

factors in participants' evaluations of the experience. Finally, that the majority of older teenagers of both sexes could consider their incest experience to be positive certainly challenges conventional assumptions.

This study was intended to frame critical issues surrounding contemporary incest practices and to stimulate further investigations. We now know it is possible to locate and study nonclinical, noncriminal incest situations and that, in such populations, not all instances of incest are negative or damaging.

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V

EFFECTS OF CHILDHOOD SEXUAL EXPERIENCES

PERHAPS the most crucial concern of adults in the area of child sexuality is the effects of early sexual experiences on children—both at the time they occur and in terms of the children's later adult functioning. Eventually it will be necessary to be able to answer the question of such effects in the broadest sense and in the finest particulars of type of experience, antecedents, and context. For now, however, we must be content with research focused on certain "irregular" experiences that have been of principal concern. The first three chapters of this section report new findings on the impact of sexual encounters with adults. Ingram's subjects in Chapter 14 were boys brought for counseling, among whom were many who had had homosexual experiences with adults. The "sexual offenses" are described in relation to the boys' family situations. Bernard, in Chapter 15, has aggregated a sample of sexual autobiographies from people who, as children, had experiences with pedophiles. Chapter 16 describes how Tsai and colleagues advertised for subjects and conducted a comparison study among those

who had been molested as children and had at some time sought psychotherapy or counseling; those who had had such experiences but who had never been in counseling or therapy; and a control group of nonmolested subjects. The section closes with Chapter 17, an extensive review by Constantine of research literature on the social and psychosexual effects of childhood incest experiences or sexual encounters with adults.

PARTICIPATING VICTIMS: A STUDY OF SEXUAL OFFENSES WITH BOYS

MICHAEL INGRAM

IT has been noted in recent years (Gibbons and Prince, 1963; Mohr, Turner and Jerry, 1964; Burton, 1968; and particularly Virkunnen, 1975) that the legal distinction between assailant and victim is not always appropriate in cases of sexual contact between child and adult and that a child may willingly participate in or even invite sexual contact.

* Cases that come to the notice of the police are more likely than not to be cases of forced assault on an unwilling child, and evidence for psychological trauma resulting from sexual contact is almost always drawn from cases where there has been a violent reaction to either the offense, police investigation, court appearance, medical examination, or parental rage or hysteria. My first encounter with cases of boys being 'indecently assaulted' puzzled me as a student of child counseling. I was asked to counsel traumatized children who had eventually a totally different reaction from that of their parents, or the moral welfare committee. They regarded the experience with a certain robustness, if not relish, and that started me thinking about the problem in a new light. Thirteen years later I have collected notes on ninety-two children, and present them here. My collection may not be typical, for reasons given, but I think the conclusions, while needing confirmation by further research, may well be valid.

Literature on this subject is sparse. Usually it is limited to cases drawn from hospital files, and is confusing in that no distinction is

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* made between children who are sexually mature and those who are not. Sexual maturity is, in any case, hard to define precisely. In this paper I have confined myself to cases where the child was without pubic hair, or, in the absence of information about this, was under fourteen and did not have a changed voice.

Fourteen of the ninety-two cases studied (15.2 percent) were referred to me by parents or social agencies because of explicit sexual assault. Fifty-four (58.7 percent) were referred for counseling for other reasons, for instance family problems, school problems, and behavior disorders; but sexual activity was revealed in the course of the counseling. Twenty-four cases (26 percent) were discovered by me or my assistants overhearing conversations in a club or at camp. This study, therefore differs from those that have been drawn exclusively from police or hospital files, but it has a bias in that the children already had problems or came from problem families. In our present society it is not possible to collect a random sample of children and ask if they have had sexual contact with adults. But the evidence adduced by Walters (1974) would suggest both that such sexual contact is not uncommon and that it is not in itself traumatizing. He found also that it is not necessarily confined to children from problem homes. My studies excluded girls, since only six girls were referred to me in this period.

The total number of child-adult contacts studied was 109, but because some of the boys had contacts with more than one adult, and some men were known to have contacts with more than one boy, the total number of contacts among my subjects must have been much higher than that. One man I interviewed had had contacts with over ninety boys, while four of my subjects were either prostitutes or promiscuous. The children came from 77 families, 72 of which were sufficiently known to me to figure in the study.

Fifteen cases were finally excluded from the study either because information about them was inadequate, because it was not certain that the child was telling the whole truth, or because the man, on interview, gave a distinctly different story from the boy. One was excluded because there was some doubt about whether or not he was sexually mature at the time of the contact. That left 74 children from 65 families, and a total of 83 sexual contacts.

THE CHILDREN AND THEIR FAMILIES

My subjects came from families with an average of 4.2 children (compared to the national average in England of 2.4). There were 2.5 boys to 1.7 girls in these families on the average. The preponderance of

boys over girls is partly explained by the exclusion of families with girls only, but also by the fact that effeminate boys, as well as maladjusted and delinquent boys, apparently tend to come from families in which the number of boys is greater than that of girls; this requires further study.

The large size of the families was at first thought to be due to there being more Roman Catholic families in the study, but when the figures were broken down there was no significant numerical difference between Roman Catholic and non-Roman Catholic families. It should be noted that many families continued to increase after the study was completed.

* Subjects ranged in age from 6-14 years and were an average age of 9.2 years at the time of their first sexual encounter with an adult. Seven were middle children and more than half were in the younger half of their siblings. Five were only children. Bearing in mind that there would be many younger siblings for whom sexual contact with an adult would be most unusual because of their age, it must be taken as significant that younger members predominate in this sample. Perlman and others (1979) have shown that greater sexual permissiveness was noted in younger siblings.

THE PARENTS

* It is difficult to define what is a "bad parent" or what is a "bad relationship" between parent and child. One is bound to be somewhat subjective; one therefore must speak only with great caution. Some children seem to flourish in the most awful multiproblem families, while others develop problems in what appear to be happy, well-integrated families. Nevertheless, it has to be said that most of these children came from problem families, and had poor relationships with their parents. I have tried to restrict myself to objective criteria, and to judgments that, in my professional opinion, the child's normal development was impaired by intrafamilial relationships. Among the criteria used were the following:

1. The father was habitually cruel and/or violent to the extent that the rest of the family were afraid of him.
2. There was material neglect to the extent that the home and child were perpetually filthy, the child did not receive regular meals, and the child wore clothing that was in a noticeably worse condition than that of other children in the same area.
3. The mother was having medical treatment for depression and/or anxiety.
4. The father took no part in the upbringing of the children, the mother being the sole disciplinary authority.
5. The father was evidently despised by the mother in front of the children.
6. The child stated explicitly that he felt rejected by his mother.

7. The mother was overprotective. This criterion was used only in a few cases, including one where the mother changed the child's underwear twice a day, one where the mother never allowed her children to play with others in the streets or playground, and one where more than one agency complained of the mother's frequent anxious interventions.

Data on the parents are summarized in Table 14-1. In all only ten mothers and ten fathers were "satisfactory," and in only six families were both parents "satisfactory." Two mothers were alternately overprotective and rejecting. One mother, like her husband was weak and ineffectual and the children were disciplined by neither.

TABLE 4-1. Characteristics of the Parents

	N = 65
Father absent	17 (26.2%)
Death	5
Desertion/divorce*	7
Unmarried mother	5
Father drunken and/or violent	21 (32.3%)
Father weak/ineffectual	17 (26.2%)
Father 'satisfactory'	10 (15.3%)
Mother absent	3 (4.6%)
Death	1
Desertion	2
Mother rejecting	31
Mother anxious/depressed	39 (60%)
Mother overprotective	11 (16.9%)
Mother 'satisfactory'	10 (15.3%)
Both parents 'satisfactory'	6 (9.2%)

*There was no significant difference between Roman Catholic and other families in this respect.

REPORTING AND DISCLOSURE

In all cases in the study on sexual contact between adult and child, where the child was assaulted by a stranger (thirteen out of the larger group of 92 and two out of the selected group of 74), there were violent family scenes and a general hue and cry. The police were called in with the excuse usually given that they must prevent the same thing from happening to other children. The child was cross-examined by the police, examined by the doctor and so on. Only a woman who has been raped can describe what an ordeal this is, compounding the harm done by the original assault. As a psychiatrist said of one child I re-

ferred to him, "If he had not been buggered by the man, he certainly was by the police and doctor." *

In all six families where both parents were diagnosed as "satisfactory," the child told both parents, but not until some time after the event. The parents took the admission in stride. In one case where the man involved had been working with the boy and others in a local club the parents invited the man back to the house, discussed the event with him, recognized the good work he was doing, allowed him to continue his work in the club, and allowed their son to continue seeing him. In two cases the parents told the boy to discontinue seeing the man, and that was the end of the affair. In three cases the boy was referred to me for counseling, and I judged one session to be quite sufficient. In all six cases there was no lovemaking between the man and boy, only boisterous sex-play.

In all eight families where there was one "satisfactory" parent, the boy told that parent, who did not discuss it with the other (if any other parent was around). Three single mothers referred the matter to a social work agency who referred the boy to me for counseling. The social worker quietly invited the man concerned to resign his post. The other five cases were referred to me by the parent, and in no case did I do more than give the child one session of counseling. The four who were without an adequate father at home did seem to be more prone to sex play, and although they allowed much "caressing," the boys deprived of mother-love seemed to prefer caressing to sex-play. But these are only impressions.

*The remaining eight children who told their parents were among the most disturbed in the group, and their families were the most unsatisfactory. One boy of eleven was never allowed out to play in case he might meet a "dirty old man." A well-meaning social worker persuaded the mother to allow her son to join a local boys' club. On his first night he made sexual contact with the club leader and then went home and told his parents. His mother was obsessional and hyper-anxious, and his father violent and viciously sadistic. It was the only family where I intervened in a parent's behavior with his children, which I did because the man was threatening violence to his son. The club leader said the boy had been affectionate and cuddly and then passionately affectionate. He claimed the boy participated in the sexual activity with great enjoyment.

One mother hated to hear her children giggling, because she was sure that giggling indicated sexual pleasure. Her son also told her about a sexual incident which I am virtually certain he initiated. Another mother gave her son two changes of underclothing each day,

convinced that boys are dirty. Two mothers openly preferred their daughters to their sons because they thought that boys were dirty; the boys experienced their mothers as alternately rejecting and overprotective. They, too, told their mothers about sexual activity which they enjoyed even if they didn't actually invite it. The remaining three boys who told their mothers used to have violent quarrels with them, and they appeared to have wanted to hurt the mother by telling her how much more the men loved them than did their mothers.

That leaves 55 cases which were not reported by the child. Of these, four boys told their parents several years after the events, and four parents were told by social workers, who helped the parents to take it calmly. Guilt and fear of parents' anger seem to be important factors in the child's silence, while undoubtedly the fact that the child has enjoyed forbidden pleasures, and his loyalty to the man are the predominant reasons for a negative parental reaction.

THE MEN

While the context of the act was known in most cases, it was not possible to count accurately the men, as the children were unwilling to give names out of a sense of loyalty, which is in itself significant. Of 37 who were named, I contacted 17 and offered counseling; of these, 11 accepted and in return gave me information. I also obtained a certain amount of information from the others, largely offered in self-defense—the defense usually being something like “the child wanted it.”
 Some of the children in the study had contacts with several of the men, and some of the men had contacts with several of the children.
 * Only two men were strangers to the children, the rest having professional or other legitimate contact with them, or were members of the family and its entourage. I have not included the “pick-ups” of the prostitutes or promiscuous boys.

The eleven men who were counseled showed a striking similarity of family background to that of the children, though they were mostly of the middle and upper classes, whereas the children were mostly from the lower socioeconomic groups. The men viewed their own sexual development with disgust, and thought that childhood was a sort of perfection. They were impotent with men and women alike.

* They were men who loved children, and in most cases were doing a great deal of valuable work in the community. They all suffered much anxiety lest the disclosure of their indiscretions might wreck their careers, but complained that the children were so provocative or seductive that they had found abstinence impossible.

While I have reservations about this for reasons given later, I have to add that since my name figured in the national press in connection with this subject I have been approached by many men from all over the country, and even from other countries, and they all tell of cases where the sexual activity was initiated by the child, the behavior of the child was seductive, or was passionately affectionate. I also have to add that three of these men appeared to have had perfectly normal childhoods, free from any trauma or difficult family life.

* It is easy to see how men deprived of love as children should find in the unhappy children described above, objects of a deep love, and how the deprived children would cling to such men for the love they had to offer. That such relationships should become sexually intimate is not surprising, but I hesitate to agree with those men who claimed that the relationships were *sexually* meaningful, for reasons which, again, I will give later.

But other sexual contacts were of a completely different kind, and these, significantly enough, involved men who refused an invitation to meet me. In these cases the men showed the boys pornographic magazines and boasted of their own often imaginary sexual prowess. This led to sexual horse-play and mutual masturbation, but without any demonstration of affection. Such sessions were normally enacted in groups, and might alternate with affectionate intimacy in private. The boys appeared to regard the men as models of sexual prowess, and only in later years did they realize the true state of affairs and despise them for it. But several children remained in friendly contact with the men, even into adult life. One clergyman was asked to perform the marriages of two of his former associates, and a youth leader attached to a church became godfather to the children of three of his former associates.

THE NATURE OF THE ACTIVITY

The information here may be incomplete, as it is evidently a matter of some delicacy to probe into all the details.

A common game of middle childhood in this area is called “knack-ering,” which involves grabbing or punching one another's genitals. It does not usually entail any form of sexual stimulation. But some of the men in this study found it sexually stimulating and guided it along towards exposure and sometimes masturbation or mutual masturbation.

In some cases the man showed pornographic literature which led to the same end, and often exposed themselves and boasted of their imaginary sexual exploits. When the man was alone with the boy it was

more common for there to be demonstrations of affection which led to masturbation of the boy by the man, less often of the man by the boy. Only in a few cases did I hear of fellation, intrafemoral intercourse, or anal intercourse (attempted or completed) being practiced. However, in all cases where there were multiple activities, they were mutual. These were the boys that I found to be most seductive towards myself and other men, and at least four of them have subsequently developed into homosexuals. At least four were also promiscuous or prostitutes before the age of eleven. One prostitute was the son of a woman who had four different sons by four different men, and was determined to go on having children until she had a girl, for she disliked boys. This boy became a homosexual. One prostitute lived with his maternal grandmother, mother, and older sister, all of whom had been let down by and hated men. This boy also became a homosexual. The third prostitute started earning money by the age of eight, beginning with his older brother. He was very "pretty" and had no difficulty in getting customers, including two of his social workers, one of his club leaders, three of the staff in a children's home, and one clergyman.

PARTICIPATION AND INITIATIVE

There can be no doubt that the overwhelming number of incidents that have come to my notice both in this study and in recent counseling of pedophiles, involve children as participating "victims," a fact of which neither the law, parental reaction, nor police procedures take cognizance.

But I found at an early stage that both adult and child were blurring the distinction between permitting, participating, and inviting. I also questioned at an early stage the claim that there was a "meaningful sexual relationship." It seemed to me that, while many boys allowed themselves to be fondled and then masturbated, they accepted the masturbation because they wanted to be loved. But these boys were reluctant to masturbate the men. I received a number of reports of boys starting to engage in other activities as the man became sexually stimulated. For example, one boy would get out his sweets and offer them to the man, another tried to get pop music on the radio, and others would start to get into conversation totally unrelated to the present activity. The adults admitted to feeling frustrated by this—but here, surely, lies the difference between adult and child. For the adult, sexual stimulation increases in excitement, for the child it quickly reaches climax and ceases to interest. Thus, I suggest that, though there may well be a meaningful relationship between a loving man and an unhappy child, and that a sexual act takes place within the

context of this relationship, nevertheless, the act is sexually meaningful only for the adult, not for the child. A large number of acts are mere horse-play, and the man has to be content with that instead of the meaningful relationship.

In 66 cases it would appear that the boys involved actively sought affection from the man, or encouraged it when the men offered it. They nestled up close to them, sat on their knees and so on. I find that when I visit junior and infant schools, or children at home, many will behave in this fashion, but I do not interpret it as a sexual invitation. In the cases under review, however, children as old as 13 behaved as seven-year-olds behave towards me. It emerged that, of the 42 boys reported as becoming increasingly distracted as the man became increasingly excited, 36 were reported as being affectionate in a way that is natural and common for younger children. Sixty of the 63 boys who indulged in love-making, kept up a loving relationship with the same man for a period greater than three months—in some cases for several years—though the sexual component of the relationship rarely lasted for more than a year.

CHILD SEDUCTIVENESS

Eleven men who answered my invitation to come for counseling—and many others since—have reported what they describe as seductivity on the part of the child. I am suspicious of this, for though I have experienced children as being seductive in a way (for instance very small children have felt my genitals or wanted to watch me in the bath and so on), I have never felt that I was receiving an explicit sexual signal but rather that simple curiosity was the reason for this attention. Some of the criteria the men offered for seductivity, however, seem to me to be too subjective.

EXAMPLES OF SEDUCTIVE BEHAVIOR

Some examples of seductive behavior include the following:

1. Boys with long legs and little, round bottoms wearing short, tight pants (One man claimed that some mothers deliberately dressed their sons up like this to make them look seductive.)
2. Boys using obscene language and sexy conversation
3. Boys suggesting that the man is sexy, and asking for details of his sex life
4. Boys seeking affection
5. Boys sitting with their legs apart and feeling their genitals with their hands in their pockets
6. Boys feeling the man's genitals
7. Boys offering the man to show his genitals or masturbate
8. Boys offering to drop their trousers, suggesting sexual activity or stating that they would not mind sexual activity

Some of these, if true, are clearly examples of open invitation to sexual activity (and I have no reason to doubt the truth of the claims), but I believe that the invitations would not have come unless there had first been an "invitation to invite." *

SUMMARY AND CONCLUSIONS

* The emotional and behavioral problems in the boys whom I have counseled reveal themselves to be more related to the disturbance and neglect they experience in their homes than to their sexual experiences with men. In only one out of every five homes were one or both parents evaluated as satisfactory by objective criteria. Most of the boys lacked affection and attention which they sought in their encounters with other adults. The boys from the more satisfactory homes were the least affected and needed no more than minimal counseling. These boys also were among those who reported their experiences to parents, but those who told parents also included the most disturbed boys from the most unsatisfactory families. Extreme parental reactions and harsh treatment at the hands of authorities often were most traumatic to the boys. *

* The deprivation and family disturbance that so clearly figures in the child's participation in sex with men also plays a role in the adult's behavior. The men themselves had been similarly deprived of love as children and could readily identify with their boy partners.

There is no doubt that children do encourage sexual activity with an adult and participate in it willingly, though, of course, this is not always the case. However, I sometimes doubt the extent of claims for child seductivity. Often the approach is interpreted very differently by the man and the boy. Although a majority of boys actively sought affection, the sexual and erotic element is often more in the minds and motives of the adults.

Nevertheless, I do not think there is any evidence from my study that any of the children were worse off for the activity; many, no doubt, may be better off for a relationship with a loving adult outside the family. I can see how a lot of harm can come from a violent reaction to the act and suggest that counseling should replace legal procedures wherever possible. *

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PEDOPHILIA:
PSYCHOLOGICAL
CONSEQUENCES FOR
THE CHILD

FRITS BERNARD

What influence does a pedophile relationship* or a single sexual contact with an adult have on a child? How does the boy or girl experience that relationship, or that contact? What are the after-effects? How does he or she see the experience later, as an adult? There is little sound research information available on such relationships that would help to answer these important questions. In general, the literature contains little more than speculative thoughts about the subject, although an examination of the consequences of homosexual seduction of under-aged children was instituted by Tolsma (1957), and van der Kwast (1968), in more general terms, investigated the results of sexual acts of adults with children. Since child-adult sexual relationships are taboo in our culture, these cases are extremely difficult to investigate: in general, a silence is kept about them and only by way of exception do they become revealed. A great number remain unknown and are not included in statistics. ✓

*For the purposes of this chapter, *pedophile relationship* is defined according to the law in the Netherlands, where this research was conducted: *a shorter or longer sexual bond between a man or a woman and a boy or girl under 16.*

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PLAN OF THE STUDY

* Our plan was to find adults who, as children, had sexual contacts with one or more adults. Predictably, locating subjects was one of the greatest problems in this study. We decided on a convenience sample obtained through referrals, that is, professional and personal contacts were sounded out in order to find out if they knew people who, as children, had had sexual contacts with adults. By this means, seven of the cases here were located. Some subjects (three reported here) were found through contacts with therapists who were counselling them.

* Female subjects were harder to find than male ones. We have so far collected about 30 reports; in addition to that we had a number of talks with additional subjects. Some subjects were followed over a number of years. The subjects, who came from all strata of the population, now have various professions and social levels and live in different provinces of Holland.

