

THE PREVENTION OF CHILD SEXUAL ABUSE: AN OVERVIEW OF NEEDS AND PROBLEMS

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Child sexual abuse prevention is a new and rapidly growing field. Although educational programs about prevention did not begin to appear until the late 1970s, several years behind programs designed to identify and treat sexual abuse, dozens of such programs and a significant number of publications have appeared across the country during the last two years.

Needs of Children

The appeal of prevention rests on a number of realities about the problem. First, as several general population surveys have shown, an important percentage of all children will likely suffer such abuse. According to a recent random sample survey of 521 families in the Boston metropolitan area, 9% of the parents said one of their children had been a victim of an attempted or completed incident of sexual abuse. Fifteen percent of the mothers and 5% of the fathers said they themselves had been victimized when they were children (Finkelhor, 1984). Diana Russell (1983) found in a random sample of 930 adult San Francisco women that 28% had been sexually abused before the age of 14. It is becoming increasingly clear that child sexual abuse is a problem of serious *public health* proportions.

Secondly, in spite of the recent increase in the availability of treatment services to victims of child sexual abuse, it is clear that most child victims of sexual abuse will not at any time in the near future be identified, let alone provided with help. All evidence clearly indicates that most children do not reveal their victimizations, and when they do, families are still unlikely to seek help (Finkelhor, 1984). Thus treatment programs can only be expected to assist a small percentage of victims. Some other broader approach is needed.

The logic of prevention also grows out of experience in working with victims. Such experience suggests that many children could have been spared abuse if they had had simple pieces of information, for example, about their right to refuse sexual advances or about the inappropriateness of the behavior that an adult engaged in. It makes obvious sense to try to provide children with such information early in their lives in order to learn if this can reduce the toll.

Many prevention efforts are targeted directly at children through a variety of media. Programs like the Illusion Theater of Minneapolis (Kent, 1979) and the Child Assault Prevention (CAP) program of Columbus (Cooper, Lutter, & Phelps, 1983) go directly into schools, where the groups' trained staff conduct workshops for children at all grade levels (Brassard, Tyler, &

Kehle, 1983). Authors of children's literature have written story books and created coloring books with titles such as *Red Flag, Green Flag* (Williams, 1980) to teach children how to avoid sexual abuse. A number of films, including *Who Do You Tell* and *No More Secrets*, have been produced, primarily for use in the schools (Dietrich, 1981). In Seattle, advertising campaigns with famous people such as basketball star Bill Russell have been used to teach children to identify possible child molesters.

Prevention efforts have been directed toward a very broad spectrum of children. This strategy has been reinforced by two important facts which have emerged from contemporary research on sexual abuse. First, it is apparent that boys are subject to victimization as well as girls. The current estimate is that one boy is victimized for every three girls (Finkelhor, 1984). Thus prevention education is usually conducted in mixed classrooms, and both boys and girls are used as models in the media. Secondly, children are victimized at an alarmingly early age. Estimates from some research indicate that a quarter of all abuse occurs before age seven (Finkelhor, 1984). This highlights the need to bring prevention information to quite young children.

Some prevention educators have also recognized that there are special populations of children who need special approaches, including those who are handicapped and those who have already suffered victimization. For example, the Minnesota Program for Victims of Sexual Assault has developed, specifically for disabled adolescents, a prevention curriculum which tries to take into account the fact that parents and the rest of society give such children a less comprehensive amount of basic sex information than is given to their able-bodied peers (O'Day, 1983).

In regard to children who have already suffered victimization, many treatment programs started to offer prevention education only after they became aware that previously abused children were at high risk for reabuse and that prevention skills could be an excellent vehicle for restoring their sense of security and self-esteem (Berliner, 1983; Snowden, 1983). However, since some victimized children will be present in almost any audience, all prevention programs have to take their special needs into account. Illustrating these special needs, one leading prevention educator, Linda Sanford (1983), cautions against formulating concepts (such as "never keep a secret") in a way that will make already victimized children feel worse because

they did something they shouldn't have. She favors dealing with this problem by presenting children with options rather than with absolutes.

Needs of Parents

As an alternative or supplement to direct approaches to children, some prevention education has been aimed at parents. This education has taken the form of parent groups or commercially published books such as Sanford's *The Silent Children* (1980). Such education has some distinct advantages. If parents learn to educate children themselves, these children would then be receiving repeated exposures to information from a trusted source, something that a classroom presentation cannot parallel.

However, it is clear that, at the present time, parents are a long way from providing such information in an accurate and useful way. Some of the inadequacies of current parental handling of sexual abuse prevention became apparent in the aforementioned survey of 521 parents of children ages six to fourteen in the Boston metropolitan area (Finkelhor, 1984): (1) Only 29% of the parents said they had had a discussion with their child specifically related to the topic of sexual abuse. (2) Even when such discussion had occurred, in many cases they failed to include a mention of important aspects of the problem. Only 53% of discussions, for example, mentioned the possibility of abuse by an adult acquaintance, only 22% by a family member. Only 65% mentioned the possibility of someone trying to take off the child's clothing. (3) Often the discussions that did occur took place too late. Most parents believed the optimal age for talking about sexual abuse with a child was around age nine. Based on the parents' own childhood experiences, however, statistics indicated that over a third of all those who suffer sexual abuse are victimized before age nine.

Why do parents have such difficulty teaching their children about child sexual abuse? The survey and the follow-up discussions with parents suggested some answers. A number of parents simply did not visualize sexual abuse as a serious risk to their child. They tended to think of their own child as well supervised, as able to avoid danger. Sixty-one percent thought their neighborhood was safer than average and only 4% thought their neighborhood less safe. Another reason given for not telling children about sexual abuse was the fear of unnecessarily frightening the child. Parents said they were afraid both of creating additional anxiety and of possibly making the child suspicious of all adults. While these parents are certainly sincere in their concern, prevention educators point out that parents warn children about strange animals without worrying that it will make them afraid of all animals, or about cars without worrying that they may never want to learn to drive (Sanford, 1980).

It is particularly curious that virtually all parents warn children about the possibility of kidnapping. The idea that someone might try to take the child away must certainly be a far more frightening idea to a child than the idea that someone might try to fondle his/her genitals, particularly since children have a very alarming awareness of separation but a rather vague one of sex. The contrast is particularly ironic insofar as kidnapping is a far less likely event in a child's life than sexual abuse. Thus the fact that parents all warn children about it suggests that the anxiety they are trying to avoid is not their child's but their own. Also, kidnapping may be much easier to talk about than sexual abuse because parents have ready-made formulas for discussing the subject. Every parent has heard phrases like "don't get in a car with (or take candy

from) a stranger," which he/she can repeat. Similar formulas have not existed in the past concerning sexual abuse, which means that parents, confronted with the need to bring up the subject, have to improvise, using their own confused knowledge. This prospect has led many of them to avoid the issue. Efforts are now being made by prevention educators, such as Linda Sanford and Cordelia Anderson, to provide formulas for parents, and these may make the process easier.

A more profound problem for parents in talking about sexual abuse, and a feature of sexual abuse that differentiates it from kidnapping, is that it concerns sex. Most parents have a notoriously difficult time talking to their children about sexual topics of all sorts, and this difficulty generalizes to sexual abuse (Roberts, Kline, & Gagnon, 1978). Parents often feel they lack the knowledge, vocabulary, and practice to speak about sexual matters. They are afraid of embarrassing themselves in front of their children by appearing ignorant, tongue-tied, or confused. Secondly, sexual topics trigger strong emotional feelings for parents, reminders of sexual traumas or disappointments in their own lives. Thirdly, parents are unsure of their own values in such matters, and are aware that sexual discussions may oblige them to talk about their own feelings and opinions or even personal experiences.

A question of some importance for parent education efforts is whether there are particularly high-risk children whose parents should be specially targeted. One consistent finding about risk is that children who live in stepfamilies are unusually vulnerable (Finkelhor, 1981; Giles-Sims & Finkelhor, 1984; Russell, 1983). This suggests directing some special sexual

SIECUS REPORT

Volume XIII, Number 1

September 1984

The SIECUS Report is published bimonthly and distributed to SIECUS members.

Annual membership fees: Individual \$40; Student (with validation) \$20; Organization \$90; Benefactor \$150 or over.

Library and Institutional subscriptions: \$40 annually.

Outside U.S.: Canada and Mexico, add \$5.00 per year to the above fees; other countries, add \$10.00 per year.

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

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Library of Congress catalog card number 72-627361.

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abuse awareness information to custodial parents who are marrying or remarrying. Another group of parents with some special needs may be those who were themselves victimized when they were children. Many workers in the field are of the opinion that children of such parents are at high risk, although no good research data have yet confirmed this point. Understandably, some of these parents have an extraordinarily difficult time raising these issues with their children because of the painful memories they re-stimulate.

Also to be considered are parents from different ethnic backgrounds and different social classes who need to be educated in a manner and with concepts consistent with their own specific backgrounds and needs. In a diverse country like the United States, this makes it more difficult to design a single approach that can be effective with everyone. One interesting finding from the Boston study, however, was the uniformity with which parents of all classes and ethnic groups abdicated their responsibility for discussing sexual abuse. Parents who had more education or high occupational status definitely did not do a better job than those who were poorly educated or came from a lower social class. There were also no differences along racial, ethnic, or religious lines. This does suggest that equivalent if not identical problems confront parents in all social groups, and that no group should be assumed to be superior.

Current Concepts in Prevention

Despite some disagreements among the variety of groups offering approaches to sexual abuse prevention, what is for the most part striking about these approaches is their similarity. These educators have had to confront a common set of challenges, and have resolved them in common fashion. The nature of the common challenge might be outlined as follows:

(1) Sexual abuse, as adults generally talk about it, is a complicated idea, involving concepts of appropriate sexual behavior, appropriate sexual partners, ethics, and social obligations. These concepts are not ones that are readily grasped by children, especially young children. Prevention programs need to translate the notion of sexual abuse into concepts that make sense within the world of the child.

(2) The notion of sexual abuse is also one that has large and frightening overtones for adults and the resulting tension is easily passed on to children. As CAP educators point out, children who are simply made to feel frightened and powerless may be even less capable of avoiding abuse. Prevention programs have wanted to find some way to avoid or moderate the potentially fearsome overtones of the issue.

(3) Sex education is still a controversial matter in many communities in the U.S. As a result, teachers, and particularly school administrators who in most American communities are politically vulnerable officials, are very reluctant to permit anything that appears controversial in regard to sex to be included in the educational curriculum.

Prevention programs have used very creative solutions to confront these challenges. For example, consider the question of how to make sexual abuse meaningful to younger children. For the most part, educational programs have tried to relate the problem of sexual abuse to other kinds of problems that children do readily grasp (Hutchinson & Chevalier, 1982; Crisci, 1983). The CAP programs start their explanations of sexual abuse by talking about bullies and illustrating the discussion with a skit of an older child trying to coerce money from a younger child. Being the victim of a bully is a kind of experience presumably all children can relate to. In this context, the

explanation of sexual abuse (illustrated by a role-play where an uncle tries to coerce a kiss from his little niece) is readily understood.

The members of the Illusion Theater group make sexual abuse comprehensible by putting it in the context of what they call the Touch Continuum. They start out by discussing the differences between touching that feels good (also called "nurturant" or "positive" touch, illustrated by hugs, pats, snuggles, etc.) and touching that feels bad (also called "exploitative," "manipulated," or "forced" touch, illustrated by hitting, bullying, trapping). The group also has a category of what they call "confusing" touch ("touch that mixes you up or makes you feel funny") that includes touches that convey double messages. In this context they introduce sexual abuse as a form of touch that feels either bad or confusing (Kent, 1979). The Touch Continuum has been much borrowed and adapted, often ending up as a dichotomy between the good and the bad or, as one adaptation puts it, "Red Flag vs. Green Flag touches" (Williams, 1980). Obviously, talking about good and bad touch involves a vocabulary very readily understood by even small children.

The use of metaphors about bullies and touching has another effect: It makes the discussion of sexual abuse seem less like sex education. Prevention programs usually talk about their goals as ones of personal safety or assault prevention or empowerment, not sex education. Although there are variations from program to program and setting to setting, depending on the sensitivities involved, most programs are designed so that the subject of sex can be skirted; sexual activities do not have to be explicitly named; words generally associated with sex or sex education do not have to be explicitly used. In some programs, sexual organs are not referred to by their proper names; references are made instead to such things as "private zones" (Dayee, 1982), "molestation," "touching in private areas," "touching all over," "touching under the panties," and "places usually covered by a bathing suit." With some important exceptions, the formal curricula of most programs do not try to provide children with other kinds of sex education, such as information about sexual anatomy or vocabulary.

Another device that has been common to almost all programs has been to use humor and entertainment, avoiding presentations that are dry and serious. They usually involve either theater, role playing, puppets, or coloring books. They are also very participatory, asking children to get involved. This entertainment format engenders a light tone that has allayed adults' anxieties about frightening the children.

Programs have also relied on other devices to undercut the potentially frightening element. For one thing, they have not tended to illustrate the more frightening forms of sexual abuse, ones that go on over extended periods of time or that involve great amounts of violence. A variety of programs include such illustrations as an older brother who always comes into the bathroom when his little sister is showering, an uncle who wants a highly sexual kiss, or a man who wants to put his hands into a child's panties (Hutchinson & Chevalier, 1982; Williams, 1980).

The programs have also tried to temper the potentially fear-generating aspects by emphasizing positive actions children can take to handle such situations. They encourage children to believe that they have "rights": the right to control their own body, the right to be "safe, strong, and free" (Cooper et al., 1983), the right not to have someone touch them in a way that feels bad, the right to keep their body private. Armed with these notions about rights, children learn how to say "no" to

abusers. In more comprehensive programs, they are also taught how to be assertive of their rights and their safety, even in the face of adults who insist otherwise. In the CAP program, they act out situations to help one another find ways to say "no." They brainstorm strategies for getting away from or out of dangerous situations. Some programs teach certain self-defense techniques, such as yelling and getting assistance from a friend. The CAP program has a special yell which is practiced by participants in all their classes.

All programs place a very strong emphasis on the idea that children must tell someone right away, reflecting the reality that most children in the past have not. To encourage them to share their experience, program leaders carefully explain to the children the ways in which offenders will usually try to intimidate them so that they will keep the experience secret, and why such intimidation should be ignored. One of the concepts that has gained great popularity in prevention education involves making the distinction between a secret and a surprise (Sanford, 1980). Secrets, which you are never supposed to tell, are a bad idea, but surprises, which you will tell someone about later in order to make them happy, are okay. Sometimes children are also alerted to the fact that not all adults will necessarily believe them and they are urged to persist until they find someone who does. These avoidance, resistance, and help-seeking techniques are intended to help children avoid victimization and instill in them the feeling of being empowered rather than frightened.

Organizational Issues

Most prevention programs have devoted serious attention to the approach to the community in which they will be presented. Although this is not always an aspect which can easily be communicated or transferred to other communities as a package, it is a crucial part of the current prevention efforts. As mentioned earlier in the discussion of concepts, one can find, within a variety of organizational frameworks, a consensus about certain common elements considered indispensable to prevention. To begin with, it is clear that the successful prevention programs define what they are doing, not merely in terms of developing an educational program per se, but in terms of how it is related to the community. They have thought through political and organizational issues, and although their ultimate goal may be the education of children, much of their initial effort is directed to the community as a whole. Successful prevention programs generally do a great deal of work to create the proper climate for gaining entrée into a community. This includes developing a cadre of influential people who support the use of the program and who can lobby on its behalf. Of course, the extension of long-established programs is made easier by the solid reputation acquired on the basis of their prior work.

Once school systems become interested, one of the first steps most organizers of school-oriented prevention programs take is to present the material to parents and to professionals in advance of any presentation to the children themselves. This is an effective way of diffusing any opposition and allaying anxieties about the program and also of educating other important audiences. Prevention programs usually recruit some local individuals to receive intensive training. This serves a number of functions. These individuals, often teachers or other school personnel, can assist the leaders in presenting the school program, and because they are more likely to know the children, can thus project additional credibility. They are also instrumental in helping the program have a sustained effect since, as

individuals within the system, they will continue to convey prevention concepts long after the trainers have left.

Another practice of responsible prevention programs is to prepare the community for the influx of reports of sexual abuse which are inevitably generated by the education and training. Any professionals, including classroom teachers or school guidance counselors, who are going to be involved in the prevention program or its follow-up, need to be trained in how to deal with reports from children. Some of the programs, e.g., CAP, make their own staff available to receive such reports by scheduling time after the presentation when children who have special questions can come and talk privately. In some communities referral resources are developed by contacting professionals and agencies and then assessing which ones do or do not have the skills to receive sexual abuse reports.

