some of the best research in the field into a fairly short, easily readable (indeed, often chatty) book for adolescents concerned with their sexual identities.

The first chapter suggests that one's gender is the most important aspect of one's "personhood." The historical perspective which follows, drawn from so-called primitive societies (using Margaret Mead's research) up to the present, gives the reader an understanding of the ever-changing and diverse patterns in sexual mores concerned with male-female roles.

An ambiguous dialogue between "Common-Sense" and the "Scientific-View" opens the second chapter, in an attempt to deal with the influences of heredity versus those of environ-

ment. In his succinct summary, the author concludes that "nature makes us men and women, but the kind of man or woman we are is largely the work of nurture."

In the chapter entitled "Likes, Dislikes, Unlikes," Hunt discusses the ways in which men and women are similar and in which they are different. The sensitive description of both the physical and emotional aspects of menstruation will be especially helpful to boys, who are often uninformed about such subjects and may perceive the topic as a mystery. Concerning women's birthing role, the author philosophizes about the "triumphant experience of bringing that child forth" and the "unique, totally giving experience of putting her breast to the baby's mouth and having the baby suck life-giving milk from her very body." While Hunt wonders why men don't "suffer acutely from breast-envy," this reviewer wonders if such glorification of the breast and of childbearing isn't uncomfortably strong.

The next chapter examines the differences between male and female thought patterns, a most engaging section which includes an interesting psychological test designed to distinguish mental capacities.

The author subsequently attempts to explain contemporary sexual mores by providing an American historical perspective, an approach helpful in understanding why segments of the population behave in a particular fashion. Hunt implies, however, that customs may actually have changed more than many observers realize. For example, although boys are still generally considered to be the initiators of relationships, he believes that today "a girl is just about as likely to make the first approach to a boy as the other way around." This era's social changes have produced for both sexes an ambivalence which Hunt calls the "modern muddle." He contends that adolescents and adults alike no longer know what rules to follow. To help rectify this situation, he suggests fresh guidelines for the "New Man" and the "New Woman," designed to move them toward a more sharing and less rigidly defined lifestyle. His hope for the future is neither novel nor revolutionary, yet for the adolescent who is just beginning to define his or her life, this book could prove both supportive and thought-provoking. **ET, LT**

***SIECUS OFFICERS—1980**

Chairperson—Michael A. Carrera, EdD

Vice Chairperson—Lorna Brown, MA

Secretary—Mette Strong

Treasurer—Larry P. Scott, MBA

***SIECUS BOARD OF DIRECTORS—1980**

DIANE BRASHEAR, MSW, PhD
President, Brashear Center, Inc.
Indianapolis, Indiana

LORNA BROWN, MA
Vice-President
Ned Brown Associated
New York, New York

DERYCK D. CALDERWOOD, PhD
Professor of Health Education
Director, Human Sexuality Program
New York University
New York, New York

MICHAEL A. CARRERA, EdD
Professor, Hunter College School of Health
Sciences—C.U.N.Y.
New York, New York

MARJORIE COSTA, MPH, DMA
Assistant to Administrator for Community
Affairs
Health Services Administration
Public Health Service, DHHS
Rockville, Maryland

RON DANIEL, PhD
Professor, Biological Sciences and
Instructor, Human Sexuality,
California State Polytechnic University
Pomona, California

THE RT. REV. WALTER D. DENNIS, MDiv
Suffragan Bishop
The Diocese of New York of the Protestant
Episcopal Church
New York, New York

JUDITH FALK, MMH
Department of Psychiatry
Columbia Medical Plan
Columbia, Maryland

EVALYN GENDEL, MD
Director, Program in Human Sexuality,
Department of Psychiatry, University
of California Medical School
San Francisco, California

SOL GORDON, PhD
Professor of Child and Family Studies
Syracuse University
Syracuse, New York

RICHARD GREEN, MD
Professor, Department of Psychiatry and
Behavioral Science
State University of New York
Stony Brook, New York

GAIL JOHNSON, MBA, CPA
Assistant Treasurer
Azcon Corporation
New York, New York

JANE JOHNSON, MSW
Director of Planning and Evaluation
Planned Parenthood Federation of America
New York, New York

RICHARD B. KLARBERG, Esq.
American Health Foundation
New York, New York

REV. JAMES B. NELSON, PhD
Professor of Christian Ethics
United Theological Seminary of the Twin
Cities
New Brighton, Minnesota

DOUGLAS J. RIMSKY, MBA
Vice-President
Lucerne Textiles
New York, New York

LORNA SARRELL, MSW
Assistant Clinical Professor of Social
Work in Psychiatry
Yale University Medical School
New Haven, Connecticut

RAUL SCHIAVI, MD
Director, Program for Study and Treatment
of Human Sexual Dysfunction, Depart-
ment of Psychiatry, Mt. Sinai Medical
School
New York, New York

LARRY P. SCOTT, MBA
Director of Human Resources
Price Waterhouse and Co.
Indianapolis, Indiana

SUSAN SCRIMSHAW, Ph.D.
Department of Population Studies
School of Public Health
University of California
Los Angeles, California

DAVID SMITH, Esq.
Pryor, Cashman, Sherman, and Flynn
New York, New York

MORTON SONTHEIMER
President, Sontheimer & Co., Inc.
New York, New York

WILLIAM R. STAYTON, ThD
Assistant Professor of Psychiatry and
Human Behavior, Thomas Jefferson Uni-
versity Medical College
Philadelphia, Pennsylvania

METTE STRONG
Greenwich, Connecticut

MARY LEE TATUM, MEd
Sex Educator
Falls Church, Virginia

THE REV. CHARLES B. WEISER
Director, Aquinas Institute
Princeton, New Jersey

ANN K. WELBOURNE, RN, PhD
Postdoctoral Fellow, Department of
Psychiatry
State University of New York
Stony Brook, New York

RABBI SHELDON ZIMMERMAN
Senior Rabbi
Central Synagogue
New York, New York

AFFILIATE REPRESENTATIVES

FRANK CAPARULO, MS
Family Life and Sex Educator
Family Counseling of Greater New Haven;
and President, SIECCONN
New Haven, Connecticut

ALBERT KLASSEN, MA
Sex Research Sociologist and
President, SIECIND
Bloomington, Indiana

NYU REPRESENTATIVES

MARIAN HAMBURG, EdD
Chairperson, Department of Health
Education, School of Education, Health,
Nursing, and Arts Professions
New York University
New York, New York

ARNOLD SPINNER, PhD
Associate Dean for Research Training
and Field Services, School of Education,
Health, Nursing, and Arts Professions
New York University
New York, New York

SIECUS STAFF

MARY S. CALDERONE, MD, MPH
President

BARBARA WHITNEY, RN, MS
Executive Officer

ANNE BACKMAN, MA
Publications Officer

LEIGH HALLINGBY, MSW, MS
Librarian

SUSAN FOX ZIFF, MA
Sex Education Consultant

*Board members are not serving SIECUS
as representatives of their organizations,
but as individuals.

SIECUS is affiliated with the Department of Health Education of the School of Education, Health, Nursing,
and Arts Professions of New York University.

March 1980

SIECUS REPORT

Sex Information and Education Council of the U.S.

84 Fifth Avenue, New York, NY 10011

Address correction requested.

Forwarding and return postage guaranteed.

NONPROFIT ORG.
U. S. POSTAGE
PAID
LEBANON, PA
PERMIT NO. 1