Previous investigations by, among others, Tolsma (1957), van der Kwast (1968), and Kinsey et al. (1948) were principally statistical by nature, so emotional matters were left out of consideration during the elaboration of the data. In order to be able to determine what influence early sexual contacts have had on a person's character, it is necessary to know both how the person in question *experienced* the event and how he assimilated it later. The study uses the "selective biographical" method, that is, the children (now adults) related their childhood sexual experiences with one or more adults. Each of them was asked to write his or her life story, with the specific request to include details about how they experienced the sexual contacts at the time and what their present attitude toward them was, many years later. This method has disadvantages, among others the one-sided approach to the subject. The advantages of minimal influence by the researcher and ease of implementation, however, appeared to us to outweigh the disadvantages considerably. This technique also opens up the possibility of analyzing the written history psychologically. Subjects were also administered the Amsterdam Biographic Questionnaire or ABV test (Wilde, 1963), a structured instrument consisting of four parts with a total of 107 questions. The ABV is standardized on the Dutch population and yields scores on four personality dimensions. The test permitted us to address the following specific questions: Do people who as children had sexual experiences with adults have, on the average, more neurotic and/or functional complaints than the average person? Have they been traumatized by these experiences?*

*Due to a computer center mishap, these ABV test data cannot be reported in detail but will be referred to in the summary.

NATURE OF PEDOPHILE CONTACTS

Pedophilia is not an unimportant problem. Since the well-known investigations of Kinsey, et al. (1948), we know something more about the frequency of adult-child sexual contacts and relationships. Ten to fifteen percent of American girls 12 years old or younger (in general, then, before puberty) have had a least one contact with adults. In the standard work *Psychosexueller Infantilismus*, published in 1922, Wilhelm Stekel writes: "As far as I have been able to trace it must be regarded almost as a normal component of the sexual drive." And further on: "The sexual stimulus that proceeds from children is all the more remarkable because, for many centuries, we have done our best to de-sexualise the child."

The use of force or the infliction of harm, according to these researchers, is rare. According to van der Kwast (1968):

* In the more serious forms of criminality it appears that somewhat older girls are involved. Accurate figures concerning the scope of the use of very serious force in sexual crimes with children are not known. An indirect approach to this question on the basis of published data supplied from the Dutch Central Bureau of Statistics led us to the conclusion it is so rare that, if it did not concern such tragic cases, it could be regarded as a negligible quantity. On the average, only five people per year [in Holland] are sentenced to three or more years of prison for pedophile offenses. In the period from 1960 up to and including 1964, only three cases occurred (0.5 per year) of conviction for sexual contact with children with violence. In the years 1960 up to and including 1965, out of about two million Dutch children from five to 14, 0.8 boys and 0.3 girls per year were presumed to have met their deaths in connection with sexual offenses.

* From our own observation we know that there are, among pedophiles, those who are neurotic or psychopathic. However, there are also many with mentally healthy personalities. Previous research on convenience samples of 60 pedophiles (Bernard, 1975a; 1975b) using the ABV test revealed significantly higher than average neurotic instability, with above average but somewhat less elevated somatic symptoms. However, the neuroses among them need not necessarily be connected with the nature of pedophilia as such but could result from the social unacceptability of their sexual preferences and the consequent erosion of self-esteem and emotional well-being.

There is much misunderstanding over how pedophile contacts occur, caused by wrong information distributed through the mass media. According to Stekel (1922), "Adults are not always the seducers. It happens that children do take the initiative." More than one study suggests that it is often the child who takes the initiative. Geisler (1959)

came to the conclusion, during trials for indecency, that 25 percent of the witnesses between 10 and 14 had clearly shown their intentions and inclinations. And Giese (1958) writes that, of 393 adult homosexuals involved with boys, 58 percent said that the initiative for sexual contact was shared by both parties; 21 percent said that the boy took the initiative, and 21 percent said they, the adults, had approached the boys. He added that the majority of those examined by him had anticipated the seduction, regardless of who finally began the activity. Half had had homosexual relationships before the age of 16 or 17.

With respect to homosexual seduction, the report of the Speijer Committee in 1970 comes to the conclusion that it is unjust to accept *seduction* in the sense of "producing a lasting homosexual behavior":

The Committee thinks that there is indeed reason to point emphatically to the positive aspects of homosexual initiation . . . Through lack of contacts and possibilities of initiation the [homosexual] youngster can live for a long time in a sort of vacuum. The need for self-recognition and self-realization is, here, especially urgent. More openness and more possibilities of contact will not only help the young homosexual with his problem of maturing, but can also have a positive aspect for the heterosexual youth. *

Tolsma (1957) found, in a statistical investigation of 133 "victims" who had been initiated by homosexuals, that only a very small number later became homosexual, a number that correlates with the percentage of homosexuals in our society.

BIOGRAPHICAL MATERIAL

Since it concerns a current inquiry that is not yet closed, a comprehensive statistical analysis cannot appear here. The complete results will be published elsewhere. Here we present representative material from the biographical data. The material that follows omits most of the personal, possibly identifying, detail of the lives of our subjects, and is concerned mainly with their childhood sexual experiences with adults.

CASE 1

This first description is characteristic of a small group in our study who had homosexual contacts when boys, later appeared to be heterosexual, and now have a negative response to their earlier experience. This man, under 30, related:

* My first contact was when I was 14. This was a positive experience for me. My partner was about 39. Now I am engaged to be married. The fact that I now have a negative attitude toward [my first contact] is due to the fact that, in my eyes, it was no normal situation, but my age and

education were not far enough advanced at the time to form a judgment. Moreover the person in question gave me so much pleasure that I just could not refuse, simply because I did not want him to be disappointed. I think that at that time I was afraid to lose him. I can still remember that, when he told me that he had a girl friend and perhaps would get married, I was terribly sad about it.

CASE 2

The following description comes from a man of 25 and is characteristic of a sizable group in our study who, as children, themselves encouraged the sexual situation and, after a homosexual period, later became heterosexual. These are people who, on becoming adults, have a positive attitude toward their childhood sexual experiences.

* I had my first sexual contact with an older man in Rotterdam when I was 14, close to the *Lewwehaven*, between stacks of piles under the tall monument that represents the bow of a ship cleaving the water. It was nothing more than each of us quickly whipping each other off, looking shyly around us. Once this corner was turned, a whole host [of experiences] followed. I can't say much about them, just sex and nothing more. One of the reasons why, at that time, nothing lasted was because the men were always dead scared of being trapped, understandably. That went on until I was 17, then, for the first time, I fell in love with an older man and had a relationship with him for about eight months. After that, it was the end of fleeting contacts. I desired something more than just sex. The men I went with were between 40 and 60. I am now speaking of the time before I was 16 . . . The initiative always came from me. I used to wear my shortest and cutest shorts and strolled across the market squares and through the busiest streets of Rotterdam until I saw someone I thought was "like that" and allowed myself to be "seduced."

I have no regrets about this period. I am only sorry that I never had what I was really looking for: an older friend with whom I could enjoy sex but also simply a friend to do all kinds of other things with. One that would teach me about everything.

CASE 3

The following description is written by a man of 23 who was earlier seduced by an older man. Now he is heterosexual. This case, too, is representative of a larger group.

* I was about 13 when I first had anything to do with pedophilia. I had never heard of the word or even of homosexuality because my sexual education, as far as my parents were concerned, was very neglected. The man who brought me into touch with homosexuality and whom I even loved physically was, and still is, one of my dearest friends. I remember vaguely how he satisfied me for the first time and what a wonderful feeling it was. I was not bothered by the least idea of doing perverted things, probably because I had no idea what actually happened. A few

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months later he tried to explain things but it was still a year after that before I grasped it properly.

On the whole, I thought that the whole situation was a bit sad for him for he wouldn't keep me as an intimate friend and, on second thought, perhaps a bit emotionally, I did it to him as nicely as possible. I never had the feeling that I was spoiling myself and that never happened. I don't think that it is really possible in this case.

The only time I received a setback was when I told my fiancée what had happened then. For that matter, I have a fantastic relationship with her. We have very good sexual relations and there is no question of problems on my side.

CASE 4

The following statement comes from a 37-year-old man. It is, to a certain extent, representative of a smaller group of children whose parents intervened when they learned of their children's sexual involvement with adults.

* I must have been 14 or 15 at the time of my first sexual encounter with a man of about 30. I enjoyed the experience. Now, as an adult, I see the earlier period as part of my life that belongs to me.

I am now married and have four children. People with this inclination should fit into our society and our society should accept this as natural. It will require a very long time before this can be realized. My earlier contacts of this other disposition were taken so hard by my parents and at the same time mildly so that I always had the feeling of having done something very wrong. Now I see it as a part of a personal experience which I don't want to see removed from my life.

CASE 5

We shall now let a man have his say who had his first contacts long before he reached the age of puberty. He is, to a certain extent, representative of his group.

* When I was 7 I came into contact with a man who was especially nice to me. He used to take me to his attic, sit me on his lap, and play with me sexually. I thought it was very nice and enjoyed it. I always looked forward to Wednesday afternoons, the days when we saw each other. This lasted a long time.

Later I had many contacts with other men but never with boys of my own age. I have never missed not having girls like many others. Now, at almost 68, after a good life, I can see those former contacts as very positive to my development. I would not have wanted to have missed them, and I do not envy the people who never had these opportunities.

I was, and am, a homosexual and have lived for about 20 years with my friend. Before that I had a married bisexual friend with whom I was very happy too.

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CASE 6

Following is the biography of a 25-year-old man who belongs to the same category in our study as did the previous case.

* When I was about 8 years old I got to know a man in the street who thought that I played very nicely. He invited me out for a bicycle ride and, later on, to visit his home. Although my parents had warned me not to do it, I just could not see the dangers that they had confronted me with. I could not imagine that this gentleman would harm me. I got to know him really well at our first meeting at his house. We became friends and I was allowed to call him by his first name. So, gradually, we got to know each other even better and I was confronted by his homosexuality, which certainly did not hit me like a bombshell, but it was something that I wanted to know more about, and he instructed me in sexual matters. Other subjects such as bisexuality and heterosexuality came into the discussion which were quite beyond my parents [willingness to discuss with me] (for which I never blamed them).

The bond between us and our friendship became even stronger. From him I received some love, which actually I had never known. That is not in the way as at present with my wife. But our friendship was, and still is, one that I could imagine with no one else. Later when I was 10 or 11, we had sex with each other; something I always enjoyed. That lasted until I was 18, when I went steady with a girl. When I was engaged, I was able to tell my future wife with a easy mind about my youth. I, myself, was sufficiently prepared and conveyed this to her. She could appreciate the whole thing very well. We were very sure of each other and were married in 1968 and have, at the moment, an especially good marriage, an especially fine sexual relationship, and an especially dear little daughter of 10 months.

CASE 7

The following biography concerns a woman of middle age.

* Perhaps you cannot imagine this but, when I was 12, I was very much in love with a man of 50 and he with me. I don't know who made the first move now, but we stroked each other and experienced a sexuality together. It relaxed me wonderfully.

One day my parents found out and the police were called in. The examination was terrible, I denied and denied again. Then I gave in. My older friend was arrested. My parents, after my forced confession, made out a formal complaint. Nothing then could be of help any more. I have never been able to forget this. It wasn't just. It could have been such a beautiful memory. I am married and have four children. I would not object to their having sexual contacts with adults. I regard it as positive.

All the children in these cases experienced sex with adults as positive. Only one subject has a negative attitude to his youthful experi-

ences ("because it didn't seem a normal situation to me"). Basically all the subjects sought affection, love, and security and not sex alone. Some defend pedophile relationships as such. There appeared to be no talk of traumatic influences; rather, the opposite was true. It is not the actions themselves, which are usually in the form of caressing or masturbation, that lead to problems and conflicts, but the attitude of society, as in the last case.

Nowhere do they talk about fears of the adults' intentions, even in a veiled form, which is remarkable. Obviously, the pedophile's approach is well suited to the situation, and he knows how to win a child's confidence. It is striking to note how basically similar to each other these descriptions are; they are one by one so human and imaginable.

CASE 8

I would like now to present a single case concerning a man of middle age, who was the only one to put forward the attitudes he experiences. This case stands on its own.

- * My first contact was when I was 12 or 13. On one side I resigned myself to it and on the other, I was inquisitive. I had regular contacts until I was 18, always with the same partner, who was about 20 years older than I. It later became clear that I was looking for a father-figure at that time, my own father being away owing to the war. I did not find these contacts normal, but I was committed with my partner with whom I still go around on a friendly footing. When I consider things now, I am not so happy about the sexual aspect. I hope that this does not happen to my son.

CASE 9

This final case is a particularly detailed account of a woman's childhood sexual initiation.

- * I had an experience with an adult man when I was hardly 12 years old but the circumstances were not such that one looks back on them with horror. On the contrary, I have very fine memories of the first, yet rather bizarre, acquaintance with sex, and what happened eight years ago has had no bad consequences. I have no trauma about it and have become neither oversexed nor frigid. All that happened was that I learned, at a very early age, how a man and a girl can satisfy each other and obtained practical sexual instruction by which means, I did not have to learn from a book what a naked man looks like, how he gets an erection, ejaculation, masturbation, and so on.

In the circumstances that surrounded my case there was no question of rape. I instinctively made use of my art of seduction and was a bit challenging.

- * Uncle Herman was in his early forties (though I couldn't say exactly) and not really an uncle but my little brother and I called him that because he often came to our house. Sometimes he had fits of being playful, or when he wanted to kiss he liked to pull my pigtails or tickle me in the ribs or give me a bug cuddle.

Once I saw him looking down my blouse as I was stooping to pick strawberries and that is quite a discovery for a rather slim lass of that age, especially when you, as I was then, are terribly proud of how the little breasts were already beginning to form. I well remember that I went red but carried on as if I hadn't noticed but felt like undoing my blouse to let Uncle Herman see even better that I was a growing girl. First I didn't dare but later, about midday, when we were hoeing, I very bravely took off my blouse so as to be just like Uncle Herman and looked very sportsmanlike showing my naked torso.

The way he looked at me standing there in my jeans! But, funnily enough, I wasn't shy any more. He was flattering me in an appalling way, but, naturally, I lapped it all up.

And I didn't mind at all that, when I was sitting on a tree stump, he squatted in front of me, felt my small breasts and rubbed his fingers over my nipples. It was not nasty, dirty, or repulsive because, well because it was Uncle Herman. Something that can, naturally, never be explained but can only be felt if you knew him as we children did.

As always, one thing led to another, as far as I remember it was hardly ten minutes before he had me standing half naked in front of him, but well inside safely behind the curtains. And even that seemed to happen on its own accord. When I folded my arms behind my head, because I had discovered in the mirror at home that it made my breasts look bigger, Uncle Herman said that I would soon be getting hairs, too, under my armpits and I proudly blurted out that I had some "down below." This he would not believe (or he pretended not to) because my armpits were bare and, when I insisted, he of course dared me to prove it. But when I began to take off my jeans he drew me quickly indoors. I knew that I had not planned to undress completely but, when I had taken them down far enough to show him a few blond hairs, I suddenly became very daring and stripped them off completely. Naturally, I knew that my little naked body didn't look like anything, but then I felt almost like a film star for Uncle Herman looked at me as if I were Sophia Loren. It was, of course, a funny feeling, standing there naked, but not at all nasty like shortly before at the sport examination (for basketball) when I had to take my knickers down, too. I was quite at ease with Uncle Herman. He was being paternal, but not for long, for when I sat on his knee, he began to kiss me and to stroke my breasts, belly, and thighs with his big hands. Very soon his fingers were busy between my legs.

I experienced this as a tremendous sensation, not so much from what I felt but from what he did. I think that I understood that he liked young girls and grasped his chance and I willingly allowed him to do what he wanted. He was so dear to me and said such nice, loving things.

I look back on it now as an odd but fine first experience; in fact I liked it so much that, when I went home, I asked if I could come and play again. Uncle Herman wanted that, too, and we arranged to go to the [gardenplot] on the following day after the evening meal. Uncle Herman

Koften worked there, but now no work was going to be done. I wanted to pull off my dress at once, but he pulled me toward him and began to talk to me terribly seriously and to say that he couldn't do it any more and that he could be put in prison for what he had already done. That my parents would never forgive him if they discovered what had happened and so on. But when I said that I enjoyed his seeing me naked and being stroked all over, we became sort of "blood brothers" in order to share our secret.

Then he undressed me and laid me on the old, battered sofa and kissed me all over: I found it was a wonderful sensation. Gradually this summer I was being completely initiated and "woken up" and soon Uncle Herman took off his clothes too and taught me how a girl can satisfy a man. He taught me all kinds of positions and the pleasures of licking and sucking but he kept himself completely in control (that I find a real achievement) and did not have real intercourse with me. He found it sometimes sufficient just to look at me, especially when I was doing naked gymnastics for him.

Once again, I don't want to defend what Uncle Herman did and certainly don't want to praise pedophilia highly, but I spent just as fine a summer as he did. . . . It certainly has done me no harm. It depends on what a pedophile does and how he does it and if he really loves children (and that usually goes together), he will understand and be in sympathy with the child and thus know well what he can and what he cannot do. In my case it could go far and Uncle Herman felt that very well, for he was too much of a kind soul to wreck something irreparably for his own pleasure.

Although our samples have been too small to be called representative of the total population of children who have sexual relationships with adults, nevertheless they show that there are certainly a number of children who find these contacts more advantageous to their mental health than harmful.

CONCLUSIONS

Our investigation shows that the forming of a meaningful relationship between a boy or girl and adult is indeed possible in a number of cases. Sometimes this bond continues in the form of a firm friendship that endures for life (cases 3, 5, and 6), even when the first contact took place at about 6 or 7 years of age.

Our study yielded the following provisional and cautious conclusions.

1. Children can experience sexual contacts and relationships with adults as positive.
2. Children are looking for love, affection, and security in such relationships, in addition to the sexual aspect.
3. We did not find evidence of a traumatic influence or of fears toward the adults. According to the results of the ABV tests, our subjects are not more

neurotic than the common Dutchman. On the contrary, some appeared to be more stable psychologically.

4. The initiation has no influence on later sexual orientation.
5. In some cases the first contacts began at the time of primary school age.
6. The sexual activity is mostly of a masturbatory kind.
7. Sometimes the friendship continues after the sexual relationship has come to an end, and in some cases lasting for many years.
8. The sexual contacts in themselves do not seem to be harmful, but the attitudes of society have negative consequences (secondary effects).

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16

CHILDHOOD
MOLESTATION:
DIFFERENTIAL IMPACTS
ON PSYCHOSEXUAL
FUNCTIONING

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WHAT little empirical evidence exists regarding the psychological impact of sexual molestation on the child tends to be contradictory. Several studies suggest that the sexually molested child will be adversely affected by the experience. That is, it has been reported that molested children experience a negative emotional reaction, such as depression, guilt, withdrawal, and/or loss of self-esteem (DeFrancis, 1971; Kaufman, Peck, and Tagiuri, 1954; Weiss et al., 1955). Sexual molestation has also been linked to phobias and nightmares (Weiss, et al., 1955), restlessness (Chaneles, 1967), crying without provocation, compulsive bathing, and bedwetting (Burgess and Holmstrom, 1975). Finally, case studies of adult women in therapy have been offered to support the proposition that childhood sexual trauma may be a significant determinant of adult psychological disturbances (Herman and Hirschman, 1977; Katan, 1973; Peters, 1976; Sloane and Karpinski, 1942; Summit and Kryso, 1978 and Chapter 10 in this volume).

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* It has also been argued, however, that sexual molestation has few (if any) negative impacts on the child. Yorukoglu and Kempf (1966) reported two case studies of incest from which they conclude that the children were unaffected by the experience, apparently because they had developed "healthy ego functioning" prior to the incident. Bender and Blau (1937) studied 16 sexually molested children and reported that they were not negatively affected by the experience. Fourteen of these children were located at a followup study 15 years later by Bender and Grugett (1952), who reported that only one was "seriously disturbed." Finally, surveys asking about childhood sexual experience have generally found that many respondents (28 to 33 percent) report having had a childhood sexual experience with an adult but that very few of these respondents (3 to 7 percent) report serious psychological problems arising from the experience (Gagnon, 1965; Landis, 1956).

It has even been claimed that childhood sexual contact with an adult may have a positive impact on the child. Rascovsky and Rascovsky (1950), for example, suggest that incestuous acts diminish a child's chance of psychosis and allow for a better adjustment to the external world. To our knowledge, no systematically obtained empirical evidence supporting this view has been reported.

It is thus difficult, if not impossible, to draw any conclusions about the scope and duration of the impacts of sexual molestation on the basis of previous research. Most of the studies report findings based on relatively few individuals who either sought counseling or were identified by others (e.g., courts of law) as probably needing help. How widely such findings can be generalized is unknown. Moreover, the conflicting findings cannot readily be reconciled. The methods employed differ in numerous ways, as do the samples studied, thereby making it virtually impossible to disentangle effects due to the research methods from effects due, for example, to differences among the molested children in terms of age and gender of the child and the molester, the acts engaged in, and so forth. In short, our knowledge about psychological impacts of sexual molestation is limited.

Aside from these problems, cited above, it is also important to point out that the possible impacts of childhood molestation on adult psychosexual functioning have not been systematically assessed. Such an omission is surprising. That is, from any of a variety of theoretical perspectives, one might reasonably predict that childhood molestation experiences could have pronounced effects on adult sexuality. For example, to the extent that molestation evokes fear, guilt, or other emotional reactions in the child, sexual activity may acquire negative connotations sufficiently strong to affect adult sexuality. That future sexual activities may acquire negative associations after an incident involving fear and guilt has been demonstrated in the area of rape (see

Feldman-Summers, Gordon, and Meagher, 1979).