There appears to be some difference of opinion in the field over the advisability of getting prevention education incorporated directly into school curricula. In Seattle, trainers for the Committee for Children train regular classroom teachers who in turn present the material to the children. The trainers themselves only rarely appear in front of classes. Donna James of the Committee feels that this method is efficient, because trainers do not need to go back to a school each year, and effective, because students can get on-going instruction from a person they already know and trust—their teacher. Other educators, such as Rich Snowden of San Francisco, prefer a model where outside teachers come into school and work with the children. This model insures that the trainers will be true specialists in the field. Snowden also worries that schools will not give sufficient support and encouragement to their own staff specialists in sexual abuse prevention and that these programs will suffer in times of budget cutbacks.

Conceptual Dilemmas

Solutions to problems can sometimes create new problems. While the concepts developed by prevention programs demonstrate a great deal of creativity, they also generate dilemmas. Perhaps the most troublesome dilemma from our point of view concerns the relationship between sex education and sexual abuse prevention. As mentioned earlier, in order to deal with public squeamishness about sex education in schools, prevention programs have devised various ways for skirting direct sexual references and discussions. While there are programs that can and do allow for more sexual content (two that seem to make a particular effort are "Childproof for Sexual Abuse," 1981, from Washington State; and "Sexuality and Sexual Assault: A Disabled Perspective," 1983, from Minnesota), this material is not "required." The tendency to avoid it may be particularly great when less experienced trainers selectively borrow concepts from other programs, or when the education is offered in a setting where sexual subjects could be particularly controversial.

There are a number of possible negative consequences of sex abuse prevention which avoids explicit sexual content. For one thing, there is some question about whether, under such conditions, children truly learn what sexual abuse is. The problem is especially acute in some of the less graphic media where stick figures are used or where abuse is described as "touching all over" or the "uh-oh feeling." (Uh-oh feelings are used in the Renton, Washington, Sexual Abuse Prevention Program, 1981.) Secondly, children may not be getting enough practice in using words and phrases to talk about sexual activity. For a long time there has been a general consensus among professionals in the field (emphasized quite clearly in Sanford's book, *The Silent*

Children) that children are inhibited from telling about abuse when they do not have a vocabulary for or experience in discussing sex-related matters.

Thirdly, the avoidance of explicit sexual content may be conspicuous and confusing to children. They hear adults saying "Tell us about it," while at the same time these adults are themselves using vague euphemisms and circumlocutions to talk about sex. For some children, the message behind the message may be that, in spite of what adults say, they really do not want to talk about sex in plain terms. Finally, it is worth being concerned about other inferences children may draw when sexual abuse is talked about in isolation from other aspects of human sexuality. It is possible that when adults only talk to them about avoiding the coercive forms of sexuality, the children are left with the impression that sex is primarily negative. (For example, one wonders what underlying message is conveyed by one program's heroes whose names are "Hands Off Bill and the Untouchables," Martin & Haddad, 1982.) It would not be too hard for children to misinterpret the message and come to feel guilty about their childhood sex play. Programs often try to leaven their approach by talking about positive touch, affection, or assertive behavior, but almost never do they discuss what might be positive and age-appropriate sexuality.

To their credit, professionals in the field of sexual abuse prevention are aware of these dilemmas. We have not encountered one who was not in favor of making general sex education available in more of our school systems. The Illusion Theater has even implemented this awareness with a new play, *No Easy Answers*, aimed at the junior and senior high school audiences, which explores the full range of adolescent sexual concerns. Some educators see sex abuse prevention as the vehicle through which sex education will ultimately be accepted by school systems. However, most sex abuse prevention educators are also very realistic. They acknowledge that, if sexual abuse prevention were to be too closely linked to a sex education focus, fewer schools would adopt it and fewer children, especially young children, would be exposed. While most feel that prevention education could be improved with more sex education, they agree that, under present circumstances, the children they reach are at least being given valuable knowledge.

Nonetheless, the relationship between sexual abuse prevention and sex education is an important one that needs further exploration, especially when evaluation research is done (Wall, 1983). Many of us are inclined to believe that lack of sex education is an important component of the sexual abuse problem. Children cannot get adequate information about sexual abuse in a climate where adults in contact with the child feel constrained from ever talking about sex. People working in the sex abuse prevention field need to confront this reality and, whenever and wherever possible, bring pressure and influence and opinion to bear on behalf of more and better sex education for every age group. How can today's and tomorrow's children be well protected from sexual abuse in a setting where adults are fearful of talking with them about sex?

Research seminar made helpful comments on an early draft of the report. The full report from which this article was derived is one of a series of papers on the subject of sexual abuse that are available from the Family Violence Research Program at the University of New Hampshire.]

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Memo to New Readers

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[Author's Note: Research for this review, and for the table by Sharon Araji from which the bibliography on p. 13 was compiled, was funded by the National Center for Prevention and Control of Rape. We wish to thank Mary Lystad for her support in this project, and Ruth Miller and Kathy Hersh for their help in preparing the manuscript. Cordelia Anderson, Linda Sanford, and Rich Snowden gave us valuable insights in the course of research and writing. Members of the Family Violence

WHERE THE ACTION IS

Sexual Abuse and Self-Protection Education for Developmentally Disabled Youth: A Priority Need

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Many professionals in the field of developmental disabilities are well aware that sexual abuse is a pervasive problem affecting developmentally disabled children, adolescents, and adults. (Sexual abuse refers to rape, attempted rape, incest, and indecent exposure, legal definitions of which vary from state to state.) According to the National Rape Information Center, national data concerning sexual abuse of developmentally disabled individuals are not available. National statistics on sexual abuse for the general population estimate that one in every five female children and one in every 10 male children will be sexually abused before age 18 (David Finkelhor, *Sexually Victimized Children*, New York: Free Press, 1979). Data compiled by Seattle Rape Relief and the Sexual Assault Center from 1977 through 1983 show over 700 reported cases of sexual abuse involving developmentally disabled children and adults residing in the Seattle-King County area. Taking into consideration the many factors which contribute to the low reporting rate of sexual abuse cases among this population, the Developmental Disabilities Project estimates that over 3,500 cases of sexual abuse have actually occurred during this period.

There are a number of reasons for a proportionately low reporting rate among the developmentally disabled population. Most of these reasons relate to the types of offenders who are involved in these crimes. Data from the aforementioned seven-year period reveal that 99% of the reported developmentally disabled victims were sexually abused by relatives (i.e., fathers, foster fathers, uncles, brothers, and grandfathers) and caretakers such as residential staff, bus drivers, recreation workers, volunteers, work supervisors, and others who served in some care-provider capacity. Only 1% were strangers to the victim.

In the majority of cases involving sexual abuse in which the offender is a family member or care provider, the developmentally disabled victim is either unaware that s/he is being victimized or is extremely confused about the sexual activity and the intent of the offender. S/he is usually taught by the offender to perceive the sexual activity as acceptable or "special." The offender often coerces the victim into pacts of secrecy, or exchanges favors in return for compliance. These dynamics are especially confusing because it becomes impossible for the child, adolescent, or adult to distinguish appropriate affection from sexual abuse. This situation is particularly difficult for

children who rely upon relatives and care providers for very personal types of care. Case histories indicate that physically disabled children are unable to differentiate sexual abuse from intimate care for hygiene and basic assistance.

The victim's inability to recognize sexual abuse is reinforced by societal pressures to comply with the requests of authority figures. Those individuals who do recognize that they are being sexually abused by a family member may not know where to turn for assistance. They may fear reporting to someone within their family and not know to whom to confide for assistance outside the family unit. They need to report the sexual abuse to an appropriate outside person such as a teacher or school nurse. Even if they do report, some developmentally disabled persons may not be believed when their credibility is weighed against that of a relative or care provider who is respected within a program or community. Offenders are well aware of the problems the developmentally disabled face in reporting the abuse, and case reviews indicate that victimization often begins with children between two and five years of age and continues for a period of five to 15 years.

In response to the obvious need for developmentally disabled youngsters to receive education concerning sexual abuse and self-protection, the Developmental Disabilities Project created the *Curriculum for Developing an Awareness of Sexual Exploitation and Teaching Self-Protection Techniques*. It includes a vast array of audio-visual materials and lesson plans to teach students how to recognize sexual abuse and how to protect themselves with strangers, acquaintances, family members, care providers, and peers. This curriculum was field-tested with a group of mentally retarded students, and proved an effective tool in teaching self-protection skills which they retained over a period of time. (Results of this research study are available from Grand View School, 22430 Military Road, Kent, WA 98055.)

The Project has offered training sessions for special educators since 1977. Participants have included teachers, nurses, Planned Parenthood educators, and residential and vocational program staff. The typical three-day workshop provides information concerning sexual abuse of developmentally disabled students, use of the curriculum, and program planning with parents and administrators. Also included are various approaches to teaching positive sexuality topics, such as self-

awareness, communication skills, body parts, relationships, reproduction, and birth control. It is recommended that students receive some education about positive relationships in conjunction with the sexual abuse education to help them clarify the difference between warm, positive, affectionate relationships and those in which sexual abuse is occurring.

In the Project's experience, schools have proven to be the most ideal framework in which to present the self-protection curriculum. This curriculum requires between three and six months of instruction which is expanded upon each year as students mature. Most other programs do not provide such comprehensive instruction. Schools usually elicit parental input and support when implementing this program. Since the majority of parents have for years harbored fears about the vulnerability of their developmentally disabled children, they are most supportive of this education. The type of sexuality instruction which is given in conjunction with the self-protection curriculum varies in each school district. Teachers coordinate with parents in selecting material which is acceptable.

Although it is estimated that several thousand developmentally disabled children and adults have participated in this program through workshops in various parts of the country, there are many more thousands of individuals who have not been reached with this educational effort. Unfortunately, due to funding reductions and the many ramifications of such reductions, school systems do not always participate in this program when it is offered within their local area. When forced by budgetary limitations to prioritize special education programs, school districts often elect to support basic programs such as language arts and mathematics rather than social-skills related programs such as those concerning sexuality and sexual abuse. The latter are made available only if time and money allow. Historically, the Developmental Disabilities Project covers most of the costs of implementing workshops for special education personnel. However, school districts are required to cover some costs, including teacher release time, travel expenses, and costs for curriculum materials.

Some districts shy away from involvement in the program because sexual abuse is a sensitive issue and the administration fears parental resistance. As stated earlier, our experience indicates that most parents want their developmentally disabled child to participate.

It is my view that we cannot wait until the economy improves to respond to the educational needs of developmentally disabled individuals in regard to self-protection. Nor can we shy away from the issue because it is a sensitive one, difficult to approach with children. Successful use of the special education curriculum on sexual abuse has demonstrated that we can no longer hold a fatalistic view of this problem and assume that developmentally disabled persons cannot learn to protect themselves. Regardless of their disability, these people can learn reporting and self-protective practices, both of which should be a critical part of every disabled student's basic education. It is appalling to think that without this education the sexual abuse of this population will be perpetuated and the offenders will continue to find victims of all ages.

Education within a school program is often the *only* way in which developmentally disabled persons can gain insight about their own victimization, especially if the abuse is occurring within the family. Education during the elementary years can result in earlier intervention before psychological damage to the child becomes increasingly severe. For what may be a

large number of adults with developmental disabilities, incidents of sexual abuse by family members or care providers are the only sexual encounters they have experienced. They therefore become very confused about their sexuality, and require extensive counseling and education to help them rebuild an appropriate sexual orientation. The Developmental Disabilities Project receives many reports of adults who have chosen to become involved in relationships, often with partners who are not developmentally disabled, in which they are victims of sexual abuse, financial abuse, or battering. If they had been trained at an early age to develop adequate self-esteem, social skills, and judgment, they would have been better able to choose non-abusive relationships.

Self-protection education is also critically important for disabled adults who move into independent living settings. Like anyone else, they need to practice self-protection methods so that they learn how to make their apartments secure, answer the door and telephone in a safe manner, avoid sexual harassment in the workplace, and travel safely.

Given that this education is germane to survival and well-being, I fail to see how it can be placed low on a list of curriculum priorities or avoided altogether. Parents of developmentally disabled children and special educators who agree that it should be given a high priority must express their concerns to school administrators and request that a self-protection program be developed. The Seattle Rape Relief Developmental Disabilities Project recently received a three-year extension grant to continue its training of special educators in various parts of the country. The program is available. It is incumbent upon those of you who are educators and trainers of developmentally disabled persons to take advantage of this opportunity.

[For further information about the program discussed above, write to: Project Director, The Developmental Disabilities Project, Seattle Rape Relief, 1825 South Jackson, Suite 102, Seattle, WA 98144; (206) 325-5531.—Ed.]

SIECUS POSITION STATEMENT ON SEXUAL EXPLOITATION

SIECUS has always opposed exploitative sexual acts and behaviors such as rape, sexual harassment, and child sexual abuse, incestuous or otherwise. SIECUS believes that coercing anyone to participate unwillingly in a sexual act is by definition exploitative and immoral, almost always with harmful results for the victim.

SIECUS therefore supports intensified efforts to prevent sexual exploitation, with such efforts coming through information and educational programs, as well as through laws to deter and punish such acts. SIECUS also supports treatment programs to minister to the victims of sexual exploitation, both through rape and incest crisis centers and ongoing treatment programs. SIECUS also urges intensified research to increase the understanding of the causes and effects of various forms of sexual exploitation, and the development of appropriate treatment programs for the offenders.

SPEAKING OUT

... On Early Sexual Victimization and Adolescent Male Prostitution

Rev. Mark-David Janus, CSP
Chaplain, University of Connecticut
Storrs, Conn.

[At the time this article was written, Father Janus was Director of Clinical Research for Covenant House, an adolescent shelter program based in New York City, with programs operating in Toronto, Ontario; Houston, Texas; and Guatemala.—Ed.]

Teenage prostitution, an elusive and complex phenomenon, is visible in media reports as well as hospital emergency records and official police and court files, and it can be seen on the street corners. Occasionally professionals report their treatment of young prostitutes, but essentially teenage prostitutes remain a neglected population—for a variety of reasons. They seldom seek psychiatric care and when they do, they may be reluctant to discuss their sexual activities. Also, a societal belief that prostitution is a commercial enterprise entered into more or less freely results in a bias against understanding the dynamics of the activity.

As an issue of sexual victimization, the sexual exploitation of adolescents in pornography and prostitution is currently receiving some research focus in the investigation of such aspects as (1) a possible association between early and abusive sexual experience of females and their subsequent involvement in prostitution; (2) males as being equally at risk for sexual assault; (3) unreported sexual abuse in the life histories of college students; and (4) the indication that a greater number of boys than girls are sexually victimized in sex rings. Janus, Scanlan, and Price (1984) presented a detailed report of their findings in the research of early childhood sexual victimization in adolescent male prostitutes. This paper summarizes their findings and presents some further observations based upon other research and upon my own work.

Janus et al. interviewed 28 males, ages 12–25, known to be involved in prostitution. Results revealed that all these young men had been involved in extensive sexual activity at an early age, with a mean age of 11.7 years. Nine youths reported their first sexual experience as consensual and pleasurable, whereas 19 reported their earliest sexual experience to have been coercive, i.e., they were forced to comply with the sexual demands of another person. There were 15 cases of multiple sexual experiences following this initial coercive experience, with eight youths reporting that their multiple sexual experiences were all negative. Those with non-coercive sexual experiences were slightly older than those with coercive experiences. While the non-coercive group had only one reporting a first sexual experience before the age of seven, the coercive group reported eight youths who were age seven or less.

Family History: The family histories of these 28 young men revealed that 20 were without an intact family at the time of the

interview. Without exception, they all described their parents' relationship as quarrelsome, and their own relationship to their parents as one of being rejected; few maintained any contact with siblings and only four reported any "significant others" among their extended family. Their home life was extremely unstructured, their parents uninvolved, and, as children, the subjects engaged in remarkably few childhood activities. School, rather than serving as a stabilizing element, mirrored their home experience. They reported themselves as alone throughout their childhood, and unsuccessful in developing friendships then and now.

The interviews generated other especially notable insights into the boys' lives. Coming from broken and isolated families, the children currently perceive themselves as isolated from family, friends, and society. In contrast to normal adolescent development, their concern is not about how to liberate themselves from their home environment but about the sadness and depression resulting from the premature distancing that took place and their inability to accept the irreversible breaks with their families. They (and their families) have been without personal, emotional, and, in some cases, financial resources and do not have the skills to pursue these things or the expectation that any such pursuit would be successful. With no one to serve as a knowledgeable and determined advocate, these children have consistently slipped through potential intervention sources. The victimized children of victimized parents, they continue to perceive of themselves as helpless victims and act accordingly, often in a compulsively repetitious way, perpetuating their own victimization.

Sexual History: The most striking feature of our subjects' histories is the presence of early sexual victimization. The experience of coerced sex or sex used in the service of non-sexual ends, which is often their first sexual encounter, becomes a theme in their life. When we compared a group of sexually victimized boys to a small control sample of youths who were also engaged in street life but not in prostitution, we found that the only difference in their case histories was the absence of coerced sexual experience.

What role has the sexual victimization played in the life of a boy who becomes a prostitute? One possibility is that the nature of the experience expresses itself through the sexual behavior of the boy. Burgess and Holstrom (1974) identify a silent reaction to sexual assault—the victim does not disclose the experience. In our sample, only three of 11 childhood incestuous assaults were ever reported and none of those reported was given sympathetic or effective attention. The fact that a high percentage of those who were sexually

assaulted began their prostitution experiences within one year of the assault suggests an unresolved reaction on their part. The other males were either victimized when they were less than 10 years old or were repeatedly assaulted over a long period of time prior to their introduction to prostitution.

The data suggest that the sexual incident triggers a need to respond in some way and this particular sample illustrated the reactive behaviors of running away, drifting, and subsequent hustling. For these youths, alone, unable to manage the anxiety on the streets, hustling becomes a viable means of survival. While the male victim is attempting psychological resolution, prostitution becomes for him a more viable option than for others—for perhaps several reasons.

First, a repetition compulsion dynamic becomes established, with the boy identifying either with the victim or the perpetrator. Secondly, the boy, already accustomed to a multitude of victimizations, now adds sexual victimization to the list. Sexuality is no more protected, sacred, or reserved a sphere of life than any other. Burgess and Holstrom (1979) report several salient sexual issues in the aftermath of a young person's having experienced childhood sexual assault as a premature introduction into adult sexuality and their learning to use sex in the service of non-sexual needs. These issues are active in the long-term reactions of our subjects and, in fact, contribute to the self-perpetuating nature of prostitution discussed earlier. Among males, hustling may actually be one of the silent reactions to their traumatized and victimized lives. Under the stress of rape, the victim regresses according to the degree of vulnerability involved, e.g., his/her history of previous psychiatric symptoms, minimal access to a social support network, and simultaneous issues such as substance abuse and family conflict. Our sample of extremely vulnerable youths was made even more vulnerable by coercive sexual experience and by the subsequent hustling experiences—in themselves a repetitive form of sexual victimization. What this suggests is that childhood sexual victimization breaks a masculine taboo against males using themselves sexually as victims in prostitution and establishes a model for sex used for non-sexual ends that predisposes them to prostitution.

Treatment Recommendations: Providing services to young people, both male and female, whose experience of adults has been predominantly one of abuse or neglect, is no easy task. It is compounded by the transient nature of their lives and their lack of financial resources. The clinician who becomes involved in their lives must be prepared to absorb the impact of these difficulties and use considerable creativity and outreach to overcome them. The key is to offer help that feels like help, with no strings attached. This means aiding the young people in their daily problems of mere survival. Giving priority to the issues of food, clothing, medical care, educational opportunities, job training, job placement, supervised apartments, and prolonged and consistent contact with nurturing adults is a prerequisite to the counseling process. In most young people's minds, these issues are the most difficult and pressing. The sexual abuse they continue to suffer is not their first concern.

The clinician must begin by recognizing the normal developmental tasks the boys and girls have not been able to complete and meet these needs. The isolation they are currently undergoing must be met by both adults and a peer group, and this requires the teaching of relationship skills and the creation of opportunities to develop those relationships. After this has been achieved or is well under way, then their sexual concerns should be directly addressed through both sex education and

therapy. Programs that succeed are those which focus on meeting the immediate needs in a manner that is not overwhelming. Medical vans, emergency shelters, street workers, clinics willing to dispense with the normal paper work, educational and vocational programs that will tolerate erratic behavior and model more successful behaviors—these are the sources of help that are more likely to engage this population.

It is a long, difficult, and expensive prescription, but, in fact, it seeks to provide nothing more or less than the basics any child needs to grow. And these are children who have suffered repeated physical and sexual abuse. If we are not willing to attend to their pains, we abandon them to those who will continue to provide them with some measure of survival in exchange for their prostitution.

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DO YOU KNOW THAT... .

Resources to Write for . . .

I Never Told Anyone: Writings by Women Survivors of Child Sexual Abuse is a 1983 publication edited by Ellen Bass and Louise Thornton. The writings in this 278-page anthology are grouped into four categories of abusers: fathers, other male relatives, acquaintances, and strangers. Also included are essays by Florence Rush and Ellen Bass giving the historical and sociological context of child sexual abuse into which these writings fit. Finally, there is a state-by-state listing of prevention and treatment programs as well as a bibliography of print and audio-visual resources. Available for \$5.95 (plus p/h) from: Harper & Row, 10 East 53rd Street, New York, NY 10022.

Talk to Me! (1983) is a set of four pairs of booklets, each 20 pages, by Beth Reis and Barb McGuire. The four pairs are for: pre-teen girls and mothers; teenage women and mothers; pre-teen boys and fathers; and teenage men and fathers. (Mother-son and father-daughter sets are in preparation.) Each begins with an introduction on how to conduct a successful interview and then suggests 25 questions to ask about puberty, relationships, and sex. For example, the following are some of the questions children might ask their parents: "When did you get your first period/wet dream?" "How did you feel about it?" "What other 'firsts' do you remember?" And parents might ask their children: "What do you believe it takes for someone to be grown enough to marry?" "What should marriage be like?" Priced at \$2.50 per set (plus 20% p/h), the booklets are available from: Bookstore, Planned Parenthood of Seattle-King County, 2211 East Madison, Seattle, WA 98112.

AUDIO-VISUAL REVIEWS

All of the audio-visuals reviewed in this issue deal with child sexual abuse education and prevention.

Members of the Audio-Visual Review Panel for this issue were: Carmen Reyes Aviles, MSEd, SIECUS Parent Training Program; Sara Avni, graduate student in the Human Sexuality Program, New York University; Joan Bardach, PhD, Clinical Professor of Rehabilitation Medicine (Psychology) and Supervisor, Postdoctoral Program in Psychoanalysis and Psychotherapy, New York University; Peggy Brick, MEd, Consultant and Trainer, Affirmative Teaching Associates; Patti O. Britton, Planned Parenthood Federation of America; Leigh Hallingby, MSW, MS, Manager, SIECUS Information Service and Mary S. Calderone Library; Herb Samuels, MSSW, Instructor, La Guardia Community College; and Alex Sareyan, President, Mental Health Materials Center. The reviews were written by Leigh Hallingby.

Better Safe Than Sorry II. 1983, 16 mm, 15 min.; 16 mm and video both available in Spanish; video available in captioned version. Purchase, \$290; rental, \$30. Filmfair Communications, 10900 Ventura Boulevard, P.O. Box 1728, Studio City, CA 91604; (818) 985-0244.

In this film (previously reviewed in the January 1984 *SIECUS Report*) television personality Stephanie Edwards is working with a multi-ethnic group of children ranging in age from five to nine. The children play a game in which they imagine themselves in certain difficult situations and then act out their decisions on how they would handle themselves under these circumstances. Two girls are asked by a man to help him find his dog. Two boys are made uncomfortable by a man who is hanging around their playground for no apparent reason. A girl is invited unexpectedly into the home of a neighbor who then tries to remove her clothes. And a boy in bed is told by a man not to tell anyone about "the incident" that has just occurred.

The children and the audience learn through repetition and visual aids that there are three rules to follow in these situations: Say No, Get Away, and Tell Someone. Saying no and getting away are dramatized, but telling someone is not.

The review panel found this film to be outstanding for its clarity of purpose, length, role modeling for children, and specificity of advice. One member who trains teachers noted that she has received excellent feedback about its effectiveness with fifth and sixth grade students. *Better Safe Than Sorry II* deserves widespread use in the elementary grades. **C, P, PR**

No More Secrets. 1982, 16 mm or video, 13 min. Instructional guide included. Purchase, \$300; rental, \$60, ODN Productions, 74 Varick Street, Suite 304, New York, NY 10013; (212) 431-8923.

During an afternoon together, three children age eight to ten share confidences with each other and another playmate about disturbing experiences they are having with members of their family. In one case, a girl's brother likes to watch her while she is naked in the bathroom. In another, a boy's uncle likes to wrestle with him too much. ("I really like the guy—I just don't like it when he touches me like that.") The third incident involves a father fondling his daughter in bed at night. Animated vignettes are used, first to depict the unpleasant situations and then again after the children have had an opportunity to do some problem solving, to show how they should assert themselves by speaking up and seeking help from trusted adults.

The panel reacted negatively to the animated sequences which we felt were potentially strange and scary, but we would need feedback from teachers and students who had seen the film to know whether or not this concern is valid. Potentially *No More Secrets* could serve as a complement to the film *Better Safe*

Than Sorry II, as it focuses on sexual abuse from relatives rather than strangers; it models the "tell someone" rule which is not modeled in the other film; and it deals with incidents which are more explicitly negative. However, it definitely cannot stand on its own to the extent that *Better Safe Than Sorry II* can because it does not present a series of clear, repeated messages. Above all, it would need careful facilitation to help clarify with the audience the issues that are raised. **C, P, PR**

An Ounce of Prevention. 1983, three 18-min. videos for three age groups of children: 4-8, 9-11, and 12-14. Instructor's manual included. Purchase, \$150 each or four for \$500 (including video for parents, not reviewed here); rental, \$30 each. Agency for Instructional Technology, Box A, Bloomington, IN 47402; (800) 458-4509 or (812) 339-2203. (These videos will be distributed under another title, not yet determined at press time. Contact AIT for this information.)

Videos represent a relatively new genre in the audio-visual field—one which we are likely to see in increasing numbers. The Planned Parenthood Association of Cincinnati has recognized and decided to take advantage of this medium not only because of the lower costs involved but also because the technical design makes it possible to reach a very broad audience. Hence this Planned Parenthood affiliate invested in video-making equipment and created this series, which has already been shown on local cable television channels. Other potential markets are the video systems now widely available in Ohio (and no doubt in other states) in public and private schools, universities, hospitals, libraries, and social service agencies.

Each of these films concerns a racially mixed group of children figuring out for themselves, and then spelling out for the audience, a very clear set of rules to follow when confronted with "sexual

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

assault," the term used here to describe any kind of unwanted sexual attention or touching. In the section aimed at the four- to eight-year-old group, a mother and her three children and two of their friends are sitting around the kitchen table coming up with such rules as part of a class project for one of the children. In the age 9-11 section, some students working on a class assignment go to a police officer and other professionals for suggested rules to follow. In the third section, two girls and a boy are sitting on a bench talking directly to the audience. The "Say No, Get Away, and Tell Someone" rules from *Better Safe Than Sorry II* are included throughout, with the excellent additions (with some variation according to age group) of "Your Body Belongs to You, Trust Your Feelings, and Walk Assertively." The possibility of having to tell more than one person in order to ultimately find someone who will help is emphasized. In all cases the rules are held up on cards as well as verbalized. These videos each contain generally fine age-appropriate examples of potential or actual sexual assault situations. In the youngest age group a girl playing ball in the woods refuses to go with a boy to see his secret hiding place. At the middle level a girl finds herself alone with her friend's father who tells her he wishes they were both wearing their bathing suits. In the video for ages 12-14, a boy, fishing with an adult man who begins to fondle him, asks the man to stop and suggests that they move to an area where there are other people.

This set of videos has a refreshing, "home-grown" (but definitely not amateur) quality which is a relief after the Hollywood slickness which pervades so many educational films. They not only fill in gaps in what is presently available in the market place (e.g., there are no other sexual abuse prevention films targeted for early adolescents) but also offer a lower-cost alternative to those that do exist. Planned Parenthood of Cincinnati is to be congratulated for its pioneering work. To help others get started, the organization has also published a booklet entitled "An Introduction to Video Production," available for \$2.00 (including p/h) from: Planned Parenthood, 2406 Auburn Avenue, Cincinnati, OH 45219. C, ET, P, PR

Note: It was obvious to the panel that, despite the subject matter, the makers of *Better Safe Than Sorry II*, *No More Secrets*, and *An Ounce of Prevention*

made a conscious decision not to include such terms as "genitals," "penis," "vagina," and "breasts" in their works. The panel understood and was not unsympathetic to the reasons behind this decision: Since the films fit into the broader categories of personal safety and child abuse, and since they are meant to reach as wide a range of professionals and parents as possible, they must be acceptable on all levels. However, because we were specifically approaching them from a sex education point of view, we could not help but be distressed by this concession to the apparent "genitalphobia" which pervades our society, as evidenced in the use of such phrases as "touching me under the sheets," "private parts," and "parts of the body that are covered by a bathing suit." It is the panel's hope that educators working with these materials will help to increase children's knowledge of and comfort with their sexuality and the sexual parts of their body.

It is also important to point out that, since their focus is perforce on the negative aspects of touch, these audio-visuals have the potential of reinforcing our society's discomfort with touch in general. They should therefore be accom-

panied by positive messages about the kinds of warm, caring, and loving touch that are portrayed in *The Touch Film, With Jessie Potter* (reviewed in the January 1984 SIECUS Report).

Feeling Good About Yourself: Socialization Skills for the Developmentally Disabled. 1981, 16 mm or video, 22 min. Purchase, \$325 (16 mm), \$200 (video); rental, \$45. Multi-Focus, 1525 Franklin Street, San Francisco, CA 94109; (800) 821-0514.

This film provides excellent modeling by Gloria Blum for exploring a range of topics, including sexual exploitation prevention, with a group of mentally handicapped young adults. As the title indicates, Blum's emphasis is on self-esteem, and she also stresses decision making and assertiveness training. For example, she is shown teaching the group deep breathing (for a louder voice) and how to say "no" (with strong body language also) or say "yes"; educating them about birth control and intercourse, and public parts of the body vs. private parts (using correct terminology); and stressing the importance of only touching private parts in private situations and learning how to differentiate between touch used with a family member, a friend, and a stranger.

Blum is an inspiring teacher of this special population. She and the students shown are clearly having a good time and the group is obviously learning something and is excited by this experience. All parents and professionals working with the developmentally disabled could benefit from this fine training film. P, PR

Touch. 1984, 16 mm or video, 32 min. Purchase, \$495 (16 mm), \$395 (video); rental, \$80. MTI Teleprograms, 3710 Commercial Avenue, Northbrook, IL 60062; (800) 323-6301.

This film shows the work of Minneapolis's well-known and pioneering Illusion Theater (founded in 1974) which in 1977 collaborated with Cordelia Anderson, Coordinator of the Child Sexual Abuse Prevention Program, Sexual Assault Services Division of the Hennepin County Attorney's Office, to produce a theatrical presentation entitled *Touch*. The ensemble explores the continuum of touch from nurturing to confusing to exploitive, and includes

information about sexual abuse and how to prevent it. Anderson and Lindsay Wagner moderated the film.

Touch differs from the other films discussed here in that it is really touch education (which includes sexual abuse prevention) rather than sexual abuse education alone. The panel liked the "equal time" given to good touch and the positive closing statement that "there is nothing in the world like touch that feels good." The skits are often fun and playful and always excellent. They are especially effective in getting at some of the complexities involved, including the transition from feeling good to feeling bad about touch and the paradox of liking the person but not liking the person's touch. This film specifically names the parts of the body considered the most private—the penis, the vagina, and the breasts.

Although *Touch* is longer than ideal for educational purposes, the panel felt that the time was being used in an effort to explore as many aspects as possible of a complicated topic. For this reason, it is a film that leaves the viewer with many messages rather than a few simple rules and it will therefore require a good facilitator to help process all the ideas. *Touch* was definitely the highlight of this review session and we hope it will be shown as widely as possible. **C, ET, LT, A, P, PR**

Note: It was the unanimous consensus of the SIECUS Audio-Visual Review Panel that, for the reasons cited, none of the following four films is recommended for any audience.

"For Pete's Sake, Tell!" 1980, filmstrip/cassette or video, 6 min. For grades pre-K through 2. **"Speak Up, Say No!"** 1980, filmstrip/cassette or video, 10 min. For grades 3-6. Purchase, \$50 (filmstrip), \$55 (video). Krause House, P.O. Box 880, Oregon City, OR 97045.