The present study was conducted to examine factors that might contribute to differential adjustment of adults who were sexually molested as children. Specifically, the study had two aims. The first aim was to identify differences (if any) between women molested as children who seek therapy for molestation residuals and women molested as children who do not seek such therapy. The second aim was to identify differences (if any) between women who were molested as children and women who were not, in terms of prepubescent sexual activities with other children and in terms of their current psychosexual functioning that could be related to childhood molestation experiences.

METHOD

PARTICIPANTS

GROUPS. Three groups of 30 women each participated: (1) a *clinical group* consisting of women currently seeking therapy for problems associated with childhood molestation; (2) a *nonclinical group* consisting of women who had been molested as children but never sought therapy and considered themselves to be well-adjusted; and (3) a *control group* of women who had not been molested and were matched with the nonclinical group in terms of age, marital status, and ethnicity.

RECRUITMENT OF PARTICIPANTS. Members of the clinical and nonclinical groups were recruited by regional television, radio, and newspaper announcements stating that women who had been sexually molested as children were needed for a research project and that a therapy program for such women was available. The announcements emphasized that the project was not restricted to women who wanted therapy but was open to women who considered themselves well-adjusted and not in need of therapy. Women in the control group were recruited by the circulation of a "wanted list" of 30 women with designated demographic characteristics matching those of the nonclinical participants (e.g., "white," "married," "age 23," "completed high school education"). All women participated in the study on a strictly voluntary basis; that is, no financial remuneration was provided.

PARTICIPANT CHARACTERISTICS. All participants were white; with the exceptions of one black and one native American in the clinical group and one black each in the nonclinical and control groups. Participants ranged in age from 18 to 65 years, averaging 31.5 years for the clinical group, 29.2 years for the nonclinical group, and 29.2 years for the control group. A high percentage of participants in each group were married (56.7 to 60.0 percent), had some college education (66.7 to 73.3

percent), and were employed in white-collar jobs (30.0 to 43.3 percent). Virtually all participants were heterosexual. In terms of religious affiliation, the groups were quite similar, each with a large number of Protestants (36.7 to 50.0 percent) and "No preferences" (23.3 to 50.0 percent). Although only the control group was selected to be similar to the nonclinical group, statistical comparisons revealed that there were no significant differences among the three groups in terms of age, marital status, sexual preference, education, occupation, religious affiliation, or ethnicity.

ASSESSMENT MATERIALS

Assessment instruments used in the study included the Minnesota Multiphasic Personality Inventory (MMPI), a seven-point scale on which participants indicated their perceived overall adjustment, and a "Sexual Experiences Questionnaire" constructed by the authors. In addition to demographic and biographical items, the sexual experiences questionnaire included the following major sections:

SECTION 1: MOLESTATION VARIABLES. The items in this section of the questionnaire assessed the circumstances and characteristics of the molestation experience. The clinical and nonclinical groups were asked to respond to questions concerning (1) the relationship of the molester to the child, (2) the frequency of molestation, (3) the age of first molestation, (4) the age of last molestation, (5) the duration of molestation, (6) the period of time prior to disclosure of the molestation, and (7) the sexual acts performed during the molestation incident(s). These data were gathered using an open-ended question format. In addition, participants were asked to rate on seven-point scales their feelings (as they recalled them) during the molestation incident(s), e.g., feelings for the molester, physical response during the molestation, amount of pressure exerted by the molester in inducing the interaction, and amount of guilt experienced at the time. Finally, each participant was asked to indicate on a similar seven-point scale the perceived effect of the molestation on her life.

SECTION 2: PREPUBESCENT SEXUAL ACTIVITIES WITH OTHER CHILDREN. The items in this section assessed the type and frequency of sexual activities engaged in prior to puberty. All three groups of women were asked to indicate (1) the age at which they first masturbated, (2) the age at which they first engaged in sexual play with other children, (3) the frequency with which they masturbated prior to puberty, (4) the frequency with which they engaged in sexually related activities with other children (e.g., kissing a female/male, handling their own genitals in the presence of a female/male, performing simulated intercourse

with a female/male), and (5) the perceived quality of sexual information received during their childhood. Each frequency item was accompanied by a seven-point scale ranging from *not at all* (1) to *very frequently* (7).

SECTION 3: CURRENT PSYCHOSEXUAL FUNCTIONING. This section of the questionnaire consisted of six items designed to assess current psychosexual functioning of the women: (1) frequency of orgasms during intercourse, (2) frequency of orgasms during masturbation, (3) number of consensual sexual partners, (4) degree of sexual responsiveness to current partners, (5) satisfaction with sexual relations, and (6) quality of close relationships with men. The first three items of the questionnaire were open-ended, while the last three were accompanied by seven-point scales.

PROCEDURE

Participation consisted of completing the sexual experiences questionnaire and the MMPI at a university clinical services and research center. These assessment instruments were administered on initial contact for all groups and were typically accomplished in two to three hours. Of those who responded to our call for volunteers and were requested to participate in the investigation, two women in the clinical group category refused.

Participants were first given a consent form informing them of the purpose and benefits of the study. The consent form indicated the sensitive nature of questionnaire items and the freedom of participants to withdraw from the study at any time with impunity and to omit answering any item(s) to which they objected. Confidentiality of imparted information was stressed. All participants were given an opportunity to ask questions before and after completing the questionnaire, and all questions were satisfactorily answered. Upon request, general feedback about their MMPI profiles was provided to the participants. It must be emphasized that all women who wanted to receive therapy were given that option whether or not they agreed to participate in the investigation. (For full details regarding the therapy program into which these women were accepted, see Tsai and Wagner, 1978.)

RESULTS

CLINICAL VERSUS NONCLINICAL GROUP COMPARISONS

MOLESTATION INCIDENT(S). In certain important respects, comparisons between the groups failed to yield significant differences in terms of the molestation incident(s). First, the participants tended to report sim-

TABLE 16-1. Relationship of Molester to Child

Molester	Clinical group		Nonclinical group	
	n	%	n	%
Father	13	43.3	8	26.7
Stepfather	7	23.3	6	20.0
Grandfather	2	6.7	5	16.7
Uncle	3	10.0	3	10.0
Brother	2	6.7	2	6.7
Other relative	0	0.0	1	3.3
Family friend	2	6.7	6	20.0
Neighbor	8	26.7	5	16.7
Stranger	2	6.7	2	6.7
Total	39		38	

Note: N=30 in each group.

ilar relationships with the molester, that is, 73 percent of the clinical group and 63 percent of the nonclinical group reported molestation by father, stepfather, and/or grandfather. In fact, 90 percent of the clinical group and 83 percent of the nonclinical group had been molested by a relative. As can be inferred from Table 16-1, some of the women had been molested by more than one adult. Second, median age of first molestation for the clinical group (6.5) did not differ significantly from age of first molestation reported by the nonclinical group (6.0). Third, the groups did not differ significantly in terms of elapsed time prior to disclosure, that is, approximately 81 percent of the clinical group and approximately 71 percent of the nonclinical group waited at least one year before disclosure, with approximately 53 percent of the clinical group and 37 percent of the nonclinical group waiting at least 11 years.

However, significant differences between the two groups were observed in terms of (1) age of last molestation incident, (2) duration of molestation, (3) frequency of molestation, (4) frequency of attempted intercourse, (5) recollection of feelings at the time of molestation, and (6) perceived impact of the molestation on their lives. Each of these items is described in the following discussion.

AGE AT LAST MOLESTATION INCIDENT. The clinical group was significantly older at the time of the *last* molestation. For the clinical group, the median age at which the last molestation incident occurred was 12; for the nonclinical group, the median age of last molestation was eight. The clinical group also included fewer who were younger than 12 and more who were 12 and older.

TABLE 16-2. Types of Sexual Acts Performed During Molestation

Sexual act	Clinical group		Nonclinical group	
	n	%	n	%
Passionate kissing	12	40.0	13	43.3
Fondling of breasts	20	67.7	18	60.0
Fondling of vagina	27	90.0	26	86.7
Fondling of penis	15	50.0	15	50.0
Cunnilingus	13	43.3	10	33.3
Fellatio	5	16.7	3	10.0
Attempted intercourse	21	70.0	12	40.0
Completed intercourse	6	20.0	5	16.7
Anal intercourse	1	3.3	2	6.7

Note: N=30 in each group.

DURATION AND FREQUENCY OF MOLESTATION. The clinical group reported a significantly longer duration of molestation, averaging nearly five years, than did the nonclinical group, in which the average was only two and one-half years. The reports of frequency of molestation were categorized as *high* (two or more times per week), *moderate* (once per week to once per month), or *low* (less than once per month). The relationship between group membership and frequency of molestation was significant. Further analysis revealed that the significant effect is primarily attributable to a differential representation of the clinical and nonclinical women in the high and moderate frequency of molestation categories; that is, members of the clinical group were more often represented in the high frequency category (50 percent) than in the moderate frequency category (30 percent), while the opposite was true for the nonclinical group (10 percent and 46.7 percent respectively).

TYPES OF SEXUAL ACTS PERFORMED. The two groups differed in their reports of the acts performed during the course of molestation in only one respect—namely, in connection with reports of *attempted* vaginal intercourse; women in the clinical group more frequently reported that intercourse was attempted (70 percent) than did women in the nonclinical group (40 percent). Comparisons between the groups failed to yield significant differences with regard to any of the following sexual acts: passionate kissing, fondling of breasts, fondling of vagina, fondling of penis, cunnilingus, fellatio, completed intercourse, and anal intercourse (Table 16-2).

FEELINGS AT THE TIME, AND ULTIMATE IMPACT. Participants retrospectively reported their feelings during the molestation in terms of eight items, and an analysis of variance with repeated measures was conducted. The group main effect was of borderline significance; the means for all eight items were in the direction of greater negative responses for the clinical than for the nonclinical group. Specifically, women in the clinical group reported (1) more negative feelings toward the molester, (2) more painful experiences during the molestation, (3) feeling more "upset" afterward, (4) more pressure from the molester to induce compliance, (5) more pressure to keep the acts secret, (6) more guilt about keeping the acts secret, and (7) more guilt about the sexual activity itself than women in the nonclinical group. Not surprisingly, the clinical group reported significantly greater impact on their lives than did the nonclinical group.

CLINICAL, NONCLINICAL, AND CONTROL GROUP COMPARISONS

PREPUBESCENT SEXUAL ACTIVITIES. One-way analyses of variance were carried out for each of the ten items used to assess prepubescent sexual activities with other children. These analyses failed to yield any statistically reliable differences among the three groups. One effect reached the .04 level of significance (*kissing males*), but in view of the large number of items analyzed, an effect of that magnitude can be regarded as marginal at best. These results are not directly germane to the subject of this chapter and are not included here.

FREQUENCY OF ORGASMS. Reported frequency of orgasms during intercourse was categorized as *at least 20 percent of the time* or *less than 20 percent of the time*. The clinical group differed significantly from the nonclinical group in both frequency-of-orgasms categories. As compared with the clinical group, significantly higher ($p < .01$) proportion of the women in the control and nonclinical groups reported that their frequency of orgasms during intercourse was greater than 20 percent. Moreover, a higher proportion of the clinical group (as compared to the other two groups) was represented in the category of orgasms less than 20 percent of the time. (Table 16-3).

The groups did not differ significantly in terms of the frequency of orgasms during masturbation. In all groups, over 65 percent of the women experienced orgasms at least 40 percent of the time during masturbation.

NUMBER OF SEXUAL PARTNERS. The reported number of consensual sexual partners was categorized as *15 or more* and *less than 15*. The relation between group membership and number of partners was then ana-

TABLE 16-3. Frequency of Orgasms During Intercourse

Source	χ^2 Partitions		
	<i>p</i>	<i>df</i>	χ^2
Clinical \times Nonclinical	.01	1	6.84
Clinical & Nonclinical \times Control	<i>ns</i>	1	2.45
Total	.01	2	9.29
Nonclinical \times Control	<i>ns</i>	1	.007
Nonclinical & Control \times Clinical	.01	1	9.283
Total	.01	2	9.29

lyzed. The significant effect is primarily attributable to a difference between the clinical and the nonclinical group. Specifically, the clinical group had higher representation in the category of 15 or more partners (43.3 percent) than did either the nonclinical (17.2 percent) or the control group (9.1 percent) (Table 16-4).

SEXUAL RESPONSIVENESS TO CURRENT PARTNER. Scores on the seven-point responsiveness scale were subjected to a one-way analysis of variance, which revealed a significant difference among the groups. Individual comparisons revealed that the clinical group was significantly less responsive than either the nonclinical group or the control group. The nonclinical and control groups did not differ significantly.

SATISFACTION WITH SEXUAL RELATIONS. Scores on the seven-point sexual satisfaction scale were subjected to a one-way analysis of variance. This analysis indicated that the groups differed significantly. Individual comparisons between the groups revealed that members of the clinical group were significantly less satisfied with their current sexual relations than were members of either the nonclinical or the control

TABLE 16-4. Number of Sexual Partners

Source	χ^2 Partitions		
	<i>p</i>	<i>df</i>	χ^2
Clinical \times Nonclinical	.02	1	5.40
Clinical & Nonclinical \times Control	<i>ns</i>	1	3.96
Total	.01	2	9.36
Nonclinical \times Control	<i>ns</i>	1	.45
Nonclinical & Control \times Clinical	.02	1	8.91
Total	.01	2	9.36

group. The nonclinical and control groups did not differ from each other.

QUALITY OF CLOSE RELATIONSHIPS WITH MALES. An analysis of variance of the scores on the seven-point satisfaction scale indicated a highly significant group difference. Members of the clinical group were significantly less satisfied with the quality of their relationships with men than were members of either the nonclinical or the control group. The nonclinical and control groups did not differ from each other.

MMPI AND PERCEIVED OVERALL ADJUSTMENT. The mean MMPI scale scores for the clinical, nonclinical, and control groups are presented in Table 16-5. One-way analyses of variance were conducted on each of the validity and clinical scales. When these analyses yielded a significant result, individual group comparisons were conducted. In all cases where differences emerged, the clinical group mean was significantly higher than the nonclinical or control group means, with the latter two groups statistically similar. Thus, the clinical group scored significantly higher on Hypochondriasis (HS), Depression (D), Psychopathic Deviate (PD), Paranoia (PA), Psychasthenia (PT), Schizophrenia (SC), and Social Introversion (SI). The F scale mean was also significantly higher ($p < .05$) for the clinical group than for the other two groups. However, even though the clinical group was significantly higher than the other two groups on these scales, it is important to point out that only on two scales—PD and SC—were the mean scores clinically significant (more than 70) for the clinical group. Fifteen of the 30 clinical group members had this configuration. Its interpretation will be discussed.

Respondents also were asked to rate their overall adjustment on a seven-point scale ranging from *poor* (1) to *excellent* (7). Individual comparisons revealed that the clinical group perceived themselves to be significantly less well-adjusted than either the nonclinical group or the control group. The nonclinical and control groups did not differ significantly.

TABLE 16-5. Mean Scores on MMPI Scales

Source	L	F	K	Hs	D	Hy	Pd	Mf	Pa	Pt	Sc	Ma	Si
Clinical	46.33	65.63	51.67	58.90	64.83	62.23	72.07	42.73	64.00	63.57	71.43	58.57	58.20
Nonclinical	48.27	56.67	53.17	49.30	53.70	57.10	61.90	43.47	57.57	54.93	60.13	60.90	50.70
Control	46.83	53.93	55.77	53.00	53.80	58.77	56.73	45.53	55.80	55.73	56.77	55.77	51.20

Note. MMPI=Minnesota Multiphasic Personality Inventory; L=Lie; F=Validity; K=Test-Taking Attitude; Hs=Hypochondriasis; D=Depression; Hy=Hysteria; Pd=Psychopathic Deviate; Mf=Masculinity and Femininity; Pa=Paranoia; Pt=Psychasthenia; Sc=Schizophrenia; Ma=Hypomania; Si=Social Introversion.

DISCUSSION

Two major findings emerged from this study. First, as expected, women seeking therapy for problems associated with childhood molestation were significantly less well-adjusted than either women who had been molested but were not seeking therapy or women who had not been molested. Second, reports of the molestation incident(s) by the clinical group differed significantly from those of the nonclinical group in such a way as to provide a theoretically meaningful explanation of the observed adult adjustment differences.

ADJUSTMENT DIFFERENCES

The differences in adult adjustment were observed in two ways: through a standardized instrument long in use as a measure of adult adjustment (the MMPI) and through self-reports of current psychosexual functioning. With regard to the MMPI, the results indicated that not all sexually molested children will necessarily experience adult maladjustment. In fact, the profiles of the molested women in the nonclinical group were normal according to well-accepted standards of interpretation (Dahlstrom, Welsh, and Dahlstrom, 1972) and did not differ significantly from the profiles of the matched control group.

In contrast, women in the clinical group had elevated scores on the Psychopathic Deviate and Schizophrenia scales of the MMPI, producing a modal 4-8 profile. Frequently observed concomitants of the 4-8 profile include (1) a history of poor familial relationships; (2) problems stemming from early establishment of an attitude of distrust toward the world; (3) poor social intelligence and difficulty in becoming emotionally involved with others; (4) sexuality seen as a hostile act through which anger is released; (5) low self-concept; and (6) a characteristic pattern of choosing men inferior to themselves in their relationships (Caldwell and O'Hare, in press; Carson, 1969; and Dahlstrom, et al., 1972). Such features of the 4-8 profile in general are consistent with observations made about women in the therapy who were sexually molested in childhood (Tsai and Wagner, 1978).

The findings obtained from the self-report measure of current sexual activities and satisfaction corroborate those obtained from the MMPI. That is, women in the nonclinical group showed no ill effects of the molestation, at least when a matched control group of nonmolested, non-therapy-seeking women was used as a standard of comparison. The clinical group, however, differed significantly from both groups in terms of frequency of orgasms during intercourse, number of sex partners, sexual responsiveness, satisfaction with sexual relationships, and perceived quality of close relationships with males. It is worth noting

* that, at least in terms of current sexual satisfaction, the impacts of the molestation on women in the clinical group appear to be similar to the impacts of rape on the victim several months after the assault (Feldman-Summers et al., 1979).

DIFFERENCES IN REPORT OF THE MOLESTATION INCIDENT(S)

Once differences in adult adjustment of women molested in childhood have been identified, the task remains to explain why such differences emerged. Three major findings regarding the nature of the molestation appear to provide at least a tentative explanation. Specifically, the women in the clinical group reported (1) a later age at cessation of molestation, (2) stronger negative feelings associated with the molestation, and (3) a higher frequency and longer duration of molestation than the women in the nonclinical group. Each of these findings will be discussed in turn.

AGE OF MOLESTATION. It was found that a significantly greater proportion of clinical as opposed to nonclinical women had been molested at age 12 or later. The manner in which this age factor operates psychologically can be interpreted in several ways. First, older children probably feel a greater responsibility than do younger children for their involvement in the molestation, if only because a child's sense of responsibility tends to increase as he or she moves into adolescence (Erikson, 1963). Thus, a 16-year-old female who is sexually molested by an adult male may have a greater sense of responsibility for the act—or for failing to prevent it—than would, for example, an eight-year-old female in the same situation. If so, we might expect that the older child would develop somewhat more pronounced feelings of guilt because of a feeling of failure to exercise the responsibility she believed was hers.

* Second, it is reasonable to assume that as children increase in age they generally become more aware of social norms and the "wrongfulness" of engaging in certain types of activities, including sexual activities involving one's father or another relative. To the extent that awareness of the "wrongfulness" of the act is necessary for a subsequent sense of guilt, it would follow that the older the child is when she is molested, the more likely she is to experience guilt or other feelings (such as fear) that may be elicited by engaging in prohibited acts.

* Finally, it is possible that the importance of age of last molestation may be attributed to the turmoil and struggle with sexuality typically associated with puberty (Gagnon, 1977). Because age 12 coincides approximately with the onset of menstruation for most females, it is likely that the clinical group was primarily characterized by women

who had reached puberty prior to the termination of the molestation. If so, negative feelings evoked by the molestation may have been intensified because of the heightened salience of sexual matters at that time.

NEGATIVE FEELINGS ASSOCIATED WITH MOLESTATION. As we have observed, the clinical group reported stronger negative emotional responses at the time of the molestation than did the nonclinical group,* that is, they reported more pressure to participate, more guilt, greater pain, greater dislike for the molester, and stronger feelings of being "upset" at the time of the molestation than did members of the nonclinical group. As noted earlier, such intensified negative reactions experienced by the clinical group can be accounted for in terms of age of last molestation and the concomitants of adolescence, such as greater sense of responsibility for one's actions, increased awareness of social norms, and/or the emotional turbulence of puberty.

Equally important, the differences in strength of emotional reactions reported by the two groups may be useful in developing a theoretical framework that relies on associational processes and stimulus generalization (e.g., Bandura, 1969; see also Feldman-Summers, et al., 1979). That is, to the extent that the molestation experience(s) elicited adverse emotional responses from the child (such as guilt), it would not be surprising if various aspects of the molestation experience acquired negative associations for the child. Such aspects would probably include the sexual act(s) involved as well as certain salient characteristics of the molester (e.g., the molester's gender). Stated somewhat differently, the pairing of the negative emotional responses with the stimulus array constituting the molestation experience(s) may produce a conditioned emotional response that is subjectively quite negative for the child. Then, through a process of stimulus generalization, these conditioned negative responses may later be elicited by sexual activities carried out even in a nonmolestation situation and/or by other men with whom the women are intimately involved in their adult lives. Negative emotional reactions in these later situations, in turn, are likely to constitute, or create, psychosexual problems. In short, the negative feelings experienced at the time of molestation (such as guilt,* pain, and perceived pressure to comply with the molester) may be a significant cause of psychosexual problems experienced later. If this conclusion is valid, the finding that women in the clinical group reported greater psychosexual difficulties than did the women in the nonclinical group is readily understandable. That is, as shown here, the negative associations acquired by the clinical group were stronger and more pervasive than those acquired by the nonclinical group.

Similar associational processes can be seen as producing the MMPI profiles observed. That is, feelings of guilt, pain, and pressure to comply, which are evoked by a member of one's family (and perhaps with the acquiescence or even participation of other family members),* can readily be seen as fostering distrust for others, poor familial relationships, confusion of sexuality with aggression, and tendency to choose men who can be dominated—all of which have been associated with the 4-8 profile observed for many members of the clinical group.

FREQUENCY AND DURATION OF MOLESTATION. Given that molestation experiences were associated with negative emotional responses, the relation between frequency and duration of molestation and adult adjustment that we observed is readily accounted for. It is a well-established fact that the frequency and duration with which a negative emotional response (such as pain or guilt) accompanies a given stimulus are directly related to the strength of the resulting associational bond. Of course, the stronger the emotional bond, the more resistant it is to extinction (Bandura, 1969). Thus, it seems reasonable to propose that women who were more frequently molested as children and had a longer duration of molestation (the clinical group) acquired stronger and more enduring associations between various features of the molestation (e.g., the sexual activities involved) and feelings of guilt and pain than did women who were less frequently molested and/or were molested over a shorter period of time (the nonclinical group).

It must be recognized, of course, that features of the molestation (including the feelings evoked) may not be the only, or even the most important, determinants of subsequent adult adjustment. For example, it is possible that events subsequent to the molestation alleviated the negative consequences of molestation for women in the nonclinical group. In this regard, it is worth noting that after the MMPI and the other questionnaire had been completed, women in the nonclinical group were asked to identify factors that they believed had contributed to their adjustment to the molestation experience. Two factors were suggested more frequently than others: (1) support from friends and family members in the form of assurance that the woman had not been at fault, had no reason to feel guilty, and was still a worthwhile person; and (2) sympathetic and understanding sexual partners who helped the woman discontinue generalizing to all men her feelings of

*A substantial number of women in the clinical group reported bitterness toward their mothers for perpetuating the pathological sexual relationships through active collusion, passive acceptance, or obliviousness and denial.

hatred and disgust for the man who had molested her. Although provocative, these interview data are not sufficient to support any firm conclusions about the role or of postmolestation experiences in the adjustment process.

LIMITATIONS OF THE STUDY

Certain limitations of this study should be acknowledged. Even though the three groups were closely matched on various demographic characteristics, it cannot be stated with certainty that the differences in adjustment between the clinical and nonclinical groups were caused by the factors we have indicated above. Such causal inferences are precluded because the design of the study takes the form of a static group comparison (see Campbell and Stanley, 1966), that is, the participants were not (nor could they have been) randomly assigned to conditions. It is possible, therefore, that the women in the clinical group are less well adjusted than those in the nonclinical group for reasons completely unrelated to the molestation. Thus, it is conceivable that observed differences in adjustment might have resulted in differential recall of the molestation incident. Moreover, molested women who respond to media advertisements might not be representative of molested women in general. Finally, there is always the possibility that self-report and retrospective data may be influenced by conscious distortion and/or memory deficit. It is important to keep in mind, however, that a woman's perception and recall of what happened during the molestation experience, even if distorted and flawed, may be an important determinant of her current psychological adjustment.

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THE EFFECTS OF EARLY SEXUAL EXPERIENCES: A REVIEW AND SYNTHESIS OF RESEARCH

LARRY L. CONSTANTINE

SCOPE OF THE STUDY

This study began in 1972 as an unstructured review of the literature on the effects of incest and other types of sexual encounters between adults and children. However, as questions about childhood sexuality and particularly the effects of early experiences became subjects of considerable debate and no small controversy, it was deemed appropriate to expand the project, to include sexual encounters between children, and complete it. This review is still by no means comprehensive; it is in fact, selective in that it deals with a body of research and clinical literature concerned with the *outcome* of childhood sexual experiences, that is, with both the immediate and the ultimate impact of the experience. The primary criterion for inclusion was that a study either report differential outcome or contain material relevant to an attempt to account for differential outcome (single case reports are excluded). The chapter therefore ignores the sizable literature on offenders (the adult participants) as well as investigations on what might be termed the epidemiology of incest and sexual abuse. Many oft-cited sources were

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consulted but, because of their focus on treatment considerations or on adult offenders to the exclusion of impact on the children, were not included in the tabulations for this study (e.g., Cormier et al., 1962). Reviews (Gagnon and Simon, 1970; Henderson, 1972) and opinion and speculative writings on the subject were examined but not tabulated.

In all, 30 studies of the impact of childhood incest and sexual encounters with adults were analyzed (Table 17-1). These studies cover a span of more than 40 years (although half are from the last 15 years) and include over 2500 subjects reporting early sexual experiences. With the exception of the Bender and Grugett (1952) follow-up of subjects originally reported by Bender and Blau (1937), there is no known overlap, although part of the Chaneles (1967) and Tormes (1968) studies may have drawn on the same population. Twelve sources (studies of *clinical* populations) are clinical case analyses or studies of subjects in psychotherapy; nine (studies of *legal* populations) deal with criminal cases brought to the attention of legal authorities; the remaining nine employed primarily nonclinical, noncriminal samples obtained in various ways (*general* population studies).

The outcome studies reviewed may be considered to be of three types: (1) research on children shortly after the experience occurred, (2) research specifically on adult adjustment of subjects known to have had such experiences as children, and (3) research involving adults who are incidentally discovered to have had such experiences. Only five studies are of the last type (Benward and Densen-Gerber, 1975; Finkelhor, Chapter 11 in this volume, 1978; Gagnon, 1965; James and Meyerding, 1977; Landis, 1956). Ten are of the first type, 13 of the second. One (Lukianowicz, 1972) has elements of all three.

The studies investigated populations ranging from two (Yorukoglu and Kempf, 1966) to 500 (Landis, 1956) and research methodologies ranging from questionnaires and sexual autobiographies to case records analyses and in-depth interviews. The sophistication of design and care in reporting range from passable to excellent. Included in the compilation are four studies of *general* populations—Bernard (1979, and Chapter 15 in this volume), Finkelhor (Chapter 11), Nelson (Chapter 13), and Symonds et al. (Chapter 12)—published in this volume. Two of these (Symonds et al. and Nelson) employed a novel technique to obtain subjects: ads were placed in periodicals asking to hear from people with incest experiences.

The most sophisticated studies are also among the most recent. Meiselman (1978) not only integrates a thorough and critical review of the literature on incest with her own findings on 58 incest participants in psychotherapy, but also uses for comparison a control group of 100 subjects selected at random from among other patients of the same clinic. Tsai et al. (1979 and Chapter 16 in this volume) utilize two con-

trol groups, comparing sexual victims who sought therapy or counseling to both those who never sought such help and a control group of nonvictims. Their informants were solicited as in the Symonds and Nelson studies. Finkelhor bases his sophisticated data analysis on a survey of nearly 800 students at six New England colleges and universities.

The sexual experiences of interest in this chapter are both incestuous and nonincestuous encounters between children and their age peers and between children and adults or substantially older partners. Of the four categories of interest, only three are represented in the literature reviewed: incest with peers, incest with nonpeers, and other sexual encounters with nonpeers. The fourth category, nonincestuous experiences with other children, is not well represented in the outcome literature, although it has often been the focus of anthropological and ethnographic study. (See both Currier, 1979 and Chapter 2 in this volume, and Berger, Chapter 18 in this volume.)

For purposes of this chapter, studies of incestuous and nonincestuous encounters have been aggregated for two reasons. The first was a matter of practicality, in that twice as many outcome studies of incest have been made and, of the third of the studies under review that dealt primarily with nonincestuous experiences, over half also included some cases of incest. It was also a matter of theoretical importance, since there is an open empirical question whether incest is more or less damaging than sexual encounters with non-family members; this issue can only be addressed by including studies of both phenomena.

For similar reasons, no sharp upper limit on age of subjects was set. It is a matter of some debate, especially in the psychoanalytical literature, whether incest is more injurious prior to or after puberty. Certainly age warrants investigation as a possible factor in differential outcome. Thus, some studies tabulated deal with subjects whose experiences may have occurred in late adolescence, although prepubertal experiences account for the greatest proportion and the two largest studies deliberately limited their sample to these.

OUTCOMES

This chapter will make reference to *negative*, *neutral*, and *positive* outcomes. A *negative outcome* is a finding or conclusion that childhood incest or other sexual encounters were disturbing or traumatic or impaired the children who participated (at the time or later, as adults) in social, emotional, or intellectual functioning. All the studies reviewed but one report *some* negative outcomes. In some instances negative outcomes are inferred from the nature of the study: the two studies

TABLE 17-1. Outcome Research on Childhood Sexual Encounters

Study (See References)	Type of Experience	N ^a	Sample Source	Outcomes Reported ^b	Term of Effects Studied
1. Bender & Blau (1937)	Various prolonged	16	Psychiatric hospital	0 to -	Short
2. Bender & Grugett (1952)	Various prolonged	14	Follow-up of above	0 to --	Long
3. Benward & Densen-Gerber (1975)	Parental, sibling incest	52	Drug treatment center	- to --	Medium to long
4. Bernard (1979)	"With pedophile"	30	Convenience sample	+ to -	Long
5. Browning & Boatman (1977)	Parental, other incest	14	Child guidance clinic	-- to 0	Short
6. Brunold (1964)	Assault	62	Court records	0, + to --	long
7. Chaneles (1967)	Assault, paternal incest	159	Agency case records	-	Long
8. Finch (1973)	Various	10	Private practice	- to (0)	Short
9. Finkelhor (1981)	Sibling incest	144+	College students	0, - to +	Medium to long
10. Gagnon (1965)	Prepubertal, with adults	333+	"Kinsey" study	0 to -	Long
11. Greenland (1958)	Parental, sibling incest	7	Advice column	- to 0	Medium to long
12. Ingram (1979)	Homosexual, with adults	74	Counseling clients	0 to +	Short to medium
13. James & Meyerding (1977)	Early sex with older partner	109	228 prostitutes	- to --	Long
14. Justice & Justice (1979)	Parental, sibling incest	112	Clinical	- to --	Long
15. Landis (1956)	Sex with adults	500+	University students	0 to -	Medium to long
16. Lukianowicz (1972)	Parental, other incest	55	General hospital patients	0 to -	Short to long
17. Meier (1948)	Various	100	Court cases	- to --	Short
18. Meiselman (1978)	Parental, other incest	58+	Psychiatric clinic	-- to (0)	Short to long
19. Molnar & Cameron (1975)	Parental incest	18	Hospital psychiatric dept.	- to --	Short to long
20. Nelson (1981)	Parental, other incest	100	Advertisements	0, + to -	Medium to long
21. Peters (1976)	Assault, including incest	64	Emergency room	- to --	Short
22. Rasmussen (1934)	Assault, including incest	54	Court records	0 to -	Long
23. Sloane & Karpinski (1942)	Parental, sibling incest	5	Family welfare agency	- to (0)	Medium
24. Symonds et al. (1981)	Sibling, other incest	109	Advertisements	0, + to -	Medium to long
25. Tormes (1968)	Parental incest, assault	40	Child protection agency	- to --	Short
26. Tsai et al. (1979)	Incest and other	60+	Clinical/nonclinical	- to 0	Long
27. Weinberg (1955)	Parental, sibling incest	203	Criminal cases	- to --	Short to long
28. Weiner (1962)	Parental incest	5	Psychotherapy cases	- to 0	Short to long
29. Weiss et al. (1965)	Assault, parental incest	73	District atty. referrals	- to --	Short
30. Yorukoglu & Kempf (1966)	Parental incest	2	Court referrals	- to 0	Short
		Total	2552		

^a + indicates study also included a control population.

^b Indicates reported outcomes, from very negative (-- through neutral (0) to positive (+). First symbol indicates most frequent outcome reported.

finding high incidence of incest in the backgrounds of drug treatment patients (Benward and Densen-Gerber, 1975) and of prostitutes (James and Meyerding, 1977) are assumed to represent only negative findings since the authors are arguing, justifiably or not, for a causal link between the childhood experiences and their subjects' later social circumstances.

A *neutral outcome* is a report that some (or all) subjects were not harmed or damaged by their experience or did not differ significantly from control populations or the population at large. Some studies may report neutral outcomes even though subjects exhibit some impairment if it can be shown or argued that the childhood sexual experience was neither causal nor contributory; others report neutral outcomes only in the absence of all symptoms of damage.

A study is considered to report some *positive outcomes* if benefits are claimed to have arisen from the experience, for some subjects, or if the experience was evaluated positively by the subjects.

The evaluation and interpretation of long-term effects pose numerous methodological problems. Certainly physical beatings must be considered harmful, yet some abused children do not seem to suffer ill effects as adults. The absence of adult symptoms traced to early sexual experience cannot be taken simply as evidence for the harmlessness of those experiences. Conversely, psychosocial impairment in adults who were sexually victimized as children cannot be said to demonstrate the dangers of those encounters, for the impairment observed may originate in other experiences or chronic stressors or even be, in some measure, reflections of constitutional factors. Only well-chosen control groups can resolve these causal ambiguities. Unfortunately, controlled studies are rare in this field.

It can be argued that the great variation in criteria and in methodological soundness among the studies reviewed precludes comparison and generalization. However, as it is differential outcome that is the focus, comparisons within each study can still be made. Moreover, differentiating factors that hold across studies of widely varying methodology and sophistication are thereby lent greater credence.

HARM

Are incest and sexual encounters with older persons harmful to children? How severe are the effects, and are they of brief or lasting duration? The answers to these questions vary widely from study to study.

Landis (1956), drawing on 500 college students who, prior to puberty, had sexual experiences with adults, reported that only 3 percent were permanently damaged and no harm, permanent or temporary,

resulted for 81 percent of males and 66 percent of females. Gagnon (1965) found a similar statistical breakdown in 333 women from the Kinsey studies who had reported prepubertal sexual experiences with adults; only 5 percent (18) were severely impaired for any reason, and only three of those 18 attributed their problems to their early sexual experiences. Three-quarters of the total sample had no apparent adult maladjustments. Because the Gagnon sample includes a disproportionate number of college-educated subjects, like the Landis sample it is biased in the direction of including the more socially and psychologically adaptive cases.

Clinical and court cases are, of course, biased in the other direction. Thus, among a group of 58 psychotherapy clients studied by Meiselman (1978), 37 percent of those under 12 years of age at the time of incest experience and 17 percent of those who were 12 or over were judged to be seriously disturbed. However, overall they did not differ markedly from other psychotherapy clients at the same clinic, being slightly more disturbed and presenting more problems, principally of a sexual nature.

In contrast, Brunold (1964), following up on the adult lives of 62 victims of sexual assault, found only one who claimed her "whole life" was "ruined," but all others denied lasting damage. No lasting effects were discernible in 90 percent of the cases. And Lukianowicz (1972), reporting on 55 cases of incest among 1350 unselected admissions to hospitals and a home for girls, states that six of 26 daughters sexually involved with their fathers had no apparent ill effects. Except for one patient with a reactive depression triggered by humiliation and brutality at the hands of her brother, no other participants in other forms of incest showed "any morbid consequences or ill effects of their incestuous behavior." Rasmussen (1934) reported that 46 of 54 child victims were, as adults, none the worse in terms of mental health and social adjustment.

At one extreme are studies such as those of Benward and Densen-Gerber (1975), Molnar and Cameron (1975), and Peters (1976), which report *only* negative findings; at the other extreme stands Ingram (1979, and Chapter 14 in this volume), who reports there was no evidence that any of the boys in his sample was worse off for his sexual activity with an adult, and that many may have benefited from relationships with loving adults outside of their affectionally deprived homes.

The variability in researchers' findings and conclusions does not prevent generalization, however. At least one elementary conclusion, that some children are not detrimentally affected by early sexual experiences with adults or with family members, can be asserted with con-

fidence. Of the 30 studies reviewed, 20 report at least some subjects without ill effects; 13 of those conclude that, for the majority of subjects, there is essentially *no* harm; and six even identify some subjects for whom, by self-evaluation or other criteria, the childhood sexual encounter was a positive or possibly beneficial experience.

It is worth noting that the basic finding of absence of negative effects in some subjects is not limited to surveys or nonclinical studies but also shows up whether the sample is from legal or clinical sources or a general population, whether the measures employed involve self-assessment, social and behavioral variables, or in-depth interviews in psychotherapy; and whether short-term or long-term effects are scrutinized. In some cases there is room for interpretation not always intended by the author. For example, Browning and Boatman (1977), while claiming no neutral outcomes, do indicate complete abatement of all symptoms in the six-month followup of one girl who had been involved in father-daughter incest and for whom no therapy, was undertaken.

It is a challenge, however, to account for the variance in extent and severity of reported harm from childhood sexual experiences. Not surprisingly, the nature of a study had a great deal to do with the nature of the reported outcome. Clinical case studies and others dealing with people seeking or referred for therapy would be expected to report more negative outcomes than those surveying a general nonclinical population, and when the sample is taken from court referrals and cases of sexual assault, the outcomes also can be expected to be more negative. Such is the case in the studies reviewed for this chapter: of eight studies of childhood sexual experiences among the general population or with nonselected, nonclinical samples, half reported some subjects with positive experiences and half reported at least some who were unaffected. None of these studies found only negative results. By contrast, six of nine studies based on legal sources reported only negative results and although eight of thirteen clinical studies reported some subjects unharmed, only one reported some positive results (Table 17-2).

Whether short-term or long-term outcomes were investigated also influenced the findings. Five of eight studies based wholly on short-term effects reported only negative outcomes, while 15 of 18 studies based in whole or in part on long-term effects report some neutral or positive outcomes (Table 17-3). One might surmise that the short-term studies were looking more at children's surface reactions—often characterized by anxiety and guilt—than at the deeper impact of the experience. Alternatively, it might be argued that over the long term any trauma will have faded, and the lasting effects of even highly negative

TABLE 17-2. Number of Studies Reporting Various Outcomes by Type of Sample

Sample Population	Most Favorable Outcome Reported		
	Positive	Neutral	Negative
General	4	4	0
Legal	1	2	6
Clinical	1	8	4

TABLE 17-3. Number of Studies Reporting Various Outcomes by Duration of Effects Studied

Duration of Effects	Most Favorable Outcome Reported			Totals
	Positive	Neutral	Negative	
Short term only	0	4	5	9
Some long term	6	10	5	21
Totals	6	14	10	30

experiences may be minimal. Closer scrutiny of the studies reveals evidence to support both these explanations; however, the latter argument is insufficient in that some studies report neutral or positive effects over the short as well as the long term.

Small matters, too, may introduce major sampling biases that could profoundly influence findings in a study. Thus, when *Ms.* magazine runs a feature on the horrors of incest and asks readers to tell their stories, they are flooded with letters, all recounting anxiety, guilt, and permanent harm. But when Nelson (Chapter 13 in this volume) advertised for persons who had incest experiences, "good or bad," only 39 percent of experiences reported to her were described as negative, and fewer than 30 percent of the respondents felt they were harmed.

REACTIONS

Children's immediate reactions to incest and other sexual encounters are an interesting aspect of outcome often neglected in the clinical literature. Most of the studies directly inquiring into reactions have been nonclinical. Landis (1956) found that 39 percent of males and 17 percent of females had reacted with interest or surprise but were not frightened, while the remainder responded that they had been frightened, shocked, or emotionally upset. Gagnon (1965) reports that the "overwhelming majority" of his subjects reacted negatively, most often with fright, but some did respond with mixed curiosity or with indifference. In the Nelson study the four most frequently checked ad-

jectives were all positive; *fear* was only the fifth most frequently checked. The siblings involved in incest in the study by Symonds et al. generally reported positive feelings; although some felt guilt at first, most felt closer to the sibling and more trusting as a result. Tsai et al. report that their clinical group reported more upset, more pain, and more negative feelings than did the nonclinical group, indicating that immediate reactions to the situation are correlated with outcome, a conclusion supported also by comparisons among studies.

But the most frequently cited reactions in analysis of the entire group of 30 studies are anxiety (or fear) and guilt. Ten studies found anxiety or fear to be a common reaction, and nearly half cited guilt as the characteristic reaction, one (Sloane and Karpinski, 1942) considering it to be the most outstanding and universal feature of incest outcome.

GUILT. Researchers are particularly articulate on the matter of guilt, and direct quotations are in order. Weiner (1962) concludes that guilt does "not relate to the incest itself but to the disruption of the home after discovery." Kaufman et al. (1954) concur that not the sex itself but rather the disruption of the home generates extreme guilt and anxiety.