Using mice as the characters, each of these filmstrips tells a story of sexual abuse of a child by an adult who is not a stranger. In the first one, a little girl mouse is abused by her Uncle Sid, and in the second a boy mouse is abused by his baseball coach. The stories are told in low-quality poetry and seem condescending to children in their use of "cutesy" animals rather than people. Mice seem particularly inappropriate in the second filmstrip meant for ages 8-11.

Rather than respecting children and empowering them according to their abilities, these presentations are patronizing and project unclear messages.

Who Do You Tell? 1979, 16 mm or video, 11 min. Purchase, \$275 (16 mm), \$235 (video); rental, \$50. MTI Teleprograms, 3710 Commercial Avenue, Northbrook, IL 60062; (800) 323-6301.

This film combines animation with live footage of children talking about what they would and would not do in a variety of scary situations, ranging from getting lost to sexual abuse. The message, aimed at children 7-12, is that each child has both a family and a community support system and that discussing the problem with someone from this network will probably make it disappear. It was the panel's opinion that *Who Do You Tell?* presents an overly optimistic and simplistic view of the world to elementary-age children, thereby raising false expectations and creating guilt and anxiety in those who receive responses or reactions different from the ones shown in the film. The reality is that some chil-

dren do not have a support system; some adults do not believe children when they tell them their problems, especially concerning sexual abuse; and solving problems often requires much more than just telling a grown-up about them. With the help of a good facilitator, some poorer than average films can still be useful educationally. This one, however, works from such false premises that it can serve no constructive purpose.

The Touching Problem. 1982, 16 mm or video, 18 min. Purchase, \$350 (16 mm), \$315 (video); rental, \$60. MTI Teleprograms, 3710 Commercial Avenue, Northbrook, IL 60062; (800) 323-6301.

Originally produced for television, this docudrama is about one child's experience in dealing with the unwelcome touch of a relative. Interspersed throughout are vignettes performed by the Soapbox Players, a volunteer acting troupe affiliated with the Coalition for Child Advocacy in Bellingham, Washington. Despite the presentation of some good information, this film is seriously flawed by its sensationalistic scenes of a stereotypical "child molester" snaking his way down the hall toward the room of a fearful child while the worst kind of melodramatic background music is playing. Furthermore, *The Touching Problem* is preachy and its various components are very poorly integrated.

Better Safe Than Sorry II 14 min. 16mm or VC \$290



For purchase or preview write:



FilmFair Communications
10900 Ventura Boulevard
Studio City, CA 91604
(818) 985-0244

New Home Videocassette

At press time we learned that Paramount Home Video has just released a 30-minute videocassette (\$29.95) entitled *Strong Kids, Safe Kids*, a production hosted by "the Fonz," Henry Winkler. According to the press release, it is geared toward children 3-12 and their parents, and is designed to initiate dialogue between them on the subject of personal safety from sexual abuse and abduction. It includes concepts about touching and being touched, saying "no," and uncomfortable "secrets," and, when called for, the actual terms for the genitals are used throughout the script. Collaborative assistance was provided by Dr. Sol Gordon, Director of the Institute for Family Research and Education, and child sexual abuse specialist, Kee McFarlane.

CHILD SEXUAL ABUSE EDUCATION AND PREVENTION: A SELECTED BIBLIOGRAPHY OF MATERIALS FOR SALE

This annotated bibliography was compiled by Leigh Hallingby, MSW, MS, manager of the SIECUS Information Service and Mary S. Calderone Library, with the assistance of Peggy Brick, MEd, consultant and trainer, Affirmative Teaching Associates, Englewood, N.J. It is based on a table entitled "Sexual Abuse Prevention: Programs, Projects, Materials," compiled by Sharon K. Araji, PhD, Assistant Professor of Sociology, University of Alaska, Anchorage, as part of a research project funded by the National Center for Prevention and Control of Rape. Review copies of all of the print items on Dr. Araji's table were requested by SIECUS, and, of those received, the ones listed below were selected as those which would meet the widest range of needs.

Almost all of these resources are available for use at the SIECUS

Information Service and Mary S. Calderone Library, 715 Broadway, Room 213, New York University, New York, NY 10003. For user information, call (212) 673-3850. All of the materials cited may be ordered from the publishers and distributors listed. If postage and handling (p/h) are not included, it is best to add 15% to cover these costs.

Single copies of this bibliography are available from SIECUS on receipt of \$1.00 and a stamped, self-addressed, business-size envelope for each list required. In bulk they are 50¢ each for 5-49 copies; 35¢ each (plus \$2.00 p/h) for 50 copies or more. A listing of books recommended for professionals about sexual abuse of children and its treatment is included in SIECUS's "Human Sexuality: A Selected Bibliography for Professionals" available as above.

Please note that SIECUS does not sell or distribute any of the publications listed below.

CURRICULA

K-12

PERSONAL SAFETY: CURRICULUM FOR PREVENTION OF CHILD SEXUAL ABUSE *Marlys Olson et al.*

The broad goal of this comprehensive package of curricula is the prevention of child sexual abuse in this and in succeeding generations. Each level contains an overview of the curriculum, essential information for the teacher, lessons and teacher instructions, and activities for the students. There are four topical areas covered at each level: personal safety, appropriate and inappropriate touching, assertiveness techniques, and support systems. Concepts and corresponding student learning objectives are expanded at each sequential level to provide knowledge and skills appropriate to the developmental level of the student. The curricula for the three lowest levels are divided into 12 lessons, and those for the three highest levels into five lessons. (Head Start, 162 pp.; K-2, 224 pp.; 3-4, 266 pp.; 5-6, 184 pp.; junior high, 171 pp.; high school, 189 pp.)
Council on Child Abuse (1982), P.O. Box 1357, Tacoma, WA 98401; \$20.00 each (includes p/h)

PREVENTING SEXUAL ABUSE: ACTIVITIES AND STRATEGIES FOR THOSE WORKING WITH CHILDREN AND ADOLESCENTS *Carol A. Plummer*

Section A includes curriculum and lesson plans for K-6 and the developmentally disabled. Section B covers grades 7-12. Suggested lessons plans for three- and five-day programs are given at each level, as well as several possible role plays and pre/post tests. Designed so that user can alter it to his/her group's particular level. (166 pp.)
Bridgework Theater (1984), 113½ East Lincoln, #3, Goshen, IN 46526; \$20.00 (includes p/h)

Elementary Grades

CAT AND MOUSE: A SELF-PROTECTION PROGRAM FOR CHILDREN *Girls Club of Omaha*

Suggests materials and activities to use with children to accomplish three objectives: building skills needed to prevent sexual abuse; distinguishing between appropriate and inappropriate touching, and responding assertively to the latter; and identifying helpful individuals and agencies. Meant to serve as framework from which teacher can build other activities. (31 pp.)
Girls Club of Omaha (1983), 3706 Lake Street, Omaha, NE 68111; \$6.50 (includes p/h); bulk rates available

CHILD SEXUAL ABUSE PREVENTION PROJECT: AN EDUCATION PROGRAM FOR CHILDREN *Cordelia Anderson Kent*

Foundation of this curriculum is the "Touch Continuum," which explores difference between touch that is nurturing and caring versus touch that is exploitative and damaging. Discusses how the child sexual abuse program, on which so many others have subsequently been based, was developed in Minnesota and how to implement one at K-12 levels. Emphasis is on elementary grades. (120 pp.)
Sexual Assault Services (1979), Office of Hennepin County Attorney, C2000 Government Center, Minneapolis, MN 55487; \$8.00 (includes p/h)

SEXUAL ABUSE PREVENTION: A UNIT IN SAFETY *Renton School District No. 403*

Provides second grade teachers with six sequential classroom activities: differences in touch; who is an offender; learning to say

"no"; whom to tell, how to tell; remembering the description; and review activity. Appropriate for grades one and three also. (21 pp.)

Department of Instruction (1981), Renton School District No. 403, 435 Main Avenue South, Renton, WA 98155; \$5.00 (includes p/h)

STRATEGIES FOR FREE CHILDREN: A LEADER'S GUIDE TO CHILD ASSAULT PREVENTION *Sally Cooper, Yvonne Lutter, and Cathy Phelps*

A complete guide to conducting a community-based Child Assault Prevention (CAP) Project involving parents, educators, and elementary-age children. Begins with background information on child sexual abuse, and extends through outlines for theoretical development, administrative follow-up, evaluation, and leaving the community. There are detailed narratives of workshops for children and adults, including commonly asked questions and suggested answers. Grew out of workshops done by Women Against Rape, Columbus, Ohio. (250 pp.)
Intrepid Clearing House (1983), P.O. Box 02084, Columbus, OH 43202; \$20.00 (includes p/h.)

TALKING ABOUT TOUCHING: A PERSONAL SAFETY CURRICULUM *Ruth Harms and Donna James*

Designed to be integrated into the health and safety curriculum of any elementary class to help children learn to protect themselves from exploitation, particularly sexual exploitation. Divided into four units: personal safety and decision making, touching, assertiveness, and community support systems. Each of the 38 lessons consists of objectives, notes to the teacher, a photograph, a story, and discussion questions. Packaged in loose-

leaf binder with laminated pages which are easily removed. (85 pp.)
Committee for Children (1983), P.O. Box 15190, Seattle, WA 98115; \$61.50 (includes p/h)

TALKING ABOUT TOUCHING WITH PRESCHOOLERS: A PERSONAL SAFETY CURRICULUM
Margaret Schonfield, Ruth Harms, and Donna James

Adapted from *Talking About Touching*. Designed to be used for about 20 minutes per day over a three- to six-week period until completed. Divided into three units: touching, saying "no," and telling. Includes many laminated drawings to be removed and used with children. (41 pp.)
Committee for Children (1983), P.O. Box 15190, Seattle, WA 98115; \$36.50 (includes p/h)

Junior and Senior High School

NO EASY ANSWERS: A SEXUAL ABUSE PREVENTION CURRICULUM FOR JUNIOR AND SENIOR HIGH STUDENTS
Cordelia Anderson Kent, Mary Venier, and Jill Applegate

Grew out of the pioneering work of Minneapolis's well-known Illusion Theater and its "Touch Continuum" which explains the range of touch from nurturing to confusing to exploitive. This concept is an important part of the 20 lessons designed to help students develop skills in communication of their feelings, attitudes, and expectations related to sexuality and sexual exploitation, and to teach them protection and prevention skills. Presents ideas from which many other curricula have drawn. (208 pp.)
Illusion Theater (1982), 528 Hennepin Avenue, #309, Minneapolis, MN 55403; \$25.00 (includes p/h)

SEXUAL ABUSE PREVENTION: A STUDY FOR TEENAGERS
Marie M. Fortune

A curriculum from the United Church of Christ for presentation (ideally) at five consecutive weekly sessions or on a weekend retreat. Seeks to provide young people with information about sexual abuse, skills in protecting themselves, and local resources to assist them should they or their friends be sexually abused. (32 pp.)
Pilgrim Press (1984), 132 West 31st Street, New York, NY 10001; \$3.95

THE SOURCEBOOK FOR EDUCATORS: SEXUAL ASSAULT PREVENTION FOR ADOLESCENTS
Susan de Alcorn

Suggested lesson plans for junior and senior high levels cover such topics as sex-role stereotypes, choosing alternatives, assertiveness, "what if" situations, role playing, developing awareness skills, and sexual assault terms. (371 pp.)
Pierce County Rape Relief (1982), Allenmore Medical Center, Suite B2002, South 19th and Union, Tacoma, WA 98405; \$23.95 (includes p/h)

Disabled People

A CURRICULUM FOR DEVELOPING AN AWARENESS OF SEXUAL EXPLOITATION AND TEACHING SELF-PROTECTION TECHNIQUES
Pamela Bailey et al.

An extensive curriculum designed for use with mentally disabled students, with suggestions for adaptions for physically disabled. Level 1 kit includes teacher's guide (in looseleaf notebook form), four filmstrips, body map, and three parent pamphlets. The lessons at this level emphasize precautions necessary with strangers and recognition of inappropriate touching by authority figures, caretakers, and relatives, including how and where to report such incidents. Level 2 kit includes teacher's guide, 20 filmstrips, body map, and three parent pamphlets. Students learn to recognize potentially exploitative situations in travel, home, and social environments; to exercise basic verbal and behavioral assertiveness skills; to meet new acquaintances in public settings where exploitative maneuvers are less likely to occur; and to protect personal information such as phone numbers and addresses. (unpaginated)
CHEF (1979), 20832 Pacific Highway South, Seattle, WA 98188; Level 1, ages 6-11, \$125.00; Level 2, age 12-adulthood, \$495.00

PREVENTING SEXUAL ABUSE OF PERSONS WITH DISABILITIES: A CURRICULUM FOR HEARING IMPAIRED, PHYSICALLY DISABLED, BLIND AND MENTALLY RETARDED STUDENTS
Bonnie O'Day et al.

Provides sets of 8-9 lesson plans each for adolescents in the four groups named in the subtitle, as well as suggested modifications for younger students. Topics covered include vocabulary, touch, myths and facts about sexual assault, acquaintance rape, reactions and feelings of victims, personal safety, and assertiveness. Includes 20 drawings for use with students. (175 pp.)
State Documents Center (1983), 117 University Ave., St. Paul, MN 55155; \$19.50 (includes p/h)

SEXUALITY AND SEXUAL ASSAULT: DISABLED PERSPECTIVES. A MANUAL FOR A MODEL WORKSHOP
Virginia W. Stuart and Charles K. Stuart

Authors share their concept of a model workshop whose general goals are to improve sexual awareness of persons with disabilities and to introduce such persons to issues relating to sexual assault, its prevention, and emergency care and recovery. Structured for 10 three-hour sessions. (92 pp.)
Director of Counseling Services, (1983, rev. ed.), Southwest State University, Marshall, MN 56258; \$7.00 (includes p/h)

Professional Training

CHILD SEXUAL ABUSE: A COLLABORATIVE APPROACH TO PREVENTION AND TREATMENT. A MANUAL FOR PEOPLE WHO WORK WITH CHILDREN
Marlys Olson

A complete 30-hour training course,

including lectures, activities, and participant handouts. (380 pp.)
Council on Child Abuse (1981), P.O. Box 1357, Tacoma, WA 98401; \$50.00 (includes p/h)

PARENTS' RESOURCES

CHILD SEXUAL ABUSE . . . IT IS HAPPENING

Covers signs of sexual abuse in younger and older children, possible long-term effects, misconceptions and facts, what to do if it happens to your child, and how to help children protect themselves from sexual abuse. (7 pp.)

State Documents Center (1982), 117 University Avenue, St. Paul, MN 55155; \$7.00 for 50

CHILDPROOF FOR SEXUAL ABUSE: A GUIDE FOR PARENTS OF YOUNG CHILDREN

Helen E. Peterson et al.

Covers needs, definitions, myths, and facts; how and when to talk to your child about sexual abuse; normal sexual development; and suggested activities and games. Revised with input of many parents who used first edition. (12 pp.)

Parent Education Center of Yakima (1984, rev. ed.), 408 North 39th Avenue, Yakima, WA 98902; \$2.00 (includes p/h)

CHILDREN NEED PROTECTION: A GUIDE TO TALKING TO CHILDREN ABOUT SEXUAL ASSAULT

Covers definition of and myths and facts about sexual abuse, what children already know about the topic, how to talk to them about sexual abuse and self-protection, and what to do when a sexual abuse problem surfaces. Lists "what if" and "no" games parents can play with their children. (16 pp.)
Carver County Program for Victims of Sexual Assault (1980), 401 East 4th Street, Chaska, MN 55318; \$1.50 (includes p/h)

COME TELL ME RIGHT AWAY: A POSITIVE APPROACH TO WARNING CHILDREN ABOUT SEXUAL ABUSE
Linda Tschirhart Sanford

Adapted in booklet form from *The Silent Children*, also listed in this section. Includes much good advice to parents about instilling in their children a healthy "voice from within." (23 pp.)

Ed-U Press (1982), P.O. Box 583, Fayetteville, NY 13066; \$1.75; bulk rates available

HE TOLD ME NOT TO TELL: A PARENTS' GUIDE TO TALKING TO YOUR CHILD ABOUT SEXUAL ASSAULT
Jennifer Fay et al.