Molnar and Cameron (1975) say of one case ("Allen") that, if the victim does not realize there is a taboo, the effects should be nil. This parallels a case (number 2) in Weiner (1962), in which no guilt was manifested in a daughter who, from an early age, grew up in a highly sexualized endogamous family milieu. The same point is made from the other way around by Finch (1973) who states: "At the time of seduction, most children have learned that sex is not an acceptable activity, so guilt usually follows any sexual involvement."

In a widely cited paper, Bender and Grugett (1952) say: "At first the children showed no guilt, but this tended to develop as they were separated from their sex object and means of gratification, and as they were exposed to the opinion of parents and court officials. It occurred especially with the more intelligent children and seemed in part a reflection of adult censure." And in the earlier study, Bender and Blau (1937) say of "Frances" that she "did not present any neurotic or emotional reaction to the situation, . . . [but] merely agreed that it must have been 'bad' because the judge had told her so." The same study tells of another child who perhaps should be commended for being ahead of his time. In light of today's changing sexual values, the case is ironic: "Although he had been told that the purpose of sex was procreation, he refused to believe it and thought that it was only for pleasure." Symonds et al. report that 29 of 109 subjects experienced guilt

attributed to the impact of societal values. The Tsai et al. study provides differential information on guilt: clinical cases evidenced more guilt about secrecy and concerning the sexual activities themselves than did nonclinical informants.

ANXIETY AND FEAR. Differential outcomes concerning anxiety and fear are less clear than for guilt; many writers lump all three together. Landis (1956) found that approximately half of those in his study with negative immediate reactions told parents about the experience, but only a third of those who were "surprised" but not frightened and only 12 percent of those who reacted "with interest" told parents. Thus professionals, especially police authorities, are unlikely to hear of neutral or positive reactions.

Benward and Densen-Gerber (1975) found the reaction to be dependent on the type of sexual encounter. Those between age peers were mostly matters of active participation or what they termed *passive consent*, and the reactions were characterized by ambivalence in response to stressful situations and fear of discovery. Across generations, however, nearly half were forced sexual relations, which triggered fright and confusion.

Anxiety is most often reported as absent in nonclinical, nonlegal cases or in clinical or legal cases under special circumstances. Lukanowicz (1972), for example, attributes the absence of anxiety and guilt to an accepting family and social subculture that viewed incest matter-of-factly or as normal.

Many reviews and overviews on incest and child "molestation" state that the reactions of parents and other adults can be more frightening to children than the sexual experiences themselves. Eight studies found this to be a factor, but in the Landis study (1956) only 5 percent said they had been more upset by their parents' reactions, and Brunold mentions "some" for whom this was true.

SELF-EVALUATION. Some recent studies report subjects' overall evaluations of their experiences. Of those responding to the ads of Symonds et al., 80 percent felt positively about their experiences toward their incest partner, but a greater portion of sibling partners than offspring involved in parental incest had positive experiences and, as a group, those whose experiences included humiliation and so-called discipline had the most negative reactions.

The respondents in the Symonds study were predominantly male, which makes it difficult to compare responses by sex. This was not a problem in the nearly balanced study by Nelson in which just over half of all experiences were evaluated as positive, but only a quarter of the

experiences of females were said to have been positive. In adult-child relationships, nearly all evaluations by the older partners were positive, while younger partners evaluated a quarter of theirs positively. On the other hand, exactly half of the experiences of the younger partners in peer relationships were reported as being positive. As in other studies, younger partners were more often female than male. But among males only, 87 percent of the experiences of those who were the older partners were reported as positive, while only 62 percent were so described when the respondent was the younger.

Nelson also found a general relationship between age and evaluation of experiences. Only 18 percent of experiences occurring prior to age 10 were considered positive, rising to 40 percent at ages 10 through 12, to 60 percent in early teens, and reaching 85 percent for teens 16 or older. The last is the only group among whom the proportion of experiences reported as positive by females exceeds that of males; no experience in late adolescence was evaluated as negative by a female respondent.

Finkelhor, reporting in Chapter 11 on sibling incest among college students in a New England survey, found that 35 percent of females reported negative experiences, whereas only 22 percent of males did. Over half of the cases where the partner was much older were evaluated as negative, and 64 percent were evaluated as negative where force or coercion was employed.

The regression analysis of these data conducted by Finkelhor is particularly illuminating. Only three variables had significant correlations with evaluation. Age difference between partners was the most salient. The greater the number of years younger the respondent was, the more likely he or she was to perceive the incest as negative. The use of force or threats was also significantly related. (The third variable, nature of the incident, is discussed later in this chapter.)

Of considerable interest are factors in Finkelhor's study found *not* to have influenced evaluation. Age at the time of the experience, duration of the experience, sex of the respondent, whether the relationship was homosexual or heterosexual, and whether or not intercourse occurred seemed not to influence subjects' evaluations at all. Finkelhor concluded that girls' experiences were more negative because more of them encountered coercion and had much older partners.

Meiselman (1978) also supports these findings. A greater number of incestuous sisters than daughters reported sexual pleasure, and among sisters there was a close relationship between pleasure and voluntary participation with a brother close in age. When the age difference exceeded several years, the relationship was more likely to be exploitive, primarily serving the brother's needs, and was negatively evaluated by

the sister. Both Finkelhor and Meiselman cite the use of persuasion, bribes, and other power manipulations on the part of the older sibling, their use more frequently being associated with larger age differences.

SEXUALIZATION

* Many studies report that children, even prepubertal children, become sexually awakened by childhood sexual encounters and may become quite sexual in their behavior. Ten of the studies reviewed mention this as common or typical. In an appropriate setting accepting of children's sexuality, such as in some of the communal families studied by Johnston and Deisher (1973) or in the group-marriagelike incestuous families described by Symonds, this could be an acceptable, even positive response. But, in more conventional settings, the conflict with social norms can be considerable. Bender and Blau (1937) reported on the valiant efforts of "Frank," an otherwise normal child introduced to sex at an early age, who strove to repress his sexuality and develop new interests. They wrote of three children whose main difficulty was "intellectual bewilderment . . . precipitated by an inability to resolve the conflict between . . . stimulation of genital sexuality . . . and the social tendencies for sublimation in school and play." It is not an intrapsychic conflict about which they write but a struggle with adult social expectations.

The social consequences of early sexualization are potentially substantial. Chaneles (1967) says that "the incidence of such behavior suggests that those who have been victimized [sic] may become, as a result, much less puritanical in regard to general heterosexual norms." Brunold (1964) questions "whether the heightened sexual sensibility can be interpreted as injurious, provided that this does not lead to promiscuous sexual behavior." Sloane and Karpinski (1974) also argue for the possible positive aspects of even so-called promiscuous sexual behavior, crediting acting out as a substitute for neurotic symptom formation in the majority of their cases. But promiscuity is a matter of varied definition and tends to be applied to females more than males even for comparable behavior. Older studies (e.g., Weiss, et al., 1955) find it more often than do later works. Meiselman (1978) identified periods of promiscuous behavior in 22 percent of incestuous daughters but in 71 percent of sisters involved in incest. Her criteria for identifying promiscuity were "sex on a very casual basis" or changing sexual partners "very frequently," that is, "every few weeks or months." Weinberg (1955) also reports more promiscuity among incestuous sisters than among daughters. Gligor (cited in Meiselman, 1978) found only two of 57 incestuous daughters to be promiscuous, meaning involved in sexual activity with more than one partner in one period or

indiscriminately acting out sexual impulses. It can be argued that even these criteria suggest not something pathological or even deviant but sexual behavior well within contemporary norms.

In comparison with a control group from the same sample who did *not* have prepubertal sexual encounters, Landis (1956) found that females with experience of whatever type were more likely to be nonvirgins and more likely to have experienced orgasm before marriage. Males with prepubertal experiences also were more likely to be nonvirgins and had started dating at a younger age than controls. The form of participation was significant for females: only 12 percent of controls and 20 percent of those with "accidental" encounters, but 31 percent of possibly cooperative "participants," said they had ever experienced orgasm. Although Gagnon (1965) reported no differences in orgasm rates, 73 percent of "collaborative" but only 57 percent of "accidental" victims had married. In all categories there was more than a usual amount of prepubertal sex play.

Once again, the analyses by Finkelhor are particularly useful. Regardless of the nature of the experience, women in his study who had been involved in sibling incest were more sexually active than both those reporting no childhood sexual experience and those reporting only other (nonincestuous) types of experience. The quality of the experience (whether it was with a peer close in age and/or was evaluated positively) make some difference only when the experience occurred before age 9.

Women whose sexual relations with a sibling had been positive or who had had relations with a peer had significantly *elevated* sexual self-esteem scores; if the experiences were negative and not with an age peer, self-esteem was *lower* than that of those with no early sexual experience. Positive peer experiences had more impact on self-esteem if they occurred after age 9, and negative and nonpeer experiences had more impact if they occurred earlier. Older girls with negative experience became more sexually active but did not have higher self-esteem.

Finkelhor seems to make a valid conclusion that a positive, nonexploitive sexual experience in adolescence with a peer well known to a girl could provide an early model for success in fusing sex and friendship, an important developmental task in adolescence. He is justifiably cautious in generalizing from these findings: much (about one-fourth) of sibling incest appears to be exploitive.

In general, the studies reviewed suggest that the subsequent sexualized behavior of children who participate in incest or sexual encounters with adults is not intrinsically a problem for the child but rather for parents and other adults. Sexual pursuits need not, as the anthro-

pological literature attests, in any way interfere with other usual pursuits of childhood.

Before leaving this question, the matter of homosexual versus heterosexual experiences needs to be addressed. In general, the literature is equivocal on this point. While a few studies (e.g., Finkelhor) do find adult homosexual activities to be more common in those who have had childhood homosexual incest experiences or experiences with adults, these can be interpreted as representing early manifestation of sexual orientation as readily as they can be read as examples of the deviating effect of early experiences. The vast majority of children with early homosexual experiences of any kind do not become homosexual adults. Gagnon (1965) did find a possible pattern of childhood homosexual play as a reaction to *heterosexual* experiences with adults, but this orientation did not persist.

INITIATION AND PARTICIPATION

Do children ever actively initiate, or willingly participate in, incest or adult-child sexual relations? The stories of child and adult participants often conflict, especially in criminal cases where the stakes may be high (Cormier, et al., 1962; Gebhard et al, 1965). Reports by adults describing sexually seductive children must be read with caution and in context. Still, the research literature and clinical reports are in sufficient accord that there remains little doubt that some children do initiate sexual encounters and that many participate willingly even when they are the younger partners. Unequivocal findings on collaboration and/or mutual instigation are reported by nine studies reviewed and suggested in others. In some cases the relationship became known because a minor was soliciting sex with adults; in others the child's own statement of initiation or cooperation is available. In the Gagnon (1965) study, for example, 26 of 31 nonaccidental cases were provoked by the child, according to the child's own statement, or were matters of mutual desire. Meiselman (1978), however, found outright seduction and active cooperation to be rare in girls involved in incest with fathers. Girls who had sex with siblings more often said their relationships began with mutual interest and participation.

Various writers, among them those presenting the least alarming pictures of childhood sexual experiences, point to the possibility for different intent and attributions on the part of older and younger participants. Ingram found the majority of boys in his sample to have been seeking affection and attention, but not necessarily sexual affection and attention. Even patently sexual interests may be different for the child participant, as shown by the fact that most of these boys pre-

ferred being masturbated over masturbating their adult partners.

Collaborators or active participants are the more likely (1) to experience pleasure; (2) as young adults, to be sexually active and (for females) to have experienced orgasm; (3) as children, to have engaged in sex play; and (4) to evaluate their experiences positively. Gagnon (1965) reports that although all coerced encounters in his study were evaluated as negative and only 1 percent of accidental experiences were positive (84 percent were negative), 50 percent of collaborative experiences were reported as positive.

It should be noted that the previously cited heightened sexuality in children who were involved in childhood sexual encounters may have predated the experiences rather than having followed and, presumably, resulted from them. Meiselman (1978) argues that this is generally not the case, but Gagnon, intriguingly, found that above-average frequency of *heterosexual* sex play as generally reported *prior* to any sexual encounter with adults, but that *homosexual* play (reported in half of accidental victims but in two-thirds of multiple-incident "accidental" victims and collaborators) was only above average *after* the encounters with adults. This finding supports the notion of sexually interested and active children as collaborators in experiences with adults, but also would seem to suggest a possible reaction against these experiences, which were heterosexual.

POWER

*The issue of children's choice or consent in incest and sexual encounters with adults and the related matter of power are obviously related to the issues of cooperation and initiation. Power is a subtle but important element of interpersonal relations, with many facets, including not only the power wielded by adults, but also the power of the child to resist and to participate.

FORCE AND COERCION. Most of the reported experiences, 90 percent of the incest cases examined by Justice and Justice (1979), for example, do not involve any actual physical force. Of the 64 emergency room cases studied by Peters (1976), 54 percent involved no actual force, although in 31 percent of cases verbal threats were used, and in 25 percent, "tempting" was employed. Tormes (1968) says of the consistently negative experiences reported in his study that all victims had submitted because of personal threats.

Although some case reports claim to the contrary that guilt is reduced in cases where a child was forced, the evidence is generally consistent that the presence of force and/or coercion is associated with the more negative outcomes and its absence with the more positive ones. In the study by Symonds et al. those who fared worst were those sub-

jected to brutality, humiliation, and so-called discipline. The majority of the incestuous sisters in the Meiselman study could be described as slightly negative about their experience, and one expressed revulsion more typical of daughters in that study; she had been threatened and humiliated by two older brothers. Finkelhor found force or threat of force to be one of only three factors significantly correlated with evaluation of the experience. In the study by Landis, only a third of all females evidenced temporary or permanent damage, but 80 percent of victims of attempted rape did.

Meiselman, in part, credits gentleness and the absence of threat and intimidation for some better outcomes in incest between nieces and uncles and granddaughters and grandfathers. Peters (1976) at first suggests that "perhaps child victims react with less perceptible emotional response because the incidents were less severe, less brutal, and far less life-threatening than those involving adults or adolescents." He later concludes however, "that the child is unable to express her reaction and may retreat into emotional withdrawal which is then misinterpreted." Other findings suggest the first interpretation to be more salient.

AGE. Age is related not only to ability but also to interpersonal attributions of power. It is interesting that in the Landis and in the Tsai et al. studies, attempted, but not actual, intercourse, which implies unsuccessful coercion, was associated with negative reactions. And the clinical group in the Tsai study had been subject to more pressure to comply and to keep the encounter secret than had the nonclinical group.

The findings concerning age at experience are inconclusive. Only five studies conclude that age does influence outcome: three concluded that older children are better off, two the opposite. Justice and Justice (1979) conclude that incest "appears to be least damaging psychologically to the younger child, provided she or he is not physically assaulted and traumatized." This would seem to support Peters' (1976) initial conclusion as well as other findings on the role of physical force in outcome. Further, Justice and Justice assert that "the younger child usually does not realize the significance of the sexual behavior and so does not suffer so much guilt," thus concurring with other findings on the origin of guilt. But Meiselman found just the opposite: more seriously disturbed patients among those whose incest experiences began before age 12 than after. And Nelson found more evaluations to be positive with increasing age at experience.

Finkelhor, controlling for age difference and force or threat, found that age was *not* a factor in evaluation of the experience, but early non-

* peer incest was associated with lowered self-esteem. Brunold (1964) and Gagnon (1965) also found age at experience not to be a factor in outcome. The work of Tsai et al., the best controlled study to date, found that age at *last* sexual experience with an adult differentiated incest participants who had been in therapy from those who had not: the clinical group's last experience came later, in adolescence, and had been of longer duration. Since the average ages at *first* experience did not differ between groups, duration appears to be more salient than age.

✓ Age difference, on the other hand, may be very salient, although only two studies provide direct data concerning it. In the Finkelhor study, age differences had the highest correlation of any factor related to outcome. Meiselman (1978) also refers to the relevance of age difference in reporting on sibling incest. Her most unequivocally positive evaluation is by one sister whose relations of several years with a younger brother were intensely pleasurable and were described by her as the best sexual experiences of her life.

In other studies, the comparison is made between peer relations and relations with adults or between siblings and other, primarily father-daughter, incest. Benward and Densen-Gerber (1975) report that cross-generational incest experiences were more short-lived than those among generational peers, were more often experienced as forced or coerced, and resulted in more negative reactions. Of cases of brother-sister incest, Lukianowicz (1972) concluded that there are few if any problems because "there is no scolding, no threats, no punishment, and so these children do not later develop feelings of guilt and [do] later find it easy to substitute for their siblings new sexual partners from outside the family." Others have mentioned that siblings do not generally need to fear even if detected, the breakup of the home, a major source of guilt and anxiety for children sexually involved with parents.

Of eight studies furnishing support for the salience of a peer relationship in more positive outcomes, only Weinberg (1955) argues the reverse, stating that "daughters as a category of participants, were the best adjusted sexually and socially" being "very attached to their husbands" and "devoted mothers." Since more of them were married and fewer were described as promiscuous than was the case among sister participants, this dissenting opinion is plausible.

The findings concerning the effects on adolescent participants of incest or sex with adults are ambiguous and contradictory. However, clinical case studies and the reports of Tsai et al. and of Finkelhor suggest that heightened awareness of social norms and needs to conform during adolescence are likely to be associated with greater guilt.

CHOICE AND CONSENT. In all, 14 of the sources reviewed report material indicating differential outcome as a function of the presence of force, coercion, or nonvoluntary participation. Meiselman (1978) provides some of the richest material on this issue. She found complaints of sexual problems to be characteristic of patients who had participated in incest, including 8 percent of incestuous daughters. Only two women in her study did not evidence sexual problems, one who had successfully resisted her father's first advance and another whose father desisted when she asked him to. These two were described as "competent and assertive as adults. . . . As children, they had insisted, without any help from their mothers, that the incest relationship be ended, and as adults they refused to tolerate abuse from boy-friends or husbands." Two others had some sexual problems that they had overcome prior to therapy: one had ended the incest on her own, the other with the help of a supportive mother. Among incestuous sisters were two with only mild sexual problems in the context of generally good adjustment: "Like the daughters who were minimally affected by incest, these sisters had been well-adjusted children from relatively healthy, nonabusive families. Even more significantly, their incestuous involvement had arisen from their own sexual curiosity and had not been imposed on them by the brother." Both were extremely competent. They were the only sisters not labeled as masochistic by their therapists and were experimental but not compulsive in the sexual relations. It appears from this analysis that a child's perception of control, the ability to choose or reject participation in incest or sex with adults or siblings, is an essential ingredient in a healthy outcome from the experience, and this matter is as often decided by the ability to *end* an undesired relationship as it is by active entry into a desired one. For example, the best outcome reported by Sloane and Karpinski (1942) involves the case of "Jean" who, at 19 successfully terminated a sexual relationship with her father. Gagnon (1965), and Ingram, Symonds et al., and Nelson in this volume also report findings supportive of this view.

It is a question of some import whether or not a particular child of a certain age in a given circumstance can realistically be capable of consenting to a specific sexual activity. Informed consent requires not only knowledge but the ability to resist successfully if the choice is to demur. Of particular interest are cases of "passive acceptance," in which the child is actually an unwilling cooperator. Most studies lump these cases either with noncollaborative or with collaborative relationships; the few that do not have concluded that this group are the worst off of all, in terms of outcome. Benward and Densen-Gerber (1975) found those who gave passive (that is, actually unwilling) consent carried the

* greatest psychological burden and were often confused and humiliated by their experience. They felt guilty and ashamed and yet had also felt helpless to disengage.

* Passive consent is more likely to occur in situations where a substantial age difference and differential role expectations make it difficult for the younger partner to decline. In the sibling relationships studied by Finkelhor, which he characterizes as including all the usual elements of manipulation, persuasion, and use of power typically attributed to sibling conflicts, it is worth noting that the correlation with outcome was *higher* for age difference than for use of force or threat. This would seem indirectly to support the view that passive consenters have more negative experiences than active cooperators or, possibly, even non-consenters.

FAMILY

Thus far, this chapter has paid scant attention to a major preoccupation of the literature on incest (and also, to a somewhat lesser extent, discussed in the literature on adult-child sexual encounters). Little purpose would be served by summarizing here the rich composite picture of family structure and family dynamics in these cases (Cavellin, 1966; Hersko, 1961; Kaufman et al., 1954; Lustig et al., 1966; Machotka et al., 1977). However, certain factors, environment and familiarity, emerge as affecting differential outcome significantly.

ENVIRONMENT. Sixteen of the studies reviewed, the largest proportion for any factor considered, include substantive findings supporting the significance of the family environment in influencing outcome. The strongly negative outcomes involve cases of highly disturbed, multi-problem families; studies that report only or primarily negative outcomes tend to confirm this finding. Justice and Justice (1979) conclude that "it is not the sexual activity itself that is the problem but the kind of disturbed and troubled relationship in the family," and "the most lasting consequences came from the disturbed . . . relationships in the family." Meiselman (1978) reports that "the most immediate effect of incest was found to be the further disruption of a family that was disturbed to begin with."

* At the other end are cases of incest or childhood sexual experiences in otherwise healthy families. The outcome in these cases is uniformly more positive. Bender and Blau (1937) refer to "Albert," a frank and amiable boy who evidenced no guilt or anxiety concerning his sexual relations with an older male. They describe his family as "poverty-stricken but otherwise adequate." Nelson, whose sample had the second highest proportion of positive evaluations, found evidence of fam-

ily breakdown in only 19 out of 100 situations. Ingram used strict objective criteria to judge whether a home environment was satisfactory or unsatisfactory; in all 14 of the families where one or both parents were judged to be satisfactory, it turned out that the boy had informed one or both about his sexual experiences with men. In the eight of these cases where the boy, subsequent to disclosure, was referred for counseling on that account, a single session sufficed. It should be emphasized that the vast majority of informants in all non-clinical, nonlegal studies had not told their parents of their experiences, and most had never told anyone; thus, this finding is further evidence of the accuracy of Ingram's assessment of these 14 families.

Six studies provide evidence that a particular aspect of the family environment is of special significance. When the mother is supportive and accepting, even otherwise negative experiences diminish in impact. For example, the only daughter in the Meiselman study (1978) who minimized the effects of her incest experience had a particularly supportive mother who allowed the daughter to express her feelings freely and thereby helped her to "work it through."

Three studies (Lukianowicz, Weiner, and Yorukoglu and Kempf) also identified the presence of a distinctly tolerant and openly sexual family subculture as a factor in more positive outcomes. In addition, eight studies (Bernard, Brunold, Chaneles, Ingram, Landis, Peters, Tormes, and Tsai et al.) document the harmful contribution of adults who react highly negatively.*

FAMILIARITY. It has now been well established that most "sexual assaults" on children, if not incestuous, at least involve persons known to the child. Although the theoretical literature is outspoken on the greater psychological damage that results from incest and sexual involvement of children with adults they know, the outcome literature offers scant support for or against the theories. Landis (1956) reports that it took longer for his respondents to recover when the adult was known to the child than when he was a stranger. Peters (1976) also claims that more severely negative consequences follow sexual *assault* by someone known to the victim. But 87 percent of the encounters with strangers in the Landis sample were cases of exhibition only, which Finkelhor found to be the second largest of the three factors he considers significantly related to the subject's evaluation of the experience. Finkelhor's comparisons of subjects reporting sibling incest versus nonincestuous experiences do not show either group to consistently fare better. The clinical and nonclinical groups of Tsai et al. did not significantly differ in percentage of experiences with relatives. Although Bender and Blau (1937) conclude that incest is more harmful

than other forms of childhood sexual experiences with adults, it is not clear how their cases support this conclusion. Two other supporting sources (Chaneles, 1967; Tormes, 1968), apparently drawing on the same sample, compare only father-daughter incest with other unspecified cases of "sexual molestation," so they do not contribute to this analysis.

On a potentially related matter, the significance of the duration of a relationship on outcome, only four sources found that longer relationships were more harmful than others, the clearest finding being that of Tsai et al., that, as noted earlier, age at *last* experience differentiated clinical and nonclinical groups. Finkelhor's analysis eliminated duration as a factor in itself. But recall that Benward and Densen-Gerber (1975) found a relationship between duration and peer relations as well as between consent and peer relations. Consensual relations (which tend to be more positive) in that sample were also likely to be shorter. Close scrutiny of case material suggests that childhood sexual relationships with adults last for one or two reasons: because they are mutual and experienced as positive or because the child is coerced by someone nearby. Thus, positive peer relationships and coerced non-peer relationships should be those most likely to be continued.

CONCLUSIONS AND SYNTHESIS

To make sense of so large and diverse a body of findings as the 30 studies reviewed for this chapter, it would be helpful if a compact explanation would emerge, a parsimonious model to account for the greater portion of the consistent trends relating to differential outcome. Put simply, the research literature shows there to be no inbuilt or inevitable outcome or set of emotional reactions to incest or to sexual encounters of children with adults. The more negative outcomes are associated with ignorance of sexuality; with negative attitudes toward sex; with tense situations; with force, coercion, or brutality; and with unsupportive, uncommunicative, or judgmental adult reactions.

Briefly, the following are found to account for most of the variation in outcome and evaluation of the experience, ranging from negative to positive:

1. The child's perception of being free to participate or not
2. The child's prior knowledge and values concerning the sexual acts
3. The subsequent communications of family members and others about the experience
4. The quality of relations in the child's support system

A MODEL OF OUTCOME

SEXUALIZATION. Because children are intrinsically sexual beings, actual sexual experiences will tend to sexualize their behavior and their construal of reality. Whether and to what extent "precocious sexuality" is problematic will depend on the social and familial values with which the child lives. Money's (1973) threshold model provides the simplest and most general model for the process of awakening to sexual experience. The threshold for release of erotic response and actuation of sexual behavior is higher prior to puberty; therefore, less sexual activity will be evident in the child in the absence of direct, nonsymbolic stimuli.

CONSENT. Consensual participation can take the form of active cooperation, passive (reluctant or unwilling) consent, and forced (or clearly coerced) participation. Sexual encounters of children who are cooperative are generally characterized by moderate to low anxiety, those involving passive consent by moderate to high anxiety, and those involving forced sexual experiences by high anxiety or fear.

Of overwhelming importance in immediate and long-term effects is the child's perception of his or her participation as voluntary or involuntary. Other things being equal, the more mutual and voluntary the sexual experience is, as perceived by the child, the more positive the outcome will be. Passive consenters may be particularly vulnerable to negative outcomes because of the experience of being unwilling to participate but unable to resist.

KNOWLEDGE. The child's sexual knowledge must be recognized as consisting of two components, with different effects on the child's reactions and probably also on ultimate outcome. What will here be termed *knowledge of moral negatives* includes awareness of and sensitivity to taboos on sexual behavior and social role proscriptions, as well as general values attached to sex. (The negative sanctions and ascriptions are what is of relevance here.) *Sexual knowledge* refers to knowledge of human sexuality considered apart from cultural judgments. Individuals absorb the moral negatives about sex at different rates and in different ways; some become aware of but remain insensitive to them, but most conventionally reared children have probably learned that sex is a "no-no" by the time they start school.

The research reviewed for this chapter is generally consistent in showing the role of negative attributions, including that induced by later adult reactions, in elevating guilt in children about their sexual behavior. In extreme cases children have even been made to feel guilty

TABLE 17-4. Guilt and Anxiety as a Function of Consent and Knowledge in Childhood Sexual Experiences

Child's Knowledge	Child's Participation		
	Forced	"Passive Consent"	Consensual
Ignorant	High anxiety Low guilt	High anxiety Low guilt	Moderate anxiety Low guilt
Aware of taboos	High anxiety Low guilt	High anxiety High guilt	Moderate anxiety Moderate guilt
Sexually knowledgeable	High anxiety Low guilt	Moderate anxiety Low guilt	Low anxiety Low guilt
Knowledgeable and aware of taboos	High anxiety Low guilt	Moderate anxiety High guilt	Low anxiety Moderate guilt

about sexual activities in which they were forced to participate. However, on the whole, guilt appears to be low in children who were forced participants, although not in cases of coerced consent. The significance of moral negatives in affecting outcome may be greatest during adolescence, although the research is inconclusive.

Little in the outcome research touches on the degree of sexual knowledge of the child participants, but since the "unknown" in general elevates anxiety, and it is known that children's inability to label the genitals contributes to anxiety in connection with genital function, it is reasonable to assume a role for sexual knowledge in affecting outcome. The anthropological literature also would seem to support the conclusion that greater sexual knowledge reduces fear and anxiety about sexual activity except in situations involving force.

The interactive effects of knowledge and consent can be summarized as a 12-celled model (Table 17-4). Sexual ignorance alone is assumed to generate some anxiety, even in fully cooperative experiences, and the reluctance in cases of passive consent also is assumed to be manifested by anxiety, even when the child is knowledgeable about sex. Of particular interest are the two cells in Table 17-4 representing the "best case" and "worst case" conditions. The "worst case" situation, characterized by high anxiety and high guilt, is that of the "passive consent" who is aware of moral negatives but ignorant of sex. This is the typical American child, told that sex is bad, but not what it is, and taught to be compliant and obedient with adults and older siblings and not to tattle. The "best case" situation is that of the active cooperator who knows about sex but has not absorbed conventional moral nega-

tives. The American commune child described by Johnson and Deisher (1973) and children of the Muria tribe (Currier, 1979, and Chapter 2 in this volume) would tend to fall into this category.

OTHER FACTORS. Such situational factors as the feelings communicated by the partner and the family's reaction to disclosure of the sexual incident can be presumed to affect a child's degree of anxiety and guilt during or as a result of a sexual encounter with an adult.

The quality of family relations is of paramount importance in outcome. Negative reactions of parents (and other important adults) to a child's sexual encounters, aside from their function in inducing guilt, can be, at least in a minority of cases, the most psychotoxic aspect of the entire experience. When communication in a family is good and the family functions well, however, and especially when at least one parent can be highly supportive, even the effects of brutal assault may be minimized. Most incest occurs in otherwise seriously disturbed family settings; it appears that it is not the incest but the preexisting disturbed family relationships that are crucial in outcome.

DIFFERENTIATING SEXUAL EXPERIENCES OF ADULTS AND CHILDREN

It should be evident by this point that the factors found to influence reactions and outcome in childhood sexual experiences are not special to childhood or limited to experiences prior to puberty or to attaining majority. Childhood sexual experiences do not differ qualitatively in their discernible effects from those of adulthood. If there are differences, they are of degree, not kind—of probabilities, not categorical certainties. The same factors are found to be operative in adult-adult sexual encounters, although our awareness of them may depend on special circumstances. A few examples make clear the parallels.

The issue of passive consent has assumed importance in recent discussions of sexual relations between adult college students and their professors. Often the student is apparently a willing participant but in fact experiences the situation as one that cannot be declined. Intense feelings of guilt, of debasement for having prostituted oneself, and of failure for not having resisted are reported, as are suppressed feelings of helpless rage toward the teacher and toward others without sympathy for the student.

The importance of a supportive family becomes clear in cases of rape. Adult rape victims also are sometimes blamed for their own victimization and accused of inviting the assault. Force and violence clearly take their toll here, creating a stark contrast not only to consensual adult sex but also to instances of passive consent.

Knowledge of sexual matters is not universal among adults. Al-

though adults are often presumed to know the "facts of life," such a presumption must be questioned in some adult-adult sexual encounters, even as it is in child-adult sexual situations. Retarded and institutionalized adults, of course, are usually assumed to have lessened capacity for judgment, as well as less actual knowledge of sex (whether or not this is true of individuals).

* In sum, the effects of sexual experiences during childhood, like the capacity for sexual reponse—like sexual awareness itself—are part of a continuum that clearly and systematically connects human sexuality from infancy through old age.

REMARKS

It is often simply assumed a priori that incest and sexual encounters with older persons are necessarily harmful to a child. In the substantial literature on sexual abuse, sexual exploitation, and sexual molestation of children, few authors have even addressed the problem of definition, perhaps recognizing that any nontrivial definition of sexual abuse of children automatically defines, by exclusion, another category of sexual encounters that are not abusive. Brant and Tisza (1977) define *sexual misuse*, the term they prefer, in terms of "sexual stimulation inappropriate for the child's age, . . . psychosocial development, and role in the family." They further establish the criteria for inappropriateness as "symptoms in the child and evidence of family dysfunction." A similar definition is offered by Schechter and Roberge (1976), who favor the term *sexual exploitation*, involving "dependent, developmentally immature children and adolescents in sexual activities they do not fully comprehend, are unable to give informed consent to, and that violate the social taboos of family roles."

Both of these definitions, but especially the latter, are completely compatible with the conclusions of this review. Especially notable are the references to comprehension, consent, and family values. It should be clear that each of these definitions contains, by implication, a definition of healthy sexual encounters with children. Looked at in this way, legitimate sexual experiences are therefore ones (1) in which the child is sexually knowledgeable and fully comprehends the activity; (2) to which he or she freely consents on the basis of that comprehension; (3) that take place in a family and/or social setting that affirms such sexual experiences as appropriate, and (4) that (therefore) do not result in symptoms of dysfunction in the child or the family.

A concept of legitimate instances of child-adult sex is supported by both empirical evidence and reasoned definition. But this logical implication uncomfortably confronts the values and fears of many individuals in our society. It is precisely this fear of the unknown obverse

to a familiar coin that has led to so much controversy and has hindered inquiry into the nature and effects of childhood sexual experiences. *

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VI

CHILDREN AND SEXUAL LIBERATION

THIS final section deals with the leading edge of issues in child sexuality—sexual rights and sexual liberation for children. In Chapter 18, Berger discusses some experiences with sexual liberation of children within an American subculture and their implications for change within the larger culture. In Chapter 19, Constantine examines the implications of a radical view of children's sexual rights in incest, child pornography, and adult-child sexual relations. Chapter 20 by Martinson reintegrates child sexuality with adult sexuality through consideration of the processes by which sexuality is becoming an institution apart from its traditional associations with marriage and procreation. The process of autonomous institutionalization is seen as having important implications in the area of child sexuality.

LIBERATING
CHILD SEXUALITY:
COMMUNE EXPERIENCES

BENNETT M. BERGER

THROUGHOUT the United States during the years 1977 and 1978, and especially in California, there was a great deal of morally outraged publicity regarding the sexual abuse of children. The flurry of news reports, documentaries, commercial films, television programs, and newspaper editorials concerned with incest, child molestation, child pornography, child prostitution (both homosexual and heterosexual), group sex involving children, and other so-called deviant, or criminal, practices raised hardly a single voice of protest in defense of the rights of minors and children to a sex life of their own (Calderone, 1977, notwithstanding). Nor is that my intent in this chapter; I only wish to point out that the respectable and predictable libertarian voices usually heard in defense of the rights of pornographers or the rights to free sexual expression for adults were, and continue to be, notably silent when the same issues involve children.

Perhaps, then, these issues do not really constitute a controversial area, and the failure of genuine controversy to develop in public media around these issues (except, perhaps, among a few extremist child-liberation groups) is a reflection of William Graham Sumner's old insight that the moment the mores are questioned, it is a sign that they have lost their authority (Sumner, 1929). The very undebatability, until recently, of the propriety of sexual activity among children may be regarded as evidence of the strength of the longstanding cultural rule that defines children as almost sacredly pure and the very discussion

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of their sexuality as beyond the pale of admissible dialogue. It is possible that we are still presently in a period comparable to the period when the term *drug abuse* meant any drug use, so that today, terms such as *sexual abuse of children* or *sexual exploitation of children* mean any sexual involvement of children. At the outset, then, I want to make clear the fact that the very discussion of this topic, regardless of whether one is for or against child sex, is likely to weaken the cultural rule that assumes that sexual behavior in children is simply disgusting, out of moral bounds, and not a fit subject for dialogue among decent people.

THE COMMUNE COUNTERCULTURE

One novel and important source of data on the sexuality of children that is relatively free of preoccupation with pathology, punitive response, and moral outrage is the communes of the counterculture. Communes, or alternative families, are the major instance I know about in our society of both the affirmation of child sex and of relatively neutral and disinterested consideration of facts about it. These data are not easy to come by. Simple interviews will not elicit the evidence very reliably, since children are very hard to interview and observation is in the nature of the situation difficult and possibly prurient or voyeuristic. The evidence is revealed mostly inadvertently, through relatively long-term, on-site ethnographic study, in which the topic comes up in routine conversation and communards talk about events that they have observed or that have come to their attention.

The commune studies by my colleagues and me (Berger, 1977; Berger and Hackett, 1974) indicate the following: (1) that children are exposed to sexual experience early, often by virtue of the very close quarters in which they live with adults; (2) that sexual language is used and sex discussed openly in the presence of children; (3) that both child-child sexual play (sometimes including intercourse) and child-adult sexual encounters occur; and (4) that the dominant parental or adult response to the discovery of sexuality in children is complex: they are sometimes shocked at the initial discovery (carrying, as they do, emotional responses learned early in their own socialization), but, as ideological libertarians, they are thoughtful enough about their own responses to ask themselves whether they *should* be shocked in light of their own present libertarianism. Their libertarianism predisposes them to the view that what is not justifiably proscribed should be permitted, rather than that what is not justifiably permitted should be proscribed. This, then, puts the burden of proof on those who wish to

proscribe sexual activity among children, rather than on those who wish to permit it. This is a general guideline for them, affecting not only sex but a wide variety of other traditionally age-graded rules, for example, those governing the use of drugs and rights to (1) have a political voice in communal affairs, (2) do productive work, and (3) have autonomy in the settlement of interpersonal disputes without interference from adults. The rule is simply this: if the activity is not demonstrably harmful, it should be permitted (Berger and Hackett, 1974).

We have the following bits of evidence.

* At one commune, a 60-year-old handyman-builder, well known to the group, was discovered in sexual play with a 3-year-old girl. The response of adults was varied, ranging from sympathy for the man through confusion and ambivalence to an outright punitive response (from a few). The child's mother felt that nothing bad had been done; the child suffered no apparent harm and she thought the two were genuinely fond of each other.

* At another commune, a 25-year-old "mind-blown," gentle young man was discovered in bed making love to a 4-year-old girl. There was an ambivalent response to this on the part of some adults; most felt that the young man genuinely loved her and would do her no harm. The girl's mother felt that it was nobody else's business; the child, she said, had been previously sexually active with boys her own age, and the mother did not think the present experience "weird." The most punitive response came from the mother's lover (not the father of the child), who wanted to kill the young man. The ethnographer reports, however, that the mother's lover was highly untypical of most male communards, being of working-class origin and a strong partisan of traditional age and sex differentiation.

We have two more fully documented cases (admission by the children and verification by the parents) of sexual intercourse between 6 to 8-year-olds that occasioned no great discussion by the communard adults.

* We also have one instance of a multiple rape of a small girl by several boys only slightly older. In this case, both the mother and father expressed to the ethnographer a good bit of anger (though not furious rage) at the boys involved, but they attempted to make it clear that their anger was not about the sexual episode itself, but rather about the fact that the boys had forced their daughter. (She had willingly engaged in sexual intercourse previously.)

* In still another commune, an 11-year-old boy and a 12-year-old girl were conducting a relatively conventional romance, and it was assumed

by the adults there that they were sleeping together and having full sexual intercourse.

In another commune in our sample, three 12 to 13-year-old girls talked openly about their plans to "make it" with two teenage boys at a farm not far away from where the girls lived.

Finally, we have a report of one 5-year-old girl who asked her mother if she (the child) could make love to her like the mother's lover did.

Similar material is reported by Johnston and Deisher (1973), who found that in those communes with a number of older children (not merely infants, presumably), sexuality had been openly expressed among the children from an early age. In two of these four communes in their study, most children had participated in genital intercourse by age 5 or 6. The sexual interests of these children irregularly ebbed and flowed, ranging from periods of great activity to relative disinterest. With both adults and other children they were off-handedly candid about their sexual experiences; although sex was fun, it was not of central importance to them.

A few of the adults expressed to Johnston and Deisher concern about the effects on their children of early sexualization, but most of them had observed no conflicts between more traditional childhood play and the sexual activity. To the contrary, many parents felt it to be to their children's advantage to be freed of moral strictures that inhibit sexual fulfillment. They thought their children might thus be spared much conflict in adolescence, when physical maturity usually collides with conventional controls over sexual expression.*

These anecdotes may not be much in the way of data, but, given the delicacy of the subject matter and the vulnerability to official harassment to which general knowledge of it could subject the communes, we assume that there is far more such data than we and other ethnographers were able to discover inadvertently—since we were not actively looking for evidence of the sexuality of children in the communes.

EFFECTS OF AGE-GRADING ON SEXUAL ACTIVITY IN COMMUNES

Together with our other findings on the extension of other rights to children (Berger and Hackett, 1974), the data are sufficient to suggest a notable decline in the salience of age-grading in the alternative fam-

*This position is considered in detail by Gadpaille in Chapter 9 in this volume—
CONSTANTINE

ilies of the counterculture. Still, it could be a mistake to overemphasize this factor. Age is still one of the most powerful criteria for role allocation and social stratification in communes as it is anywhere else, and there is not good reason to expect this fact to disappear soon. Age-grading is universal, subtle, and profound. A 16-year-old may be jailed and labeled as delinquent for behavior completely legal in an 18-year-old; a middle-aged man may be humiliated as a "dirty old man" for behavior that is routine and expected in a 21-year-old; and adolescent girls have been known to express disgust when their mothers wear skirts that the girls consider are too short for mature women.

Nevertheless, over the past generation the salience of age-grading has received increasing attention as attacks have been mounted with some success on the traditional and enduring bases of ascriptive differentiation, such as race and sex. Age may well be the last major structural barrier to the pervasive egalitarianism of modern democracies, which de Tocqueville reminded us could lead either to tyranny or to liberty. It should be remembered that most of the parents of sexually active commune children came directly to their commune life from educational institutions that are strongly age-graded; many of their claims for "student power" were met with age-graded ideologies that said that they were not old enough, or mature enough, or experienced enough to participate in curriculum development, to judge the merits of their professors, or to have earned their claim to a right to a voice in the decisions that shape their lives. It should not be surprising, then, that they might well be ideologically sensitive to the self-serving character of arguments by elders in favor of the exclusion of the young from adult "privileges" on the grounds of an imputed age-graded incompetence.