Acknowledges parents' difficulty in discussing sexual abuse with their children and answers questions such as: Where, when, and how do I start? What do I say? What can I do besides talk? Other topics covered are: helping children to protect themselves, ways kids

tell someone they need help, and what to do if your child has been assaulted. (28 pp.)
King County Rape Relief (1979), 304 South 43rd, Renton, WA 98055; \$1.50

NO MORE SECRETS: PROTECTING YOUR CHILD FROM SEXUAL ASSAULT

Caren Adams and Jennifer Fay

Each of 10 chapters answers a question such as: What is child sexual assault? How can I protect my child? What do I say? Can games help teach prevention? What if my child has been assaulted? Will everything be okay after the crisis? (90 pp.)
Impact Publishers (1981), P.O. Box 1094, San Luis Obispo, CA 93406; \$3.95

A PARENT'S RESOURCE BOOKLET

Janie Hart-Rossi

Suggests activities to do before, during, and after reading *It's My Body*, listed with Children's Resources. Tells parents how to use it to protect children from sexual abuse, build self-esteem, and teach about sexuality. (57 pp.)

Planned Parenthood of Snohomish County (1983), 2722 Colby, Suite 515, Everett, WA 98201; \$6.25 (includes p/h); bulk rates available

SEXUAL ABUSE: A GUIDE FOR YOUR CHILD'S SAFETY

Susi Lieff and Sam Parker

Provides information in list form on what child abuse is, what parents can do to help their children avoid sexual abuse, symptoms of child sexual abuse, and what to do if abuse has occurred. (12 pp.)

Children and Youth Services (1981), 601 Rosenwald Street, Burlington, NC 27215; \$2.00

SEXUAL ABUSE: LET'S TALK ABOUT IT

Margaret O. Hyde

Presents background information on child sexual abuse, examples of case histories, and descriptions of current approaches to and materials available for prevention. Includes national list of child sexual abuse treatment and resource centers. (93 pp.)

The Westminster Press (1984), 925 Chestnut Street, Philadelphia, PA 19107; \$8.95

THE SILENT CHILDREN: A PARENTS' GUIDE TO THE PREVENTION OF CHILD SEXUAL ABUSE

Linda Tschirhart Sanford

Parents are advised to make their children feel good about themselves, avoid making them vulnerable to sex-role stereotyping, make them understand just how much others have the right to physically and emotionally ask of them, and teach them to trust their instincts and act in their own best interests. The book has sections written especially for black, Asian, native American, and single parents, as well as parents of mentally and physically disabled children. (367 pp.)

McGraw-Hill (1980), 1221 Avenue of the Americas, New York, NY 10020; or Ed-U

Press, P.O. Box 583, Fayetteville, NY 13066; \$7.95; bulk rates available

WOULD YOU KNOW IF YOUR CHILD WERE BEING MOLESTED?

Lists eight concepts for parents to teach their children to avoid sexual abuse and suggests ways to test whether child has learned them. (6 pp.)

Council on Child Abuse (1982), P.O. Box 1357, Tacoma, WA 98401; \$10.00 per 100

YOUR CHILDREN SHOULD KNOW

Flora Colao and Tamar Hosansky

Written by the pioneering directors of New York City's SAFE (Safety and Fitness Exchange), this book discusses how to help children be cautious without being fearful. It helps adults teach their children strategies to keep them safe from assault, including verbal and physical self-defense and assertiveness. Includes personal stories and a valuable chapter on what to do if assault does happen. (155 pp.)
Bobbs-Merrill (1983), 4300 West 62nd Street, P.O. Box 7080, Indianapolis, IN 46206; \$16.95

Parents of Disabled Children

ARE CHILDREN WITH DISABILITIES VULNERABLE TO SEXUAL ABUSE?

Acquaints parents of disabled children with the problem of sexual abuse and outlines steps parents may take to protect their children. (5 pp.)

State Documents Center (1983), 117 University Avenue, St. Paul, MN 55155; \$7.00 for 50

SEXUAL EXPLOITATION: WHAT PARENTS OF HANDICAPPED PERSONS SHOULD KNOW

Although it is strongly oriented toward the state of Washington, this booklet will provide parents of disabled children with valuable information regarding sexual abuse and its prevention in this special population. (10 pp.)
Seattle Rape Relief (1983), 1825 South Jackson, Suite 102, Seattle WA 98144; 70¢

CHILDREN'S RESOURCES

ANNIE: ONCE I WAS A LITTLE BIT FRIGHTENED

Becky Montgomery, Carol Grimm, and Peg Schwandt

A simple story for children in grades K-3 to teach them to tell someone if a person is hurting them. Sometimes when Annie is by herself someone she knows comes in and touches her in a way that scares and hurts her. She tells her brother and together they go tell a grown-up (18 pp.)

Rape and Abuse Crisis Center (1983), P.O. Box 1655, Fargo, ND 58107; \$2.50 (includes p/h)

IT'S MY BODY: A BOOK TO TEACH YOUNG CHILDREN HOW TO RESIST UNCOMFORTABLE TOUCH

Lory Freeman

Written to help adults and pre-school children talk together about sexual abuse in a way which minimizes embarrassment and fear, but emphasizes self-reliance and open communication. Teaches concepts that your body belongs to you; you only share it with someone else when you want to; and you can say, "Don't touch me! I don't like it!" Appealing illustrations. Accompanying parent guide listed in Parents' Resources section. (24 pp.)
Planned Parenthood of Snohomish County (1982), 2722 Colby, Suite 515, Everett, WA 98201; or *Parenting Press*, 7750 31st Avenue NE, Seattle, WA 98115; \$2.95, plus 25% p/h; bulk rates available

MY PERSONAL SAFETY COLORING BOOK

Barbara Zando Hutchinson and Elizabeth Anne Chevalier

A good tool for involving young children in the process of learning about child sexual and physical abuse. Children can color the pictures, draw their own pictures, and fill in happy and sad faces. Parents and children can read it together and children can answer questions such as: What's happening in this picture? How would you feel? What should the child do? (23 pp.)

Fridley Police Department (1982), 6431 University Avenue, NE, Fridley, MN 55432; \$1.00

MY VERY OWN BOOK ABOUT ME!

Jo Stowell and Mary Dietzel

A workbook in which children fill in the blanks, draw pictures, and answer questions. Also provides discussion of private parts of the body, good and bad touch, and the right to say "no," and gives examples of children coping with bad touch. An accompanying parents' guide is included at no charge. Therapists' and teachers' guides are an extra \$2.50 and \$1.50 respectively. (39 pp.)

Lutheran Social Services (1982), North 1226 Howard Street, Spokane, WA 99201; \$3.75 (includes p/h); bulk rates available

NO MORE SECRETS FOR ME

Oralee Wachter

In four vivid and realistic stories, children in abusive situations—Involving a babysitter, a retired teacher, a camp counselor, and a step-father—take action to protect themselves. They learn that it is never good to keep a secret about uncomfortable touch and that it is always right to talk about it so that adults who respect children's rights can help. For ages 3-10. (47 pp.)

Little Brown (1983), 34 Beacon Street, Boston, MA 02106; \$12.95

PRIVATE ZONE: A BOOK TEACHING CHILDREN SEXUAL ASSAULT PREVENTION TOOLS

Frances S. Dayee

Teaches children 3-9 the general concept

of privacy, that everyone's body has private parts, when it is permissible for someone such as a parent or physician to touch their private zone, and what to do if someone touches them or asks to be touched in a way they do not like. Although introduction encourages use of sexual terms, book avoids them, leaving this to parents' discretion. (28 pp.)
Charles Franklin Press (1982), 18409 90th Avenue West, Edmonds, WA 98020; \$3.75 (includes p/h); bulk rates available

RED FLAG GREEN FLAG PEOPLE

Joy Williams

A coloring book that teaches children to identify green flag touch (good touch given by green flag people) and red flag touch (bad touch from red flag people). Provides examples of how nice the feeling is from green flag touch, as well as how to handle red flag touch. (28 pp.)

Rape and Abuse Crisis Center of Fargo-Moorhead (1983), P.O. Box 1655, Fargo, ND 58107; \$4.00 (includes p/h); bulk rates available

TAKE CARE WITH YOURSELF: A YOUNG PERSON'S GUIDE TO UNDERSTANDING, PREVENTING, AND HEALING FROM THE HURTS OF CHILD ABUSE

Laurie A. White and Stephen L. Spencer

Helps children 5-10 to understand that when people feel bad about themselves they may hurt others, even those they care about. Illustrates a variety of ways a child may be hurt, including sexual abuse, and suggests specific means of getting help, e.g., child-

ren's protective services, police, and therapy. Unusual in its focus on motivation and emotions. (33 pp.)
Take Care With Yourself (1983), 915 Maxine, Flint, MI 48503; \$5.95 (includes p/h)

TOP SECRET: SEXUAL ASSAULT INFORMATION FOR TEENAGERS ONLY

Jennifer J. Fay and Billie Jo Flerchinger

Format, designed to be easily read and understood by adolescents ages 12-17, includes questions and answers, quizzes, personal vignettes, and practical suggestions and advice. Some of the topics covered are: stranger and acquaintance rape, self-protection, legal aspects of sexual assault, incest, reporting sexual assault to the police, having a medical exam, and how to help a friend. (32 pp.)

King County Rape Relief (1982), Dept. DM, 305 South 43rd, Renton, WA 98055; \$4.00 (includes p/h); bulk rates available

A VERY TOUCHING BOOK . . . FOR LITTLE PEOPLE AND FOR BIG PEOPLE

Jan Hindman

Meant to be read by adults to elementary-age children. Topics discussed include: good touching and bad touching; the genitals, which are named and illustrated; secrets; privacy; secret touching, which is never okay for children to be involved in with adults; and telling someone about secret touching. Very lively illustrations add color and humor. (42 pp.)

McClure-Hindman Books (1983), P.O. Box 208, Durkee, OR 97905; \$10.70 (includes p/h)

Post Abuse

DADDY'S GIRL

Christi Kissell and Elaine Tibbits

Includes brief quotations from girls who have been incestuously abused and are receiving assistance at treatment centers. Would help girls in similar situations to understand that others have the same feelings of fear, pain, anger, and guilt that they do, and that after they get help they can come to understand what happened. (17 pp.)

Parents Center (1979), 530 Soquel Avenue, Santa Cruz, CA 95062; \$3.10 (includes p/h)

FRANCES ANN SPEAKS OUT: MY FATHER RAPED ME

Helen Chetin

Frances Ann, age 12, now lives with her grandmother who helps her tape-record her story for this booklet. When she lived with her mother, father, and two brothers, her father had a long-term incestuous relationship with her. (20 pp.)

New Seed Press (1977), P.O. Box 3016, Stanford, CA 94305; \$2.50

SOMETHING HAPPENED TO ME

Phyllis E. Sweet

A resource for therapists to use with children who have been sexually abused. Helps reduce feelings of fear, shame, and confusion and restore feelings of dignity and self-worth. Illustrates children's thinking as they struggle with their feelings and gives them permission to discuss their experiences. (32 pp.)

Mother Courage Press (1981), 1533 Illinois, Racine, WI 53405; \$5.00 (includes p/h)

DO YOU KNOW THAT . . .

Resources to Write for . . .

Child Sexual Abuse: Descriptions of Nine Program Approaches to Treatment, a 1983 working paper by Andy Wachtel and Sarah Lawton-Speert, describes six American and three Canadian programs, including information on history, goals and philosophy, approaches discarded, client profile, intake, services, research, staffing, training, and evaluation. This 185-page publication is available from: Social Planning and Research, United Way of Lower Mainland, 1625 West Eighth Avenue, Vancouver, BC V6J 1T9, Canada.

Victims of Sexual Aggression: Treatment of Children, Women and Men (1984), edited by Irving R. Stuart and Joanne G. Greer, was compiled for practitioners in the mental health services to inform them about the variety of current approaches to treatment of sexual assault victims. Section I explores multi-disciplinary psychodynamic considerations, Section II centers on the special problems presented by child victims, and Section III deals with adult victims, including the elderly, college students, inmates of correctional institutions, and prostitutes. This 285-page book is available for \$28.50 from: Van Nostrand Reinhold Co., 135 West 50th Street, New York, NY 10020.

Incest: The Last Taboo—An Annotated Bibliography (1983) was compiled by Rick Rubin of the Akron Public Library and Greg Byerly, Assistant Professor of Library Administration at Kent State University. This 180-page publication lists over 400 items, chosen for being primarily interpretive and analytical, rather than descriptive and factual. Included are chapters listing monographs and dissertations and then articles from psychological, sociological and legal, anthropological, medical and scientific, and popular literature. A paragraph of descriptive annotation is provided for most citations, and sources for reviews are also given for books. Periodical, author, and subject indexes are included. This publication is available for \$25 (plus p/h) from: Garland Publishing Company, 136 Madison Avenue, New York, NY 10016.

Too Little, Too Late: Services for Teenage Parents, a 1982 working paper from the Ford Foundation by Elizabeth A. McGee, examines some of the major programs now operating in the United States to serve adolescent parents and their children. The author also looks at the range and quality of currently available service and provides candid comments from the providers. This 68-page publication is available at no charge from: The Ford Foundation, Office of Reports, 320 East 43rd Street, New York, NY 10017.

DO YOU KNOW THAT . . .

Family Sexuality Education Month

October 1984 is National Family Sexuality Education Month. During that time, hundreds of communities and organizations will be presenting special programs to highlight this 10th annual event (expanded this year from one week to one month) which is dedicated toward "enhancing parent-child communication about sexuality and promoting the helping role of schools, churches, synagogues, and related organizations." Through the Coalition for NFSEW, SIECUS, along with dozens of other national groups, supports these efforts to provide "a climate of individual, family, and community well-being through effective sexuality education."

SIECCAN Newsletter

The Sex Information and Education Council of Canada (not affiliated with SIECUS) publishes a very interesting and informative newsletter, edited by Dr. Michael Barrett, dealing with a wide range of sexuality topics and resources. A subscription to the newsletter is included with membership in the organization but it may also be ordered separately. For full information, write to: SIECCAN, 423 Castlefield Avenue, Toronto, Ontario M5N 1L4, Canada.

SSTAR Annual Meeting

The tenth annual meeting of the Society for Sex Therapy and Research will be held October 19-21, 1984, in New York City. The program's focus will be on "The Evaluation of Sexual Dysfunction." For further details and registration information, write to: Marian Dunn, PhD, Department of Psychiatry, Downstate Medical Center, 450 Clarkson Avenue, Brooklyn, NY 11203.

Families in Sexual Crisis

From September 1984 through April 1985, the program in Human Sexuality at the University of Minnesota will present for counseling professionals a series of five workshops focusing on assessment and treatment of adults, adolescents, and children who experience sexual abuse within their families. For further information, contact: Diane Campbell, Program in Human Sexuality, 2630 University Avenue SE, Minneapolis, MN 55414; (612) 376-7520.

NCFR Conference

"New Families for a New Era" is the theme for the 1984 Annual Meeting of the National Council on Family Relations to be held October 16-20 in San Francisco. For further conference information, write or call NCFR, 1219 University Avenue SE, Minneapolis, MN 55414; (612) 331-2774.

Resources to Write for . . .

A Kid's First Book About Sex (\$5.50 plus \$1.00 p/h) and **Let's Talk About Sex and Loving** (\$6.00 plus \$1.50 p/h) are both publications from Yes Press. The first, with text by Joani Blank and pictures by Marcia Quackenbush, has sections on nudity, touching, sex parts, masturbation, orgasm, privacy, sexual intercourse, and partners, with open-ended questions throughout to help elementary school-age children relate the information to themselves. *Let's Talk About Sex and Loving*, by Gail Jones Sanchez and Mary Gerbino, with illustrations by Cynthia Rapp, is for parents to read to their children aged 5-9. Information is presented on menstruation, wet dreams, love-making, reproduction, touch that does and does not feel good, sexual curiosity, private time, "bathroom words," and adopted and foster children. Asterisks throughout the text suggest places for parents to stop and talk with their children about values. To order, write to: Yes Press, P.O. Box 2086, Burlingame, CA 94010. 94010.

Friends and Lovers in the College Years (1983) is a 120-page publication formulated by a committee set up by the Group for the Advancement of Psychiatry to explore the character and vicissitudes of college students' relationships with other students, faculty, family, etc. The 12 chapters include discussions on developmental theory, love and sex, living together, homosexual relationships, relationship difficulties, and transition from college. To order, send \$12.50 (plus \$1.50 p/h) to: The Mental Health Materials Center, 30 East 29th Street, New York, NY 10016.