CHILDREN'S LIBERATION ISSUES

Unlike other "liberation" movements toward equality, children's liberation is still spearheaded by persons who are not members of that "oppressed" group (Holt, 1974). Changes in the ascriptive meaning of race and sex have occurred in a context of increasing ideological controversy over the presumed oppression of groups burdened by ascriptive definitions made by people other than themselves. Blacks and women, for example, have argued that regardless of other measures of their oppression, the fact that most "knowledge" about who and what they are has been formulated by whites and by males, respectively, constitutes a part of the racism and sexism that oppress them. Whereas blacks and women have taken the leadership of their liberation away from whites and males, children have not taken it away from adults,

and for a number of reasons there is small prospect that this will occur in the near future. Nevertheless, in these times of awareness that ideas about groups tend to be formulated by people who are not members of those groups, we need to be particularly wary of adult definitions of children—including their sexuality.

If one is sensitive to the relationship between ideas (in this case about the sexuality of children) and the interests of those groups who formulate and promote those ideas, one should in fairness pay as much attention to the interests of self-styled child liberators as one pays to the interests of social groups who believe in the maintenance of strictly age-graded privileges, particularly with respect to sexual behavior. In general, it is not very difficult to impugn many middle-class theories of childrearing that prolong childhood and adolescence and delay access to the privileges and responsibilities of adulthood. It is necessary only to point out these theories' adult-serving consequences: along with restricting labor markets, they also require full-time mothering and at least part-time fathering (or functional equivalents such as nurseries, day care centers, and schools) for application of the principles of childrearing, the conscious work of socialization, and the effort of keeping the system going. The same questions can be asked concerning child liberators: what adult interests are served by ideas and practices that promote the early maturity of children and their early access to adult privileges such as an active sex life? Such practices serve the interests of commune adults, who are usually busy with the difficult tasks involved in creating a settlement and have neither the time nor the inclination for the heavy burdens of middle-class childrearing.

* Child liberation with respect to sex is vulnerable, in turn, to middle-class negative judgments. The "dirty old man" idea is typical of this type of viewpoint. Arguments for liberation would be less impugnable if there were fewer cases in the literature involving adult males and female children, even if the cases often involve the "Lolita" theme in which the "nymphet" is allegedly the sexual aggressor against the relatively helpless and bewildered male. Age-homogeneous sex among willing children in our commune sample evoked virtually no thoughtful disapproval from commune adults. But sexual intercourse between female children and adult males is made more impugnable by the absence of any cases in our sample of sexual activity between adult females and male children—although such cases, of course, are far from unknown. To the extent that adult males are in the vanguard of the movement to liberate children sexually, their arguments are vulnerable to the conventional image of slaving, salacious men with perverted

lusts for tender flesh, whatever the elevated psychological rhetoric used in its behalf.

In the political confrontations of the late 1960s, the "New Left" in the United States used to use the slogan "Chicks up front!" (before the sexism of the term was defined as offensive) in order to minimize expected violence from the police, who, it was thought, would not strike a woman so readily as they would a man. The slogan still seems apt with respect to the movement to liberate the sexuality of children: the motives of women are less rapidly impugnable, in conventional terms, than the motives of men. If the movement has difficulty in finding female leaders, that fact will strengthen the case for the public's concept of slaving, salacious men seeking easier sexual access to young girls.

One should not underestimate the power of the image of children as pure, uncontaminated by sex. The image is rooted strongly not only in religious and secular law but in concepts of personal development and identity. Murray Davis (in press) has recently pointed out that the relatedness of innocence and experience is replete with fateful consequences for the acquisition of identity. Sexual experience, he says, is inversely correlated with identity acquisition: the less the experience, the more identity components will be acquired from a sexual partner during each act of intercourse. Those individuals with little sexual experience will assimilate many new identity components from their experienced partners in the course of their early sexual episodes, but those with a great deal of sexual experience (prostitutes or the promiscuous, for example) will assimilate hardly any new identity components from their partners in the course of their later sexual episodes. Of course, the religious interpretation of the "corruption of the innocent" by the experienced is not the *only* interpretation of this unequal identity-exchange concept; it is possible to argue that valuable identity components can be passed from the experienced to the innocent, and even from the jaded or hardened individual to one still relatively unformed. But the inequality of the exchange is still paramount; it violates an important traditional norm concerning the propriety of age-homogeneous sexual relations, and it is vulnerable to criticism by virtue of its transparently self-serving character.

Finally, the movement toward sexual liberation of children will have to contend with a still powerful tradition that emphasizes the protection or shielding of children from the dangers and injuries to which they are subject in an adult world. Philippe Aries (1963) has described this tradition of secluding and sheltering children, which dates from the seventeenth century in Europe. Since the nineteenth century, liberals and radicals have generally been on the side of shielding children

from the ravages of adult industrial life: keeping them out of factories, making education compulsory, setting up special judicial institutions to protect children in trouble against contamination by adult criminals, and creating a host of small institutions and voluntary associations designed to protect children against exploitation by adults. In recent years, this movement has gone by the name of Children's Rights (Gross and Gross, 1977). But child liberators should not make the mistake of assuming that children's liberation and children's rights unambiguously share a common cause. The movement for children's rights is a movement of advocates *for* children who are concerned with their special protection as unequal participants in social life. Children's liberators often seem to want the opposite: the liberation of children from even the beneficent authority of adults, and the exposure of children to the same rights and privileges as adults, on the grounds that the tradition of protecting them has actually denied them many of the rights of citizenship. Any future progress on this front, it is clear, will have to negotiate a delicate balance between the rights that children and/or their advocates claim and "liberation" that could well expose them to brutalization by their larger and stronger fellow citizens.

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THE SEXUAL RIGHTS OF CHILDREN:

IMPLICATIONS OF A RADICAL PERSPECTIVE

LARRY L. CONSTANTINE

THE sexuality of children has been discussed in the literature from many viewpoints, but rarely have the sexual rights of children been seriously considered. Certainly it has been firmly established and, at least among professionals, widely accepted that children are sexual beings from birth. Yet it is common to grant that children *are* sexual while denying them the right to behave sexually. Consideration of the sexual rights of children requires rethinking already convoluted issues, such as sexual activity of children with adults; incest; and pornography. This chapter is an attempt to put these issues into thoughtful perspective.

CHILDREN'S RIGHTS

The children's rights movement, or "crusade" (*Time*, 1972; *U. S. News & World Report*, 1974), has already generated a considerable literature (Adams et al., 1971; Gottlieb, 1973; Gross and Gross, 1977; *Harvard Educational Review*, 1974; Koocher, 1976). Much of this literature is little more than traditional conservative concern with protecting battered

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children. However, many protective institutions deprive minors of rights while simultaneously offering less protection than is routinely granted to adults, thus, like many forms of benevolently intended protection, ultimately proving to be an oppressive disservice to the very group to be served.

Some current initiatives are distinguished from their predecessors in advocating full recognition of children as persons and citizens with essentially the same human and civil rights that adults have. While various lists of essential children's rights have been proposed (Farson, 1974; Foster and Freed, 1972; Holt, 1974), the basis of all of them is that they would grant to children most or all of the primary and secondary rights now enjoyed by adults, including the right to choose guardians and living arrangements, to exercise political and economic power, and to receive information. Farson (1974) and Foster and Freed (1972) have effectively shown that the arguments for restricting rights of minors are essentially the same as those used to rationalize oppression of women and racial minorities.

Any substantial expansion of children's rights is likely to have a profound impact on many basic cultural institutions. Even token extension of rights to children threatens to undermine the most pervasive and universal status distinction in human society. Yet this erosion of social structure would not necessarily be without its benefits. The family would necessarily become more isocratic, adaptive, and open as children became both equal partners in the enterprise of family living and full citizens of their communities. The "open family" is described as a life-style founded on just such principles (Constantine, 1977c). It is interesting that open families resemble the healthiest families identified by Lewis et al. (1976) in their study of healthy families.

THE SEXUAL RIGHTS OF CHILDREN

True liberation of children includes liberation from handicaps engendered by sexually anxious and ambivalent parents and societies. The fundamental sexual rights of children include "the right to *know* about sexuality, the right to *be* sexual, the right of *access* to educational and literary sexual materials, the necessary correlative right to *produce* and *distribute* these materials, . . . [and] the right of the unwilling or inappropriate audience to have its privacy or peace of mind protected" (Calderone, 1977). In the absence of other, enabling, rights, however, the frequently advocated simple protection of "the unwilling or inappropriate audience" reduces to a protectionistic arrogation of majority rights.

The conceptualization of children's sexual rights presented in this chapter changes the perspective on some of the knottiest of contemporary social and psychological issues. To better understand these is-

sues it is helpful to examine briefly something of the nature of childhood sexuality and its expression.

CHILDHOOD SEXUALITY

The frequency, variety, and completeness of prepubertal sexual reaction tends to increase from the lower mammals to the higher. [Among humans,] "regardless of the cultural ideal with respect to sex play in childhood, the underlying drive toward such activity constitutes one [expressed] feature of the heredity of the human species" (Ford and Beach, 1951). Even in the most punitive and restrictive societies, some children engage in secret sex play. The sexual "drive" of children may be lower prior to puberty, but it is not insignificant. Where cultural values are compatible, children freely engage in a variety of sexual practices, beginning coitus as young as 6 to 8 in some societies; in others few virgins over the age of 10 or 11 are found (Ford and Beach, 1951). Such "precocious" sexual activities do not seem to impair the personality development or adult functioning of children who engage in them. Indeed, there may be cogent reasons for promoting free and early erotic expression by children, since Prescott (1975) has demonstrated in cross-cultural studies that physically affectionate childrearing and sexual permissiveness are connected with reduced levels of adult violence.

It "seems safe to assert that the human child prior to puberty is capable of engaging in the same range of physiological sexual activities as the adult" (Martinson, 1976, and Chapter 3 in this volume). Yet we know little of the child's subjective experience of sexuality. The literature is notably lacking in direct observation and first-hand reports from children, but this has not deterred legions of adults from theorizing and pontificating on the nature of child sexuality, categorically asserting, for example, that adult and child experiences of orgasm are somehow fundamentally different. It is necessary to speculate, of course, yet it makes sense to seek clues to objective understanding in nonrestrictive subcultures within our own Western society (such as communes), where children are growing up more sexually free.

To other sources that were used in preparing this chapter the author adds his experience as a family therapist helping nontraditional families; his research on children in alternative families (Constantine and Constantine, 1973, 1976); and his informal observations of, and reports from, children.

Among children raised in a sexually free atmosphere, such as in some American communal families (Johnston and Deisher, 1973; Rothchild and Wolf, 1976), openly sexual behavior has been common, often occurring in bursts of activity separated by periods of more or less in-

difference. Unconstrained by a restrictive or repressive familial and social context, prepubertal sexual interest appears to be cyclic but aperiodic, neither supplanting nor interfering with other activities of childhood. This seems to support Money's concept (1973) of a threshold for release of sexual response, prepubertal children simply having a substantially higher threshold of sexual stimulation. Rather than lacking "drive" children may simply require more stimulation to become "turned on."

Since there has been no research into what does turn children on, only tentative hypotheses can be offered. Children are notably responsive to tactile stimulation, yet are also highly visually responsive; they want to touch and see in learning. Only recently has attractive, graphic sex education material become available (e.g., McBride and Fleischhauer-Hardt, 1975). It seems possible that the importance attributed to fantasy and nontactile stimulation in the adult erotic response is connected with the touch-deprivation of typical adult interaction, a thesis supported by current sex therapy strategies, which stress sensate focus and immediate physical experience. Undeniably, nudity and genital exposure can be erotically arousing to children; they also find romantic-affectional situations and portrayals and certain eroticized secondary stimuli (e.g., underwear) sexually exciting.

Children appear to prefer their own age-mates as sexual partners, even in the freest settings, but not to the complete exclusion of older or younger partners (Berger, Chapter 18 in this volume; Johnston and Deisler, 1973; Rothchild and Wolf, 1976). It also seems that they are likely to prefer, for voluntary sexual encounters, people who are close to them and familiar.

IMPLICATIONS OF A RADICAL PERSPECTIVE

SEXUAL ABUSE OF CHILDREN

Comparatively few problems arise in extending the right to sexual activity to consenting minors of similar ages, but sexual encounters between adults and children are another matter. Nearly all writing on adult-child sexual encounters presumes that all such contacts constitute abuse. This contention ultimately rests on the notion that children are neither sexual nor possessors of sexual rights. If they are considered to be sexual beings with the right to express themselves sexually, then not all sexual contact between adults and children can be categorically dismissed as abuse. Only a few writers have attempted to differentiate abuse from nonabuse in this context. Brant and Tisza (1977) define "sexual misuse" as "sexual stimulation inappropriate for the child's age, . . . psychological development, and role in the family. . . ."

Symptoms in the child and evidence of family dysfunction [are] criteria for . . . inappropriateness."

Their approach suggests that the effect of the experience on the child can differ, and that effects themselves might distinguish sexual abuse of children by adults from legitimate sexual expressions of affection between children and adults.

A careful review of the literature on adult-child sexual encounters (Constantine, Chapter 17 in this volume), indicates that immediate negative reactions are minor or completely absent in the majority of cases and significant long-term psychological or social impairment is rare, truly remarkable findings considering that most studies have dealt with criminal or clinical samples. Where negative consequences of a short- or long-term nature are manifest, they are generally associated with identifiable factors: (1) use of physical force, coercion, or psychological pressure, with the most adverse reactions occurring where physical violence is involved or the child attempts to resist but is unsuccessful; (2) an unsupportive family with poor communication so that sexual matters cannot be discussed openly and the child receives, or anticipates receiving, strongly negative reactions to disclosure or sexual activities; (3) little sexual knowledge on the part of the child, and/or the child has absorbed values that imply that sex is dirty, shameful, frightening, or the like. It appears that, when these factors are not present in an adult-child sexual encounter, there is a strong probability that the child will not be harmed, and may even benefit.

A rationalized legal framework that recognized the right of the child to a free choice of sexual partners would (1) require informed consent and participation of the child, and (2) exclude the use of force, coercion, or psychological pressure. If the child was not fully knowledgeable of the nature of the sexual activity or was demonstrably not capable of informed consent, or if any force or coercion was employed, sex between an adult and a child would constitute rape of a minor. A statement by a minor that he or she did not feel free to refuse should be a prima facie case for rape. An extra burden would thus appropriately be placed on the physically and intellectually more powerful adult to assure that the participation of the child was both informed and voluntary.

CHILDREN AND PORNOGRAPHY

The issue of children and pornography is twofold: the effect of pornography on children and the participation of children in pornography. There simply are no adequate research studies on the effects of pornography on children. Even the President's Commission on Obscenity and Pornography (1970), with socially justifiable cowardice,

failed to conduct studies on children, although this did not deter them from concluding (from research on adults) that pornography did not harm children. Somehow it seems reasonable to suspect that the effect of graphic or written erotica on children should not be worse than the effect of "precocious" sexual experience, but in the final analysis this question probably reduces to personal views on the intrinsic goodness or evil of sex. A case should be made that too little of a healthy erotic nature is accessible to children, not too much. The poor quality, dehumanizing character, and paraphilial emphases that are the hallmarks of contemporary pornography are byproducts of its socially marginal and only quasi-legitimate status. Were sex sufficiently acceptable in our culture so that healthy and affectionate but erotic portrayals of human sexuality could become an integral part of children's literature and television, the likelihood of interest in, exposure to, or negative effects from poor quality pornography would be reduced. Currently the basest and most degrading material is forbidden in our society but available, while affectionate, healthy erotica is censored.

Child pornography has become, almost overnight, an American outrage (Dudar, 1977; *Behavior Today*, 1977a, 1977b). It is a complex issue to which few seem capable of bringing reason and balance (Constantine, 1977d). That the abuse and exploitation of children by certain pornographers is detestable and unconscionable should not obscure other issues involved: the sexual rights of children or their ultimate best interests, for example. But public outrage has indiscriminately attacked and ultimately may undermine the rights of educational innovators such as McBride and Fleischhauer-Hardt (1975), talented serious artists like photographer David Hamilton (1976), and legitimate minority groups such as nudists. Indeed, materials such as these are often experienced as sexually exciting by children (Constantine, 1977b), and therefore to have access to them should fall within the rights of children.

Few commentators have considered whether erotica portraying minors may represent the only acceptable outlet for the sexual preferences of pedophiles and, as such, may be a substitute for actual child molestation. The experience in Denmark appears to support this hypothesis. If this hypothesis is valid, then by inference legal scapegoating of the publishers, sellers, and buyers of child-oriented pornography could actually contribute to a rise in crime against children.

Were the sexual rights of children to be vigorously defended, pornography using children would undoubtedly continue, but its production could be made more accessible to policing. Child actors in legitimate media are protected by the scrutiny made possible in a legal industry in which rights to participate are recognized; if it were legal

to produce and sell pornography, children who did not wish to participate could be better protected from exploitation at the hands of parents and other adults. The extremes of exploitation, kidnapping, rape, and other excesses of the pornographer using children are at the present time products of the illegality of the enterprise. It might show more concern for children to permit some children to participate willingly in pornography under monitorable conditions, than to have others brutally exploited because of their status as runaways or mere chattels of their parents.

INCEST

No topic seems more capable of disabling the rational faculties of the most intelligent adult than the subject of incest. From a radical perspective, children have the right to express themselves sexually even with members of their own families. Is incest, as some have argued, categorically a harmful experience? Popular supposition to the contrary, careful research has produced no definitive conclusions. Nearly all the published literature derives from studies of clinical and criminal cases and is therefore hopelessly biased, yet the only general conclusion warranted is that not even prolonged incest is necessarily harmful. Again, it has been shown that the absence of force or coercion; openness of communication in the family, especially about sexual matters; and knowledgeable, positive attitudes about sex appear to contribute to positive (or less negative) perceptions of the experience, and to favorable outcomes. Recent studies of incest in nonclinical, noncriminal populations (see, for example, Ramey, 1972, and studies by Finkelhor, Symonds et al., and Nelson, Chapters 11, 12, and 13 in this volume, respectively) and accumulating anecdotal data indicate that many people have incestuous experiences that they regard positively and that do not appear to have impaired them socially or psychologically. The basic rationale for the incest taboo may be tied to assumptions about human relations and family structures that were once, but are no longer valid (Constantine and Constantine, 1973: 218-227)—namely, that family roles (husband, sister, son, and so on) must be sharply delineated and that one can successfully maintain only one intimate sexual relationship within a family or living group.

CONCLUSION

It must be emphasized that this analysis is not a work of advocacy. Rather, what is attempted in this chapter is an exploration of the implications of extending a presently radical view of children's rights into

the area of childhood sexual experience. Almost certainly this extension will be found repugnant, perhaps even frightening, by some; it is unlikely to be looked upon with favor by more than a few. There is little doubt that between contemporary Western sexual mores and full recognition of the sexual rights of children lies a social gulf of awesome magnitude. Nevertheless, the serious and open-minded appraisal of such farfetched possibilities can be useful as we tread, small step by small step, toward healthier acceptance of the sexuality of all, young and old.

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CHILDHOOD AND THE INSTITUTIONALIZATION OF SEXUALITY

FLOYD M. MARTINSON

THE status of child sexuality within society, the sexual conduct of children, and changes in both status and conduct are more the function of cultural and social factors than they are the functions of biological-hormonal or physiological factors, which are present from birth (Martinson, 1977a). In other words, for an understanding of child sexuality, learning theory explains more (leaves fewer residuals) than does either biological-hormonal or Freudian theory.

Adult sexual conduct and conceptions of adult sexuality in our society have undergone considerable change in recent times. Our conceptions of child sexuality, however, have been repressive and remained largely unchanged until quite recently.

In 1969, Sprey published an analytical article in which he argued that human (particularly affectional-erotic) sexuality, which has been analyzed traditionally within the conceptual framework of its relationship to marriage and the family, is becoming an autonomous, distinct realm of institutionalized personal and interpersonal conduct (see also Libby and Carlson, 1973; Ball, 1972). This chapter deals with the assumption that our understanding of child sexuality might be broad-

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ened by its analysis within this conceptual framework, which characterizes sexual activity as socially accepted activity with goals and norms of its own, that is, without regard to its special relationship to marriage and procreation (Martinson, 1979).

Historically, in North American society and in Western societies in general, there have been three major ways of looking at human sexuality: (1) as a function of gender identity and roles, (2) as a characteristic of the procreative function (preferably within marriage), and (3) as the starting point for intimacy and sensate pleasuring-affectional-erotic activity, "making love." It is an assumption of the author that looking at child sexuality from the perspective of these three "definitions" of sexuality will help us to understand why sexuality of children has been dealt with as it has been in our society.

SEX AS A FUNCTION OF GENDER IDENTITY AND ROLES

According to this viewpoint on human sexuality, children are regarded as sexual beings and traditionally have been socialized into gender identities and roles. Traditionally, human infants have been labeled and assigned a core gender identity from the day of birth. The doctor, or someone else in attendance, looked at the neonate, at the external genitalia, and pronounced the newborn either "girl" or "boy." Only these two categories, boy or girl, have been available, although a small percentage of neonates do not have clearly differentiated external genitalia at birth (Money and Ehrhardt, 1972). Society has provided no separate gender category for hermaphrodites or pseudohermaphrodites: they have been categorized as male or female despite their ambiguous genitalia and have been reared accordingly. In the professional literature they are categorized as hermaphrodites or pseudohermaphrodites, but these are not accepted social distinctions.

Historically speaking, boys and girls were "known" to be intrinsically different "by nature." Hence, labeling a neonate a "boy" or a "girl" merely recognized an intrinsic dimorphism. It was "known" that boys became men and girls became women, and that they could be expected to take social roles appropriate to their gender. Boys were known from observation to be more muscular and active, girls to be less muscular and more passive. There were boys who were "sissies" and girls who were "tomboys," but these were the exceptions that proved the rule. There was no concern that children were being labeled and categorized as sexual beings at too early an age because they were ascribed gender identity at birth.

Children have not been thought of or treated as affectional-erotic creatures. Affectional-erotic traits have not been thought of as charac-

teristic of a "normal" child, nor have erotic impulses been thought to influence a child's conduct. In other words, eroticism was not seen as a central dimension of gender identity that might permeate every aspect of a child's life. Such a conceptualization was reserved for adults. Some sex play and masturbation was known to occur in childhood, but it was regarded as a sign of degeneration rather than as a manifestation of normal child behavior and was "to be combatted and controlled with every human resource" (Kern, 1973).

So, in sum, in the Western world, the child has traditionally been ascribed sex (gender) identity, but that ascribed identity has not embraced a recognition of potentiality for erotic components and activity in the typical child's personal life.

SEX AS PROCREATIVE ACTIVITY

Why was the child not traditionally thought of as an affectional-erotic being? Largely because of the way sex was institutionalized. And here we turn to this second definition of sexuality. To define sexuality as a function of procreative activity effectively cuts the child off from consideration as an affectional-erotic being, since children cannot reproduce the species. Erotic activity was seen as a concomitant of procreative sex and as a prerequisite to the sex act (coitus), especially for the male.

TRADITIONAL CULTURAL SANCTIONS ON SEXUALITY

Not all persons with procreative capacity were thought of as having the right to erotic activity, however (Sagarian, 1971). According to the Judeo-Christian perspectives that have dominated Western thought on sexual conduct, sexual activity, and especially the sex act were to be limited to persons who possessed the procreative prerequisites and were married. The only persons granted the privilege of a legitimate sex life, then, were those who were both married and within the fertile age range. Young persons beyond the age of puberty and hence possessing the procreative prerequisites, if they were not married, were denied sexual activity. The inevitable sexual activity among such persons was considered socially troublesome and negatively sanctioned as sinful, immoral, and/or illegal. At the other end of the continuum, persons who were married but beyond the age of childbearing were also looked upon with suspicion with regard to erotic activity—the "dirty old man" concept is typical. Thus, assigning the right to sexual behavior according to procreative and marital status made such behavior "legitimate" for only a selected segment of the population.

EROTIC SEX WITHIN THE FAMILY

Making erotic sex a concomitant of procreative sex meant that the sex act was legitimate and proper within marriage but not within the nuclear family, if we conceive of marriage and the nuclear family as separate social systems (Martinson, 1960). Favorable sanctions were reserved for erotic sex when combined with the procreative act in marriage; negative, punitive sanctions were applied to sexual activity between family members (parent-child, siblings). In other words, the erotic-procreative act was approved of as a function of marriage but not as a function of family (Martinson, 1970). The latter was labeled as *incest* and assigned strong negative cultural sanctions and punitive legal sanctions.

Erotic sex play accompanying coitus was seen as belonging only within marriage, although children were not supposed to see their parents engaging in intimate affectional-erotic activity. Childrearing, that is, the socialization of neonates into proper gender roles, and nonerotic showing of affection were the only two sexual activities viewed appropriate within the family. Childrearing was gender-specific and nonerotic. Erotic conduct was not to be introduced in the process of child socialization whether by precept or by example.

CURRENT SOCIETAL VIEWPOINTS ON SEXUALITY

As affectional-erotic sexuality is coming to be recognized apart from cultural institutions, such as marriage, with which it has traditionally been associated (Sprey, 1969), the concomitant societal change is not categorical, clear-cut, or complete. It is therefore difficult to ascertain which aspects of sexual conduct continue to be conceptualized as part of traditional cultural institutions and which are emerging into the more open category of affectional-erotic activity.

The traditional consideration of all sexuality as legitimate only within the conceptual framework of marriage led to the analysis of nonprocreative sex as a residual category (Sprey, 1969), that is a category of unacceptable behavior. With the current high incidence of affectional-erotic activity outside of marriage (sometimes termed *virtuous deviance* [Gross, 1977]), procreative marriage has become too narrow a context for analyzing affectional-erotic conduct, at best, one among a set of alternatives to be incorporated into analysis of affectional-erotic sexuality (Sprey, 1969). Conceptualization of affectional-erotic sexuality as autonomous moves the analytical focus to a higher level of abstraction and permits consideration of a whole range of nonprocreative sexual conduct, not as deviant or as residual, but as poten-

tially legitimate and appropriate. Included under this larger conceptual umbrella are nonmarital, premarital, postmarital, and extramarital sexual activity. Furthermore, this new conceptualization, in moving the focus of sexuality away from fecundity to an emphasis on intimacy and sensate pleasuring, allows for inclusion of prepubertal sexual conduct as potentially within the range of legitimate sexual activity.

Viewing sex as free from marital and procreative restraints may convey a notion of "legitimized hedonism" (Sprey, 1969), since the broader conceptual umbrella embraces not only heterosexual but also homosexual sex, not only interpersonal but also autoerotic sex, and not only dyadic but also group sexual encounters. But as Sprey has pointed out, this need not be the case. Sex as an end in itself is not necessarily identical with sex for fun nor with exploitive sex. Affectional-erotic sexual conduct outside of marriage and the procreative act does not necessarily lose its private character, nor is it necessarily dominated by "purely egocentric fun elements" (Sprey, 1969). Other types of social interaction (other than sexual interaction) are legitimized as ends in themselves within society. So-called autotelic forms of social interaction or activities (undertaken by human beings solely because of their intrinsic interest [Sprey, 1969]), to be culturally accepted, must be culturally legitimate. One can assume that whatever gratifications are received in affectional-erotic encounters would have to be reciprocal for the parties involved, although not necessarily identical in nature for each party (see Sprey for a more detailed analysis of autotelic forms of interaction).

We must at this point clarify further what kind of sexual conduct we are talking about. We have established what it is not: it is not procreative per se (procreation being only one possible outcome), and it may be part of, but it is not restricted to, marriage. We are speaking herein of sex as sensation—emotion, passion, sensate pleasuring, erotic arousal—encompassing autoerotic and group activity, but referring especially to dyadic (paired) intimate relations (Brown and Lynn, 1966).

Increasingly, individuals' capacity, desire, and even need for affectional-erotic conduct have been recognized and supported within our society. One example of the extent of this support is the fact that some churches in the United States, not previously known for their support of broadened legitimization of affectional-erotic conduct, now recognize the importance of sexuality in human life. Two recent studies, one commissioned by the Catholic Theological Society of America (Kosnik et al., 1977), and one by the United Church of Christ (Powers, 1977), support acceptance of a definite sexual component within human personality (*Sexuality Today*, March 20, 1978). Both studies assert that for Christians sexuality should be recognized as that "ingenious gift of

God" that contributes significantly to a person's identity, "is a 'central dimension' of the identity, and 'permeates' every aspect of an individual's life" (*Sexuality Today*, March 20, 1978).* The United Church of Christ statement specifies that sex acts contribute to wholeness, a deep sense of being at one with the self, with the other, and with God. Both studies reflect the attitude that single persons cannot live as nonsexual beings, and the United Church of Christ study calls for finding ways to support new options in their real-life situations as well as to explore new options for relationships and sexual expression for persons who are single.

RECOGNIZING CHILDREN'S SEXUAL BEHAVIOR AND DEVELOPMENT

It is now generally recognized that affectional-erotic capacity is possessed (1) by both males and females, (2) (both sexes) from puberty until old age, and (3) by both heterosexuals and homosexuals, and that affectional-erotic conduct may characterize aspects of the life of any individual. It is only among the very young that affectional-erotic capacity, needs, and appetite are not generally recognized or accepted. The literature abounds with negative sanctions on child affectional-erotic conduct (Martinson, 1979). In a recent study, 90 percent of a sample of the general U.S. public judged sexual activity between an adult and a child to be "always wrong" (Levitt and Klassen, 1973). Sears et al. (1957) found not one parent in nearly 400 who was completely free and open in the discussion of sex with young children.

Do not children as well as adolescents, adults, and old persons possess affectional-erotic capacity? Yes, they do. We have known something about child sexual capacity at least since the turn of the century (Kern, 1973; Freud, 1938). Insofar as child sexuality has been accepted (and that largely among professionals), it has reflected definitions of sexuality formulated by Freud. Freud defined a sexual capacity or life force in neonates that he characterized as basic to life itself, to human motivation, and specifically to sexual development and sexual conduct. Freud was impressed with the inner preparedness for sexual excitement in neonates, stating that "It seems to be provided in the most generous manner that the process of sexual excitement . . . should be set in motion" (Freud, 1938).

Subsequent to Freud's original formulations on child sexuality, and as a result of them, emphasis has been placed on the organic nature of sexuality and on the potentially orderly mechanical unfolding of the pregenital and genital stages. Freud's formulations have been found

*Some Roman Catholic bishops have criticized the Roman Catholic study as "misguided, theologically weak, and unfit for use by pastoral counselors." (*Sexuality Today*, March 20, 1978).

difficult to research and were largely ignored by behavioral and social scientists, although Freud left ample room in his initial formulations for the development of a social-learning theory of child sexuality, which could have provided testable hypotheses for investigators. Note these quotations from Freud's statement on infantile sexuality: "Pleasure-sucking is often combined with a rubbing contact with certain sensitive portions of the body"; "Many children go from thumbsucking to masturbation"; this infantile masturbation "may continue uninterruptedly till puberty"; "The infantile sexual life, though mainly under control of erogenous zones also shows components which from the very beginning point to other persons as sexual objects"; "Children from three to five are capable of evincing a very strong object-selection which is accompanied by strong affect"; "The existence of love in childhood is in no need of demonstration"; "Nurses calm crying children by stroking their genitals"; "If we . . . review the . . . sources of the infantile sexual excitement . . . the criterion in all . . . sources of sexual excitement is really the quality of the stimuli."

The capacity for affectional-erotic sensate pleasuring in childhood has been well documented (Martinson, 1980). The central question for this paper is: does the more open affectional-erotic freedom in our society today embrace (1) autoerotic sex play of the child, (2) sex play of children with one another, and (3) sex play of children with adults as valid sexual activity (Martinson, 1977a, 1977b)? Child sexuality appears to be the last area of sexuality to be considered for the lifting of societal sanctions. We have been slow in extending the principle of egalitarianism to encompass chronological age, age being perhaps the last major ascribed barrier to equality (Berger, 1977; Farson, 1974). Sanctions on child sexuality are overwhelmingly negative in Western societies at present; affectional-erotic activity in which children are involved is generally proscribed, with new punitive sanctions added recently because of public concern over the employment of children as actors in the making of pornographic films.

Nevertheless, there is evidence of change. That is, the situation is fluid, with evidence of transition in the cultural criteria for what is regarded as valid and nonvalid child affectional-erotic conduct. We can discuss directions of change in legitimizing affectional-erotic activity of children.

RECOGNITION, IN THE REPERTORY OF NEEDS OF CHILDREN, FROM BIRTH, OF THE NEED FOR PHYSICAL CONTACT AND STIMULATION, TOGETHER WITH WARM, INTIMATE RELATIONSHIPS WITH OTHERS. Touching, caressing, nursing, and other forms of intimacy are well recognized in the child development literature as basic to human maturation in terms

of personal and social growth and fulfillment (Mussen et al., 1969). Drawing from empirical evidence, Prescott (1971) emphasizes that it is reasonable to assume that affectional deprivation can have neurobiological consequences that are the product of an absence of physical contact. In addition, recent cross-cultural analysis comparing child-rearing practices in 49 societies supports the assumption that tender, affectional child socialization is negatively correlated to the level of violence in a society (Prescott and McKay, 1973). In other words, proper contact and intimacy appear to be essential to mature and responsible adult behavior.

AWARENESS OF THE RELATIVITY OF SANCTIONS APPLIED TO CHILD SEXUAL CONDUCT. Anthropological evidence contributes to the eroding of ethnocentric negative sanctions on child sexual activity. The findings of Ford and Beach (1951) are widely disseminated in the publications of behavioral and social sciences in schools and colleges today. These findings exhibit a wide range of sanctions applied to child sexual conduct, ranging from complete proscription of child sexual activity in some societies to permitted masturbation and coital play in others. Among the Abipone, boys and girls were kept strictly separate at all times, and premarital chastity is said to have been universal. Similar restrictions exist among the Arapaho, Cheyenne, Papago, and Wapishiana tribes, all of whom keep the sexes strictly apart in childhood. Among children in other societies (the Maori, the Trobriand Islanders, the Chewa, and the Lepcha) it is common for girls and boys to be active participants in sex play and even in full sexual relations several years before puberty, and in some cases much earlier (Ford and Beach, 1951). Hence, anthropological evidence has made us less single-minded regarding child sexual behavior since it has made us aware of the full range of permitted and prohibited sexual behavior in various societies.

ACCEPTANCE OF SENSATE-EROTIC COMPETENCY AS APPROPRIATE TO BE LEARNED BEGINNING IN INFANCY AND EARLY CHILDHOOD. Basic human competencies learned in childhood include sphincter and bladder control, walking, speaking, reading, and sociability. The "teachable moments" for these competencies are related to the capacity and maturation of the growing child. Since evidence of sexual capacity are present from the first year of life, it follows that learning to use one's sexual capacity competently and with satisfaction can begin as early as the first year of life (Yates, 1978).

By being positive and supportive when a child shows evidence of sexual interest, parents can transmit enthusiasm and provide direction

and training, thereby aiding in the development of a firm erotic base (Yates, 1978). If a parent is present when the genitals are appreciated by the child, it is important for the parent to smile and demonstrate approval: "A smile together with a statement like 'Hey, that looks like fun!' should be sufficient," according to Yates (1978). A message that parents can communicate through word and deed is that the primary use of the genitals is for pleasure, to feel good (Prescott, 1977; Yates, 1978). Parents also can provide an abundance of intimacy, can show approval of such autoerotic activity as masturbation, and can teach responsible interpersonal sexual conduct. Building on what the parents have done at home or compensating for its lack, some nursery schools and kindergartens provide opportunities for sex education and peer sex play (Seminar on Child Sexuality, Psychological Institute, University of Bergen, August, 1978; Proposed Guidelines for Sex Education in the Swedish School System, 1974; Yates, 1978). If sex is treated as a competency to be learned in infancy and early childhood, then parents and early age educators become important models and teachers for this competency.

RECOGNITION THAT SEXUAL ACTIVITY WITHIN THE FAMILY IS NOT NEGATIVELY SANCTIONED BY ALL GROUPS OR COMMUNITIES WITHIN SOCIETY. Activity in families that is both affectional and erotic is generally sanctioned negatively and labeled as incest, child abuse, or child molestation. But affectional-erotic conduct involving family members is not universally found to have negative effects on children (Bender and Blau, 1937; Menninger, 1942; and Chapters 11 [Finkehor], 12 [Symonds et al.], 13 [Nelson], and 17 [Constantine] in this volume). In children's rights literature this theme has been picked up, and we read that the dangers resulting from incestuous activity "have been highly overrated" (Farson, 1974). It is known, for example, that "family sex" (a neutral label so far as sanctions are concerned) is practiced by some American families within supporting groups of like-minded families in an organization espousing child sexual freedom, called Parents Liberation, as well as in some American counterculture communes where children are sometimes permitted to observe adult sexual activity and to engage in sexual activity with their peers (Martinson, 1973; Berger, Chapter 18 in this volume; Johnston, and Deisher, 1973; Yates, 1978). American-based organizations supporting child sexual freedom include The Sexual Freedom League, The René Guyon Society, and Child Sensuality Circle, as well as Parents Liberation. Family sexuality is a much more inclusive term than is incest and embraces both positive and negative behavior and sanctions of behavior of family members.

RECOGNITION THAT THERE IS A NASCENT CHILDREN'S RIGHTS/CHILD LIBERATION MOVEMENT. There is a long and rich tradition of child advocates, that is, adults advocating the protecting of children, in Western societies. What is new about the children's rights/child liberation movement is its advocacy of the protection of *children's rights* (Farson, 1974). These rights extend to the rights of sexual freedom and include the child's right to all of the information about sex that adults have access to; to information about birth control and venereal disease; and to being provided with the contraceptives and protective devices and materials that are suitable for them (Farson, 1974). It is not possible to say at this time whether or not the children's rights movement will contribute substantially to the extending of sexual rights to children.

THE NATURE OF CULTURALLY SANCTIONED CHANGE IN CHILDHOOD SEXUALITY

Social and cultural, not biological and constitutional, influences will bring about change in affectional-erotic conduct on the part of children. If changes in children's sexual conduct required biological and constitutional stimulus, protracted evolutionary development would be necessary for those changes to take place. Since the physiological and psychic components for affectional-erotic activity in children have been demonstrated to exist from birth, change can be rapid if changes in cultural norms and social support systems are positive. By and large, however, affectional-erotic conduct of children is not sustained by widespread social and cultural support in the United States today (Gagnon, 1977). Nevertheless, growing recognition of the affectional-erotic capacities and needs of human beings has contributed to release of affectional-erotic sexuality from its traditional association with procreation and marriage. This new freedom opens up a wide range of styles of sexual conduct, with reduced emphasis on gender identity factors and greater tolerance of both homosexual and heterosexual practices, and without regard to marital status or age. It can be assumed that these influences will contribute to a broader acceptance of children as capable of, and entitled to, affectional-erotic intimacy and sensate pleasuring.

Returning to the first definition of sexuality—as a function of gender identity and roles, it is possible to characterize the types of change in present-day concepts of this area that can, and likely, cannot, occur.

There are at least two compelling reasons why goals and norms relating to gender identity and roles of children may be changing. First, accumulating research evidence points to the fact that we have over-emphasized the innate differences between males and females (Mac-

coby and Jacklin, 1974). We have only recently begun to feel the full impact of research in child development that indicates that dichotomous gender identity is more a function of socialization than it is of biological and constitutional factors and therefore is highly malleable (Money and Ehrhardt, 1972). Gender identity develops on the basis of prenatally programmed sex differences in body morphology, on hormonal function, and in central nervous system function, but is not totally preprogrammed by prenatal determinants. The greater proportion of gender identity takes place in the socialization after birth (Money and Wiedeking, 1980). Secondly, as our society increasingly accepts the tenets of gender and age liberation movements, we appear to be less convinced than we once were that rigid gender dichotomization is in the best interest of the emergence of full human potential for all persons, regardless of age and sex. Old theories of human sexuality founded on the dominance of one sex and the compliance of the other one are challenged both by findings in the sciences and by current liberation and androgyny ideology (Singer, 1977). Socializing children into stereotyped traditional gender identities and roles from birth appears to have lost full support in our society and is likely to continue to be challenged within the behavioral sciences as well as among advocates of children's rights and within many individual families (Kagan, 1964). There is a growing emphasis on not ascribing gender roles but letting the child selectively assemble its own gender identity and roles based on a broad range of experience and encounters. To quote Farson (1974), "One of the most pervasive and yet most disabling concepts in modern psychology is the belief that people need sex (gender) role identity. . . . It is crippling the entire society. Do we really want our little boys and girls to continue to grow up in these stereotypical ways that adults know are terrible traps? . . . Children need freedom from narrow and constricting roles if they are to enjoy their full sexuality as human beings."

Child gender identity and roles are in a state of "fluid transitions." Some parents continue to rear their children according to traditional norms (Kagen, 1964).

Some parents have abandoned such rigid assigning of gender to their children, and this is resulting in a wider range of socialization patterns so far as early gender differentiation is concerned. Lindahl found in 1973 in a small-sample study (N = 34) that nearly half (47 percent) of mothers believed there is little difference between boys and girls up to 4 to 5 years of age. They did not place high value on clear distinctions between male and female conduct; only 9 percent stressed, and trained their children for, wide differentiation in gender conduct.

Two of the three definitions of sexuality discussed in this chapter—

sex in terms of gender identity and roles and of sensate pleasuring, of affectional-erotic activity—are dependent on the cultural goals and norms that regulate sexual conduct. Changes are apparent in both over time. In the past, it was assumed that children should receive their gender identity and roles by ascription (if not by nature!) followed by strict socialization into male and female roles.

At present we appear to be less certain. There is a growing emphasis on *not* ascribing gender roles but letting the child selectively assemble his or her own gender identity and roles based on a broad range of experience and encounters. Hence, change in the emphasis on socializing the child into gender roles appears to be in process.

Second, a growing recognition of the affectional-erotic capacities and needs of human beings has contributed to an autonomous institutionalization of affectional-erotic sexuality free from its traditional association with procreation and free from its traditional association with marriage. Institutionalizing affectional-erotic sexuality in this way opens up a wide range of styles of sexual conduct: (1) with reduced distinction between male and female, (2) for both homosexual and heterosexual, (3) without regard to marital status, and (4) without regard to age. It is assumed that institutionalizing sex as autonomous will contribute to a broader acceptance of children as less dichotomized by gender and as capable of, and entitled to, affectional-erotic intimacy and sensate pleasuring.

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