The Herpes Handbook (1981), published by the Venereal Disease Action Council of Portland, Oregon, is a 44-page guide to the physical and emotional aspects of oral and genital herpes. Written in a question-and-answer format, it covers transmittal, symptoms, diagnosis, treatment, effect on sexuality and child-bearing, reactions of anger and depression, and experiences of people who have contracted herpes. To order, send a check or money order for \$2.00, payable to V.D.A.C., to: Herpes Handbook, 3231 SE 50th, Portland, OR 97206. Bulk rates are available.

Youth Drama Troupe: A Handbook by Janis Scott and David McIlwraith is a 1983 publication of the Department of Public Health of the City of Toronto. This 50-page booklet is based on their experience in establishing STARR (Students Talking About Responsible Relationships) and their belief that such adolescent theater groups which develop and act out a series of skits based on teen life experiences are an effective tool for sex and family life education. Sections are included on hiring a director, recruiting and auditioning actors, rehearsals, promotion and publicity, performances, and evaluation. Appendices provide examples of job descriptions, letters to parents, publicity flyers, evaluation forms, etc. To order, send \$3.00 (includes p/h) to: Resource Centre, Main Floor, City Hall, Toronto, Ontario M5H 2N2, Canada.

DO YOU KNOW THAT . . .

Resources to Write for . . .

Details on the Diaphragm, Facts on Foam and Condoms, Information on the IUD, Notes on Natural Family Planning, Pointers on the Pill, and Summary on Sterilization are a set of six fold-over pamphlets of eight to 10 pages each, published by the City of Toronto Department of Public Health. Each gives pertinent factual information and advice about a particular method of birth control: What is it? How does it work? Instructions for Use; Side Effects/Complications; and Additional Considerations. Each pamphlet contains: a page entitled "When Am I Fertile?" giving information on determining fertility based on the menstrual cycle, cervical mucus, basal body temperature, and other signs; and a chart labeled "User Effectiveness of Birth Control Methods" comparing all the methods covered, plus chance (using no contraceptive methods). These publications are available in set quantities of 25 (of any combination of titles) for \$5.00, 50 for \$10.00, or 100 for \$15.00 from: Resource Center, Main Floor, City Hall, Toronto, Ontario M5H 2N2, Canada.

The Journal of Research and Development in Education devoted its Winter 1983 issue, guest edited by Allan Ornstein and Anne McGreary Juhasz, to the topic of "Sex and Education." Among the subjects covered by the 10 articles are: the role of the family in sex education, moral principles and values; legal aspects of sex education; curriculum issues; variations in sexual behavior; and sex differences in ability and achievement. To order, send \$6.25 to: Journal of Research and Development in Education, 422C Aderhold Building, University of Georgia, Athens, GA 30602.

Ten Comic Strip Ads for family planning client recruitment, education, and fund-raising purposes are available from Planned Parenthood of Marin and Sonoma. Each theme was initially developed by PPMS board and staff and then put into comic-strip form by a syndicated cartoonist. Specific graphics and information are designed to appeal to teens, adults, and parents. Given the positive response from readers of these ads, PPMS is now making them available to other agencies providing family planning services. The ads are camera-ready and can be reduced or enlarged. The cost is \$200 for 10 comic strips or \$125 for a choice of five. Descriptive brochures are available from: Sharon Keating, Director of Education, PPMS, 20 H Street, San Rafael, CA 94901.

Toxic Shock Syndrome: Assessment of Current Information and Future Needs (1982) is a 116-page report of a study done by the Divisions of Health Sciences Policy and of Health Promotion and Disease Prevention of the Institute of Medicine, National Academy of Sciences. The report reviews present knowledge concerning clinical, epidemiological, pathological, microbiological, and other aspects of toxic shock syndrome. Recommendations for future research are presented in the last chapter. It is available for \$10.50 from: The National Academy Press, 2101 Constitution Avenue, NW, Washington, DC 20418.

Making Choices: Evaluating the Health Risks and Benefits of Birth Control Methods (1983) by Howard W. Ory, Jacqueline Darroch Forrest, and Richard Lincoln, a 72-page publication of the Alan Guttmacher Institute, is designed to help health care professionals, consumer groups, and the media provide information that will assist couples and individuals in making informed, rational contraceptive choices. Like other AGI publications, it contains many charts and graphs to illustrate the statistics discussed in the text. Topics covered include current access, use, cost, failure rates, and major complications and death rates. The birth control methods discussed are the pill, IUD, various barrier methods, withdrawal, natural family planning, tubal ligation, and vasectomy. Also provided are a list of common fallacies regarding contraception along with correct information, data concerning prospects for new methods of fertility control, and a complete list of contraceptives obtainable in the U.S. To order, send \$6.00 (includes p/h) to: Alan Guttmacher Institute, 360 Park Avenue South, New York, NY 10010. Bulk rates on request.

The Truth About AIDS: Evolution of an Epidemic by Ann Giudici Fettner and William A. Check (1984, 288 pp.), although written before the latest research findings were announced, contains some useful background information. It also discusses "The Secondary Epidemic: The Politics of AIDS"—detailing the fears and prejudices that have sprung up, the lack of cooperation among researchers, and the problems involved in securing funds. A glossary and annotated selected bibliography are included. Copies may be ordered at \$15.95 each from: Holt, Rinehart and Winston, 383 Madison Avenue, New York, NY 10017.

Counseling in Marital and Sexual Problems: A Clinician's Handbook, edited by Robert F. Stahmann and William J. Hiebert, is now available in a revised third edition (1984). The revisions and updating focus on the field of marital counseling/therapy as a distinct mental health profession, and chapters are included on transgenerational issues, hypnosis, the implications of birth order, healthy couple interaction patterns, and role issues and their impact on marriage and marital therapy. This 263-page book, priced at \$18.00, may be ordered from: Lexington Books, D. C. Heath and Co., 125 Spring Street, Lexington, MA 02173.

Herpes and AIDS: How to Manage the Mania by Art Hoffman is a package of materials for a one-day workshop designed to give counselors, educators, health care professionals, or consumer groups a balanced perspective on these two sexually transmitted diseases. A 12-page outline for the workshop covers objectives, factual information, and suggested activities. Other materials include: examples of media coverage of AIDS and herpes, consumer pamphlets, a nationwide listing of local support groups, a bibliography, and a pre- and post-test. The package is available for \$5.00 (check payable to the Center for Health Training) from: Art Hoffman, HED/HSD, Box 968, Santa Fe, NM 87504-0968.

BOOK REVIEWS

Your Children Should Know. Flora Colao and Tamar Hosansky. New York: Bobbs-Merrill, 1983 (160 pp.; \$16.95).

Reviewed by Sandra Butler, MA, counselor in private practice, San Francisco, Calif.; author, *Conspiracy of Silence: The Trauma of Incest* (1978).

Your Children Should Know is an important and splendid book. The collaboration of Tamar Hosansky, who co-founded the Safety and Fitness Exchange (SAFE) as an alternative to traditional crime prevention and martial arts training, and Flora Colao, the founder of the St. Vincent's Rape Crisis Program, offers children, parents, and concerned professionals and community people an engaging, easy-to-read, and effective manual of prevention information, techniques, and strategies in dealing with sexual assault. The book is based on the premise that to be a "good" child is increasingly to be a "vulnerable" child. Children who obey adults, who do not question authority figures, and who trust close adults to keep them safe are children who are more likely to be part of the increasingly alarming statistics which indicate that one in four girls is sexually assaulted before her eighteenth birthday and that 85% of the assailants involved are adults she knows and trusts.

This is a sobering reality and requires radical re-thinking about what children need to know to remain safe, strong, and free. While many authors have emphasized the importance of saying "no" to unwanted touching, of trusting one's instincts if something feels "funny," or not promising to keep "secrets" if they are burdensome, Colao and Hosansky extend the boundaries of permissible and appropriate behaviors. They teach children to run, scream, hit, and kick as self-defense strategies. These are well illustrated with photographs which make it clear that such training is not violence. "Rather than becoming frightened or paranoid, children were exhilarated by their new knowledge . . . children learned to channel their strength and skills appropriately."

Once children have the information and skills they need to escape a potentially dangerous situation, they have a greatly increased sense of their own power and physical potential to keep themselves safe. The book is written from the perspective of the child: the reader is reminded of how "big" the world is to a young person, how quickly a stranger can become a friend after just a few minutes of warm conversation (thereby belying our well-meaning warnings about strangers), and how frightened children often are to tell an adult about having been molested. It is this vision of the world through the eyes and the experience of a child that gives the book its sense of the enormous respect the authors have for children. Their ability to recapture the child's world is testimony to the ways they have listened to and learned from them.

The chapter entitled "What to Do If It Happens" is worth the book alone. It is a practical, step-by-step explanation for parents of ways to deal with the medical, legal, and therapeutic realities that often follow reported cases of child molestation. It is an invaluable resource for parents who may be feeling uncertain, powerless, hopeless, or paralyzed. The authors provide clear guidelines for choosing a counselor and offer specific techniques for working successfully with a child and her/his family. Utilizing an "activist" therapy model, the authors break new ground and encourage therapists and supportive adults to enter the child's environment, where, after all, she/he is afraid, and to take children shopping for bells, chimes, whistles, night-lights—whatever makes them feel that their fear is acknowledged and understood, that their reality is affirmed, and that there are things they can do to feel and be safe. Therapy, in the minds of these authors, means being involved in the daily lives of children.

The book concludes with suggestions of ways to incorporate prevention programs into school curricula and to develop community-wide programs and martial arts classes for children—all

these grounded in a vision of a world where children can move into their sexuality and feelings in their own time. **A, P, PR**

Sex Education Begins at Home: How to Raise Sexually Healthy Children. Howard R. and Martha E. Lewis. Norwalk, Conn.: Appleton-Century-Crofts, 1983 (236 pp.; \$7.95 paper).

Reviewed by Jean S. Gochros, PhD, Associate Director, Human Options, Inc., Honolulu, Hawaii; author, *What to Say After You Clear Your Throat: A Parent's Guide to Sex Education* (1980).

This is the second in a projected trilogy of books for parents on sex education. The first focused on teenage sex and pregnancy, the third will focus on sexual abuse. This one, a general guide to sex education covering a wide range of topics and ages, is far superior to the initial volume in that, unlike the first, its writing is informal, sex-positive, enjoyable, and empathic to parent and child alike. In addition to topics usually found in such books, there are excellent discussions of such areas and concerns as child sexuality, masturbation, helping teenagers cope with peer pressure, anorexia, adolescent depression, helping teenagers determine whether they are "ready" for sexual intercourse, sexism, and the art of communication.

I do have a few criticisms to make. Such topics as (heterosexual) sex abuse, retardation, cultural differences, and such physical disabilities as cerebral palsy or blindness considered in relation to sex education are omitted. For a book that purports to be "the most useful, complete guide," omissions like these are unfortunate.

Also, the Lewises suggest that school sex education programs are simply poor substitutes for what parents can teach their own children, and are necessary only because some parents fail to do their job. Presumably, then, parents who feel they have done a good job need not

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

send their children to sex education classes, and if eventually all parents were to provide sex education, we could eliminate school programs. I would argue that, in our society, schools are mandated to share with parents the responsibility for socializing children into basic societal values and providing them with the information needed for adult life. Parental and school functions differ only in that schools add to the limited information parents can be expected to provide; parents promote their own particular religious views, and schools provide a marketplace of ideas. Not only do I see no reason to exclude sex education from the school framework, but also I consider "shared" responsibility even more important in this area than it is in other subjects. I would urge parents to insist on adequate programs that truly involve their participation, opening three-way doors to communication between school, home, and child.

The most uneven part of the book is the chapter on same-sex activity. Most of it is sensitive and informative. Cautions against labeling and dichotomizing heterosexuality and homosexuality are particularly well done. The discussion of "coming out" raises a valid issue: Teenagers who openly declare themselves gay or lesbian may limit their social/sexual and career options. To come out is a decision not to be forced or made lightly, particularly at an age when sexual preference may be highly unstable. Nevertheless, what I sense as an underlying negative view of homosexuality often implies that occasional same-sex activity is normal, but that exclusive adult homosexuality, while not exactly "sick," is certainly undesirable, to be deterred or cured if at all possible. The Lewises never exactly say such things, but their choice and placement of references, wording, and organization often convey such a message.

For example, four pages are devoted to potential or actual "seduction" by an older gay man, compared to not one sentence in the book about heterosexual molestation. An excellent and reasoned discussion is followed by dire warnings about what may happen if a child (particularly a "child" over the age of 21) finds seduction by a loving fatherly man too pleasurable. In their "telling" a six-year-old about homosexuality, parents are advised to include warnings about molestation and a statement that "this way of life is not for the majority and does not lead to a family."

The purely negative view presented

here of coming out panders to excessive fear and misses the purposes of coming out. The authors' implication, which also appears occasionally in their discussion of heterosexuality, is that one need not and should not be honest if it is "uncomfortable" or "risky." Such an attitude negates the purpose of the book and contradicts the authors' earlier calls for adolescents to think for themselves rather than submit to pressure from the crowd. More important than "acceptance" are honesty, integrity, and the courage to stand up against oppression. If we do not model and teach such values to children and adolescents, we can hardly expect them from adults.

Such weaknesses are disappointing since we can assume that the parents reading the book are not experts in sex education and will therefore not be looking at it with a critical eye, but they do not erase this book's general value. For the most part, it can be highly recommended. A, P

Talking With Your Teenager: A Book for Parents. Ruth Bell and Leni Zeiger Wildflower. New York: Random House, 1983 (127 pp.; \$8.95).

Reviewed by Susan H. Afriat, Coordinator of Training and Education, CHOICE, Philadelphia, Pa.

No one ever said it was going to be easy for parents to get through the teenage years with their children and most parents will probably agree that it is not. But support and suggestions abound in the pages of *Talking With Your Teenager* by Ruth Bell, a member of the Boston Women's Health Book Collective, and Leni Zeiger Wildflower, co-author of *Changing Bodies, Changing Lives*.

While never minimizing the difficulties, the book conveys positive attitudes. Its basic philosophies are that "we're trying to be the best parents we can" and "parents and children need help in getting through adolescence." Both of these attitudes are clearly communicated in the text and in excerpts from hundreds of interviews with parents and adolescents—excerpts that are consistently interesting and provide numerous examples of "real-life" situations showing parents that they are not alone in the difficult task of parenting teenagers. The chapter entitled "What Is Adolescence?" which gives basic information about this stage of development, points out that it's difficult for both genera-

tions: It's hard for the children to know exactly what is required of them in order to become adults, and it's hard for parents to know what is right for their children because so many changes have taken place since they themselves were adolescents.

Some of the best suggestions in the book can be found in the chapter on "Communication." For example, in discussing the issue of appearance, Bell and Wildflower suggest that "the more we can accept their [the children's] choices, the less likely it is that our entire family communication system will break down over a haircut or a sexy blouse." They go on to say that more difficult subjects—such as sex, drugs, risk-taking, drinking, etc.—do need to be discussed thoroughly and that parents need to be sure the communication system remains open for these topics. This common-sense approach, while perhaps not acceptable to everyone, is evident throughout the book, which is written for the literate and somewhat insightful parents who will be able to digest all that is here, choose what is appropriate for their own family, and tuck the rest away for future reference.

I was most eager to read the chapter on sexuality—and I was not disappointed. The authors claim that "most adolescents will have some form of sexual activity" and they then present ideas on how parents can deal with such behaviors. The excerpts from the parent interviews are particularly helpful, discussing concerns ranging from how other parents have communicated (or not communicated) with their children about sexuality to examples of how parents have dealt with the consequences of sexual behaviors, such as pregnancy and abortion. The authors clearly believe that adolescents are not getting enough support in their efforts to be cautious about sexual behavior, and they encourage parents to communicate values and discuss sexuality whenever possible. This chapter also includes generally excellent and comprehensive discussions of each birth control method and its advantages and disadvantages, pregnancy and the options available for pregnant teens (adoption, abortion, parenting), sexually transmitted diseases, and homosexuality. One change that I hope will be made if and when the book is reprinted is to state more clearly that withdrawal and douching are not effective methods of birth control. They are listed directly following the more effective methods and the

very brief introductory paragraph does not stand out. Perhaps they should be enclosed in a box by themselves under the heading of "Not Effective."

One point made in this chapter struck me as an excellent reminder of our role as parents. In discussing sexual activity, the authors state that it is not necessary for us to rearrange our lives to accommodate our children's desires, nor is it our place to promote their sexual activity. It will always be appropriate for us to say "no" to requests which may keep them from taking responsibility for their own behavior. This message is clearly illustrated in an interview with a parent whose daughter asked her to buy her some contraceptive foam when she ran out of it. The mother refused, saying that it was up to her daughter to take responsibility for her own sexual activities. She felt that by buying the foam she would be promoting a behavior she didn't feel entirely comfortable with.

The other chapters in the book include discussions and information on puberty, body changes, and emotional growth, and an excellent section on drug and alcohol abuse and eating disorders. I certainly learned a great deal about substance abuse and felt quite overwhelmed by the data on the assortment and quantity of drugs available to adolescents today.

One of the questions teenagers frequently ask their parents is: "Why don't you trust me?" Bell and Wildflower offer this reply: "No matter how much I trust you, everyone makes mistakes." This is the kind of help and support that parents need—they need the words to say to their children. *Talking With Your Teenager* will help parents find those words and let them know they are not alone during this often tumultuous period in family life. **A, P, PR**

Reaching Your Teenager. Elizabeth C. Winship. Boston: Houghton Mifflin, 1983 (256 pp.; \$7.95 paper).

Reviewed by Sol Gordon, PhD, Professor, Department of Child and Family Studies, Syracuse University, Syracuse, N.Y.; member, SIECUS Board of Directors.

Elizabeth Winship, a popular and widely syndicated voice of sanity for teenagers ("Ask Beth"), has written a straightforward and reassuring guide. It will be especially useful for "mainstream" parents—the so-called average mothers

and fathers who were essentially unaffected themselves by the drug culture, the "flower period," and the "me" decade as they were growing up. While the tone is sober and conservative, the text certainly supports all the 1984 SIECUS Position Statements (presented in the March 1984 *SIECUS Report*).

The author discusses the many concerns parents have about various aspects of their teenagers' emotional and social development—concerns about the physical changes in puberty, premature sexual experiences, working out rules and guidelines, choice of friends, punishment, self-esteem. And she believes that, even though our complicated present-day life may generate a certain amount of alienation between youth and age, parents can still accomplish a lot if they understand how to reach out. She notes that, in the hundreds of thousands of letters written to her column, "I hear kids crying out for good, honest communication, for clear and rational limits, for true responsibility, and for respect as individuals."

One thing I particularly like about this book is its basic attitude toward adolescents. Certainly, it talks about problems—growing up has always involved

problems—but Winship sees adolescence not as a kind of disease but as "a wonderful age, full of energy, curiosity, and high spirits."

The book could have used a really good section on how to help teenagers appreciate the difference between mature and immature love, and its section on drugs is not quite as substantive as it might have been. But, all in all, the content is well developed and the bibliography carefully selected. I highly recommend it for parents of teenagers. **P**

Sexual Turning Points: The Seven Stages of Adult Sexuality. Lorna Sarrel and Philip Sarrel. New York: Macmillan, 1984 (320 pp.; \$14.95).

Reviewed by Sandra R. Leiblum, PhD, Associate Professor of Clinical Psychiatry, Director of Sexual Counseling Service, University of Medicine and Dentistry of New Jersey, Rutgers Medical School, Piscataway, N.J.

Growing up sexually is a life-long process, not one that is readily or easily accomplished by early adulthood. In their book, *Sexual Turning Points*, an eminently readable and enlightened discussion of the course of adult sexual development, the Sarrels, a wife-husband social worker-gynecologist team, chart the major markers that mobilize growth and development across the life cycle. Through many apt examples and reassuring discussion, they illustrate that sexual behavior is rarely static and fixed, but is instead fluid and evolving. Thus, it's never too late to mold and modify the sexual person we think we are. In fact, change is the name of the game.

Change is mediated by sexual turning points, those "specific and predictable life events experienced by most people, that tend to produce changes in sexual behavior, attitudes, and feelings." These "markers" include not only biological turning points, such as puberty, pregnancy, menopause, illness, and aging, but interpersonal and social transitions as well, such as first love, early marriage, parenting, breaking up, and losing a spouse.

In reviewing the sexual life cycle, the Sarrels elect to begin at puberty rather than at childhood. Identifying menarche and semenarche (a term coined by Philip Sarrel to denote first ejaculation, the biological male counterpart to first menses), the authors discuss how these

Choices: In Sexuality with Physical Disability

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Joan L. Bardach Ph.D., Project Director
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... Choices is a film which can be used time and time again in rehabilitation facilities human sexuality programs and in any group where issues of sexual interaction and adjustment to a disability are being discussed. If both parts cannot be purchased, Part 1 is a tremendously good discussion starter and should not be missed...

Pam Boyle, Coordinator: Reproductive Health and Disabilities Program of the Margaret Sanger Center of Planned Parenthood, NYC.

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biological events trigger interpersonal and sexual value dilemmas: the shifting of emotional attachment from parents to peers, the common concerns about sexual orientation, the anxieties of early sexual experimentation, and the pleasures and responsibilities of first intimacy. Throughout this chapter and all subsequent ones, case examples are frequently presented to highlight critical issues and carry cogent commentary. The experience of making and breaking commitments is designated as the second sexual turning point and here the Sarrels review decisions regarding living together, the conflicts about commitment experienced by so many young lovers (particularly these days), and abortion.

In discussing the third turning point, "Marriage for better or worse (in bed)," the Sarrels note that sexual passion often simmers down following the trip back from the altar. The real struggles many couples face in negotiating daily life together, dual careers, sex-role expectations, and extra-marital attractions are highlighted. Within this extended chapter a subsection on sexual hurdles notes common sexual problems and their remediation—a "once over lightly" sex therapy review. Also included is a session-by-session treatment summary illustrating the therapeutic program of a couple complaining of early ejaculation and loss of sexual arousal. While, as in so many of the case examples presented in the book, this one ends with the couple's problems happily solved, the use of these case examples does demystify the process of sex therapy and may be of help to individuals and couples contemplating such a venture.

Pregnancy and postpartum sexuality are covered in the next chapter. The authors do a good job in identifying the ambivalence many couples feel in electing pregnancy over childlessness, but one wishes they had spent more time exploring the myriad of sexual issues raised by infertility. With 10-15% of couples of reproductive age experiencing infertility difficulties, a discussion of the problems presented when love, sex, and pregnancy do not proceed smoothly would be helpful.

Common parenting concerns are addressed in the chapter on "Parenting—new roles, new challenges." Sensible advice is offered to parents for dealing with children's questions regarding sexuality and with their own tendency to equivocate.

Reflecting the current reality that few American couples live happily ever after

(together), the Sarrels identify a sixth stage of the sexual life cycle, "Making love the second time around," and a seventh stage, "Keeping sex alive (and lively)." Here, the Sarrels cover age-related changes in sexuality, including a discussion of the effects of illness and poor health on sexual performance.

The Sarrels have written an extremely useful book; the life-cycle model is particularly helpful for reviewing adult sexual growth and development. Furthermore, this lively, upbeat book reassures as it educates and reminds the reader that sex is reactive not only to the trials and tribulations of daily life, but also to those more predictable and pivotal changes related to the normal life cycle. Well written and entertaining, *Sexual Training Points* illuminates our awareness of the fact that the job of growing up sexually never really ends. **A, P, PR**

cise and extremely interesting report on 50 studies on cardiovascular changes, metabolic changes, pelvic muscle tension, pelvic blood flow, modification of blood flow, orgasm, and perception involved in sexual response. The authors' final conclusion is an important statement to all of us: "The individuality of sexual response suggests . . . that we should emphasize one's uniqueness of response."

James B. Nelson begins his chapter on "Sexuality Issues in American Religious Groups: An Update" by stating that no previous period in history has produced a comparable amount of books, ecclesiastical studies, caucuses, and movements on sexual views of religious groups. He then proceeds to present a concise update of the changes that have evolved, especially on the topics of homosexuality, women's issues, and the general position of sexuality in the three religious traditions of Judaism, Roman Catholicism, and Protestantism.

If you have ever asked yourself what sexual values would be most beneficial for children, parents, and society as a whole, you should read the chapter written by Peter Scales on "Sex in Politics and Policy." He examines sexuality education, abortion, sexual rights, family planning services, political action committees, the "religious right," and the impact of politics and policies on sexual behavior. He ends with a plea to the proponents of all views not to get locked into a state of uncompromising dichotomies which will result in a civil war of politics.

In the first half of her "Review of the Current Status of Human Sexuality Training Programs for Professionals," Ann Kofel Welbourne presents a historical overview; definitions of human sexuality; and discussions of the components of education and training programs, use of sexually explicit materials, and certification. In the second half—which addresses the status of specific programs for educators, health professionals, psychologists, marriage and family therapists, social workers, religious leaders, criminal justice personnel, and sex therapists in postgraduate training—she confronts the reader with the often overlooked educational commonalities of these different disciplines and then provides valuable information on specific programs.

The enormously complex issues of "Sexual Health Service for the Family" are discussed by Harold I. Lief in the sixth chapter. While the author defines

Human Sexuality and the Family. James W. Maddock, Gerhard Neubeck, and Marvin B. Sussman, eds. New York: Haworth Press, 1983 (159 pp.; \$22.95).

Reviewed by Ronald Moglia, EdD, Associate Professor, Human Sexuality Program, New York University.

According to co-editor Marvin B. Sussman, this volume is dedicated to the theme that human sexuality is not only a fundamental aspect of family life, but is also an "interpenetrating of the mind set and behavior of human beings." To support this statement, the editors offer 12 chapters that not only add some new ideas about the place of sexuality in the family but also go beyond this to show how widely sexuality influences human behavior and thought. For this reason, the book's usefulness is not limited to the family life area.

In Chapter 1 on "Sex in the Family System," James W. Maddock addresses the failure of theories regarding the family to make conceptual connections with theories of sexual behavior. Instead of treating sex as a conceptual and clinical area within the family field, he promotes the thesis that "sex is one of the four primary existential dimensions underlying family life"—sexual, systemic, developmental, and historical—and puts forth eight theoretical propositions on family sexuality.

The second chapter, "Update on Sexual Physiology Research" by Joseph G. Bohlen, James P. Held, and Margaret Olwen Sanderson, is a remarkably con-

sexual health care as encompassing a wide range of services, his review focuses on the problem-oriented approach to sexual health and on the use of sex therapy and counseling. Important issues covered in this expansive discussion include: the history of sex therapy, range and frequency of sex problems, resources for sexual health care, and problems in sexual health care, including finances and ethics.

In her chapter discussing the "Effects of Changing Sex Roles on the Intimate Relationships of Men and Women," Eleanor D. Macklin states that, even though behaviors are not changing as rapidly as attitudes, new roles between the genders are becoming a reality. These changes affect dating and courtship behaviors; communication and emotional intimacy patterns; modes of sexual interaction; and relationships of single, married, heterosexual, and gay people. Skillfully she illustrates the ambivalences and uncertainties of sex roles during this period of change and predicts the characteristics of future roles.

Robert Whitehurst breaks away from the mode of the preceding chapters in his discussion of "Sexual Behavior in and out of Marriage" by relying much less on current research and more on personal philosophy. However, many readers will find the author's ideas provocative, especially his statement that "youth appear to find rewards not only in sexual practices but also in pregnancy," and his reference to "the potential for serious black disruption in cities as male shortages prevent large numbers of black women from forming serious relationships with men who are interested in family-building."

L. Theresa Silverman-Watkins' exploration of "Sex in Contemporary Media" relies more on cited research, and she admirably makes the point that people are more tolerant of sexual themes that are perceived as less personally relevant. The author unfortunately does not make distinctions between erotica, pornography, and violent pornography—important distinctions in such a discussion.

The last chapters, while of some interest, are weaker and less informative than the preceding ones. Kris Jetter entices the reader with a fascinating proposition: "Developmental Sexology: Ontogeny Recapitulates Phylogeny." His supporting evidence, however, leaves much to be desired. Jonathan B. Jeffery, in his "Selective Guide to Current Reference Sources in Human Sexuality and

the Family," actually misleads the reader by presenting an outdated and unsophisticated list of materials. Indeed, the above two chapters support Gerhard Neubeck's conclusion in his "Epilogue: Sex in Retrospect and Prospect": "We have come a long way . . . however, we still have quite a ways to go."

The few weaknesses in this volume are greatly overshadowed by its strengths. It would be an excellent supplemental text for a college-level course in human sexuality. (Note: *Human Sexuality and the Family* has also been published as *Marriage and Family Review*, Vol. 6, Nos. 3/4, Fall/Winter 1983, available for \$10.95 from The Haworth Press.) PR

period. Lauersen provides expanded coverage in the areas of fertility, genetic counseling, sexual aspects of pregnancy, and pregnancy and birth complications; Simkin et al. cover all aspects of child-birth preparation, parenting, infant care, and sibling preparation for the birth process and the new baby. Most importantly, however, both books, although vastly different in style, presentation, and length, emphasize the value of childbirth education, of communicating concerns and questions to birth providers, of personal responsibility for health, and of informed reproductive choices.

Lauersen briefly discusses birth control in the chapter on "Planning for Pregnancy" and again in the final chapter on postpartum concerns. Inexplicably, however, the rhythm, Billings, contraceptive sponge, vasectomy, and tubal sterilization methods are omitted. His chapters on "Fertility and Infertility" and "Sex During Pregnancy" provide sound information for prospective parents and are written with sensitivity and frankness. Simkin et al. discuss birth control and sexuality in pregnancy only briefly but list titles and descriptions of books under a subheading on birth control in their recommended reading list.

In an era of increasing reliance on medical technology, the recommendations of the authors of both books for selective use of obstetrical medications, tests, interventions, and technology, based on appropriate indications, are welcome. With this topic, as with many others, Simkin et al. supplement the text with extremely complete charts summarizing each procedure, its benefits/purposes, and risks/disadvantages, along with other useful charts covering changes during pregnancy, nutrition information, labor and birth guide, medications, birth options, maternal positions in birth, and newborn reflexes.

The importance of choosing a care provider is stressed in both books, but a major difference in philosophy is apparent. The titles of Lauersen's chapters—"How to Choose an Obstetrician" and "The First Visit to the Obstetrician"—speak for themselves. It is regrettable that a book which describes other pregnancy and birth options omits consideration of either midwives or family physicians as providers of reproductive health care for women. Furthermore, there is no discussion of the free-standing birth center as a safe birthplace for low-risk childbearing women. It is essential that when alternatives are avail-

Childbirth With Love: A Complete Guide to Fertility, Pregnancy, and Childbirth for Caring Couples. Niels H. Lauersen. New York: G. P. Putnam's Sons, 1983 (608 pp.; \$19.95).

Pregnancy, Childbirth and the Newborn: A Complete Guide for Expectant Parents. Penny Simkin, Janet Whalley, and Ann Keppler. Deephaven, Minn.: Meadowbrook Press, 1984 (288 pp.; \$9.95 paper).

Reviewed by Diony Young, BA, consumer advocate and educator in maternal health; consultant to the International Childbirth Education Association; author, *Changing Childbirth: Family Birth in the Hospital*.

Two new titles have recently been added to the popular and crowded market of books on childbirth. The author of *Childbirth With Love*, an obstetrician-gynecologist and specialist in high-risk pregnancy, has written a valuable reference book in the personal style of a physician talking honestly and respectfully to a patient. *Pregnancy, Childbirth and the Newborn* is an exceptionally concise and comprehensive manual written by three highly experienced childbirth educators. Inevitably, considering the different professional training and background of the authors, Lauersen's book has a strong medical orientation and content whereas the manual of Simkin et al. has a strong physiological and self-help focus.

The books overlap in content, providing factual and practical information on the psychological and physiological aspects of pregnancy planning, pregnancy, nutrition, prenatal care, birth, breastfeeding, and the postpartum

able, information about them be provided so that prospective parents can make choices appropriate to their needs. Simkins et al. have done an excellent job in this respect.

Surprisingly, the books' differences in length do not reflect comparable differences in the amount of information provided since, in addition to including extremely useful and concise charts and extensive illustrations throughout, *Pregnancy, Birth and the Newborn* is superbly organized. It is an indispensable manual for expectant parents and lives up to its title of a "complete guide." *Childbirth With Love* is an encyclopedic reference book with a great deal of useful information. Although it is well indexed, a glossary and list of recommended readings would improve it. Both books are clearly written and aimed at a middle-class audience. A, P, PR

Promoting Sexual Responsibility and Preventing Sexual Problems. George Albee, Sol Gordon, and Harold Leitenberg, eds. Hanover, N.H.: University Press of New England, 1983 (440 pp.; \$30).

Reviewed by John M. Holland, PhD, Sexuality Consultant, Educator, and Counselor, Nevada City, Calif.

This book provides an excellent resource for professionals working toward sexual well-being for both individuals and society in general. It contains 22 papers given at the annual conference on the Primary Prevention of Psychopathology held in 1981 at the University of Vermont. The editors are involved in a commitment to reducing sexual problems through the elimination of root causes. Looking for the "cause of the causes" was a major objective of the conference, and this collection of papers is the product. While the material for the most part is not new, it is current and distilled, an asset to both the personal and professional library. The sexist nature of our society is named the primary "cause of causes" for sexuality problems. Within this premise, four topical areas are used to arrange the papers into manageable components.

Part 1 is entitled "Defining and Fostering Mature Sexuality in a Non-Sexist Society." The nine authors in this section demonstrate how sexism, manifested in sex-role distortion, double standards, and religiously rooted morality, is the

source of many sex-related difficulties, i.e., low self-esteem, imposed ignorance, body hatred, genitality concentrated intimacy, unplanned pregnancy, and sexual assault.

In "Women and Sexuality: Loosening the Double Binds," Julia Heiman cautions against "professionals talking only to each other" rather than to "potential targets for preventative action." She provides a thorough overview of female sexuality—going deep into the etiology of female sexual concerns. The Boston Women's Health Collective produced the information which Paula Doress and Wendy Coppedge Sanford compiled for "Reclaiming Our Bodies: A Feminist Experience in Sex Education" which outlines the kinds of sexual information found to be "freeing" for women and describes the benefits of support groups. Joseph LoPiccolo's "The Prevention of Sexual Problems in Men," in exploring how the limiting images of male roles and identity affect sexual functioning and relationships, suggests early training at home and school as the most effective change agents. In her paper's outline for "Defining Responsible Sexuality," Carol Cassell posits that, if "no harm to others" is involved, then the determination of what is responsible sexuality is an individual and/or family matter. "Nonsexist Sexuality," an excellent paper by Letty Cottin Pogrebin on how to better reinforce and encourage the sexual development of the child/youth/adult, describes, for example, how nudity in the home setting can be a positive resource for sexual learning and comfort.

Brian McNaught demonstrates through his autobiographical paper, "Overcoming Self-Hate Through Education: Achieving Self-Love Among Gay People," how he dealt with self-hatred as a same-sex oriented person in a closed morality system, and he graphically describes how homophobic anxiety has damaging fallout throughout society. Holistic approaches to sexuality and theology are added in "Religious Dimensions of Sexual Health" by James Nelson. "Religion is a terribly human enterprise," he begins. This open-ended entrance into sexual ethics is followed with several suggestions—one being the need for Jewish/Christian people to see their tradition as containing both positive as well as negative attitudes toward sexuality and "the body." Coming to an understanding of our sexuality, "we can also comprehend the fact that an enormous range of social justice issues are at risk."

John Gagnon's "On the Sources of Sexual Change," in questioning how much influence the sexual revolution is having upon attitudes and behavior, urges us to look for evidence of sexual change by looking into "discipline based" areas outside the dominant scene of sex therapy and education. As a result of this bias, his observations keep the reader exposed to scientific social-science data as distinguished from popular social-science assumptions emanating from such sources as magazine-based surveys. In "Sex Research in Preventive Psychiatry," Paul Gebhard notes that the way in which we describe sexual problems can promote professional and cultural misconceptions. He believes the tide of sexual ignorance among health professionals has indeed not been turned, and urges that more work be done with sexual behaviors where there is more agreement that these need to be prevented and halted, e.g., "sexual acts forced upon unwilling persons." Regarding preventive action, Gebhard suggests we provide useful knowledge and insights to people in an effort "to strengthen a person's feelings of competence, and to increase toleration for the imperfections of humanity, society, and self."

In Part 2, "The Damaging Consequences of Sexism," pathological and/or dangerous consequences of sexism are discussed under the topic headings of rape, the influence of aggressive pornography, child sexual abuse, and transsexuality. In "Transsexuality: The Epitome of Sexism and Homosexual Denial," co-editor Harold Leitenberg bravely pursues his premises based on findings from literature as well as on his own work. He states: "Most transsexuals seem to be expressing a dual motivation: repugnance and hatred for the gender identity they wish to discard and romantic glorification of the gender identity toward which they are striving." He questions the value of transsexual surgery and suggests that limiting gender images is perhaps where "re-forming" ought to be done.

"Aggressive Pornography: Can It Influence Aggression Toward Women?" Edward I. Donnerstein, in this interesting discussion, says yes, under certain circumstances where sexual scenarios show women victims exhibiting positive reactions to aggressive male behavior. His research demonstrates how males displace responsibility for their actions upon their unwilling victims by convincing themselves (and often the courts)

that "the woman asked for it." Preventing men from raping women is a major task—given that 50% of our population are willing to accept in some degree the myth that women want and ask for rape. Gene Abel continues this topic in "Preventing Men From Becoming Rapists" which presents a well-developed outline of some antecedent attitudes and behaviors leading to rape. Prevention and treatment methods are often unavailable because, even if rapists—fearing further prosecution—could be induced to talk about themselves, only a few professionals have enough understanding and training to work with them.

The final paper in this section is by Gertrude J. Rubin Williams. In "Responsible Sexuality and the Primary Prevention of Child Abuse," she paints a grim picture, showing how treatment programs are unable to curb significantly even exposed sexual child abuse. There is an unwillingness in local communities to embrace preventive measures. Sexism, pronatalism, early misuse of research on incest, and cultural images about the "carnal girl child" constitute some of the cultural obstacles to preventive action. Her appeal is clearly stated: "We must actively support sexually enlightened, egalitarian, child-advocating ideologies and programs directed toward primary prevention."

The papers in Part 3 deal with "Working With High-Risk and Low-Self-Esteem Groups." Gloria Blum, in "Self-Esteem and Knowledge: Primary Requisites to Prevent Victimization," provides excellent methodology for reinforcing self-esteem in the entire societal spectrum. Her professional posture is reflected in her statement that "no one is higher or lower than anybody else: we all have our lessons to learn." "Disability and Intimacy: The Importance of Sexual Health," authored by Sandra and Theodore Cole, provides material with specific age-related suggestions for dealing with the sexual health care concerns of children and adults with physical disabilities. The closing paper of this section is Sharon Satterfield's "Sexual Rehabilitation of the Cardiac Patient," in which she outlines the recovery and "life-changed" concerns of individuals having difficult heart conditions. Noteworthy is her inclusion of women in this usually predominantly male constituency.

Part 4, which discusses "The Arguments for Sex Education as an Approach to Sane and Mature Sexuality," acknowledges the need for refinement of method and know-how in order to

reach the community at large. Its realistic and energetic authors challenge a well-established cultural view that there exists "an invariant and right sex morality for all people, all the time." Eleanor Hamilton, through autobiographical sketches, shows in "From the Past to the Future" just how significant some of the changes have been in the area of sexuality. She also points to what still needs to be done—including the training of an increased number of competent sexologists. In "Childhood Sexuality: Approaching the Prevention of Sexual Disease" (the hyphen makes the meaning here very clear), Mary Calderone's message is positive, constant, and unwavering: Parents need to "honor, dignify, conserve, and celebrate their children's sexuality." Her concept of helping everyone grow into a state of "sexual wellness" suggests a resultant elimination of most of the sexual problems caused by the sexism and sex-negative posture of our present society.

In "Planning and Politics of Community-Based Human Sexuality Programs," Nancy Hamlin uses her own work to demonstrate a model sex education program, one which can be integrated into an overall curriculum that prepares peo-

ple for actual life experiences, and for which the community provides feedback and support. Mary Lee Neil Tatum's "A Rationale for Sex Education in the Public School" affirms the schools as our surest access to the largest number of parents and their children and examines ways to create for them a quality program of sexuality education. Co-editor Sol Gordon discusses "The Politics of Prevention and Sex Education," including direct messages on how to deal with anti-sex and anti-democratic movements and on the importance of utilizing media coverage to balance what the public hears about the issues surrounding sexuality education and other sex-related concerns. This is another of Gordon's calls for sexologists to infuse more sex-positive information into the society.

The closing paper is by Albert Ellis, eminent spokesperson for human rights for many decades. His paper, "The Use of Rational-Emotive Therapy (RET) in Working for a Sexually Sane Society," describes the therapeutic process he and his colleagues have developed and how it works with sexual problems. The need for rational ways to examine the usefulness of old belief systems is imperative.

The book, bottom line, is an excellent mini-library in an area the sexuality field tends to neglect. As co-editor Albee observes, "No mass disorder . . . afflicting humankind has ever been brought under control by attempts to treat afflicted individuals." PR

"A MAJOR ACHIEVEMENT."

—Pepper Schwartz, Ph.D., Co-author of *American Couples*

"EXCELLENT."

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"A TERRIFIC BOOK."

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Sexual Turning Points

THE SEVEN STAGES OF ADULT SEXUALITY
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A Book-of-the-Month Club Alternate Selection
336 pages / \$14.95

MACMILLAN

The Mirror Dance: Identity in a Women's Community. Susan Krieger. Philadelphia: Temple University Press, 1983 (199 pp.; \$19.95 cloth, \$8.95 paper).

Reviewed by Lynne Stevens, CSW, psychotherapist in private practice, New York, N.Y.

In *The Mirror Dance* Susan Krieger presents a fascinating research topic: a study of self-identity. She chose to look at this within the confines of a lesbian community located in a small mid-western town. She interviewed members of this group, focusing on problems of identity, boundaries, and definitions of self. The fact that lesbians are of the same gender with the potential of being sexual with one another adds further to the confusion that can be generated around issues of likeness/difference and autonomy/merger.

A lesbian community, on one hand providing a haven of support and validity for lesbians, can on the other hand exact the price of conformity for this support. Difference(s) can be threatening and take away from a sense of solidarity and group identity. As the author's study shows, lesbians, being outside the cultural norm, are constantly having to improvise new ways of relating. The question "Who am I?" is not easily answered with a check list of gender roles and behaviors. Lesbians, not being able to fall back on this, must ask more questions and come up with original answers since they experience a number of life problems that are different from those of heterosexuals. Usually, the group one relates to can help to answer some self-identity concerns. It can suggest a "mirroring" as in "Be like us and then you'll be a . . ." A lesbian can, as an avoidance technique, find another person to merge with and thus delay the asking of anxiety-producing selfhood questions. For lesbians there are both internal and external pressures, which at times are contradictory.

For her research, Krieger interviewed 78 women, asking questions about relationships, work, political orientation, etc. The book's chapters present narratives in both the third- and first-person, and each person dealt with appears again in succeeding chapters. After a time, trying to follow the personal accounts of the various women becomes a difficult and unrewarding task. Krieger's explanation for this choice of layout is that she wanted to integrate elements of the novel form with those of an objective study. Unfortunately, her experiment doesn't work. The concept of her intriguing study becomes lost in the haziness of the format and the inconclusiveness of her findings.

Multicultural Counseling: Toward Ethnic and Cultural Relevance in Human Encounters. John M. Dillard. Chicago: Nelson-Hall, 1983 (333 pp.; \$23.95)

Reviewed by Carol Mendez Cassell, PhD, Past President, American Association of Sex Educators, Counselors, and Therapists; author, *Swept Away: Why Women Fear Their Own Sexuality* (1984).

I was fresh with zeal from a recent Peace Corps tour and full of enthusiasm for the task at hand: coordinating the first Indian Health Service training program for Indian Community Health represen-

tatives on the topic of family planning. It was the early 1970s and the whole issue of contraception was, to put it lightly, controversial. After much planning and inviting, I was ready with success at having gotten the whole thing together and silently patted myself on the back as I introduced the keynote panel members representing the Ute, Navaho, Hopi, Apache, and seven Rio Grande Valley pueblos. Each was to talk about his/her own group's feelings about family planning and what methods had been used (herbs, teas, modern devices, etc.). As the initial speaker launched into her talk, a whole row of people walked out. Actually, they stomped out, each footstep reverberating around the room full of tribal leaders. I was dumbstruck. But my reflexes took hold and I ran out to catch up with them. I pleaded with them to tell me why they were leaving. After a few seconds of uncomfortable silence, the leader put it this way: "Zunis come before Utes. We don't speak after they speak." It was a "teachable moment." I learned good intentions aren't enough; what I didn't know about another culture was not only more vast than what I did know—it could actually be more important.

John Dillard's book, *Multicultural Counseling*, is a useful primer on how to avoid being caught in the myopic views of our own culture or being handicapped in communicating with others because of our limited understanding of their values and behavior. This text presents a dynamic communicative process model for developing workable cross-cultural counseling relationships. Dillard approaches the counseling relationship as reciprocal, emphasizing the contributions both counselor and culturally different client make toward achieving success in their interactions. He notes that a barrier to services being relevant in a multi-cultural setting is created because the major goal of counselors—to help change a client's behavior by positively increasing personal growth or self-awareness—is usually approached through the use of counseling techniques based on Anglo, middle-class values, reflecting the values and standards of the mainstream society. But what, dear reader, can we really peg as "mainstream" if we ourselves are culturally bound into the social norms of "mainstreamers"? I longed for a chapter devoted to an examination of the Anglo/WASP/mainstream counselor mores. However, this may be just nit-picking as Dillard does

weave into each chapter comparisons between what he labels "the dominant Anglo culture" values and the ethnic group values under discussion. The text discusses the psychological and social features of several ethnic groups, including Puerto Ricans, Mexicans, blacks, Chinese, Vietnamese, Southern Appalachians, and Native Americans.

The book is divided into four parts. In Part 1 Dillard lays out the issues surrounding cross-cultural counseling. Part 2 examines the social and psychological characteristics of each ethnic group and how these cultural variables come to bear on members' counseling relationships and on their attitudes toward mental illness and mental health professionals. He covers the problems as created by differences in social values, family structure, educational experience, socioeconomic status, religion, self-concept, and native language. Part 3 deals with the communicative process model integrating verbal and non-verbal elements of communication that Dillard identifies as precounseling, self-exploration, self-understanding, and action phases. He gives examples of culturally appropriate and inappropriate approaches to counseling to demonstrate how counselors can use the model successfully. Part 4 draws conclusions and offers methods for improving counselor training and practices, including a recommendation for involving more members of ethnic groups in the profession.

The book's style is readable, with an occasional lapse into academicism. Adding unique strength to this book are the structured exercises at the end of each chapter—including some mini-case histories of a client's situation—which give us an opportunity to test our understanding of the subject matter. These are really excellent "hands-on try-outs." I agree with Dillard's view that traditional counseling approaches are not only too limited to provide the necessary kinds of assistance across ethnicity but fall short for most groups because each ethnic culture contains intragroup variables. He states: "Every group has a unique pattern of social and personal problems and a unique response to traditional counseling intervention strategies. Thus, culturally relevant strategies are required. These strategies may draw on the unity and strength of the family system, or they have to draw on the sense of individualism that the group fosters."

This book is useful beyond the mental health field; it can be used by anyone

seeking to attain greater understanding of the diversity of "Americans." It also goes beyond the usual well-intentioned rhetoric which proclaims that the social-science professions, including sexology, need to become more aware of cultural pluralism and more expansive in their encouragement of multi-cultural participation: It provides some know-how.

PR

Oedipus in the Trobriands. Melford E. Spiro. Chicago: University of Chicago Press, 1982 (200 pp.; \$12.95).

Reviewed by Warren J. Gadpaille, MD, Associate Clinical Professor, Division of Child Psychiatry, Department of Psychiatry, University of Colorado Health Sciences Center, Denver, Colo.

This volume is one of a number of recent, and long overdue, impeccable scholarly efforts to correct the excesses of the theory of pure cultural determinism, which has had broad influence since Mead's and Malinowski's works appeared in the 1920s. Derek Freeman's refutation of Margaret Mead's description of a sexually untroubled adolescence in Samoa (*Margaret Mead and Samoa: The Making and Unmaking of an Anthropological Myth*, 1983) has received a great deal of publicity. Another, by Melvin Konner (*The Tangled Wing*, 1982) is encyclopedic in the breadth of its overview of the nature/nurture issues. A third is an earlier volume by Melford Spiro, *Gender and Culture: Kibbutz Women Revisited* (1979). Spiro is in a unique intellectual position to consider the nature/nurture controversy. He began his career in psychological anthropology, firmly accepting the then regnant dictum of cultural determinism, and undertook his initial studies of the kibbutzim confident that their experiments in radically different childrearing philosophies would provide further confirmation of the total plasticity of human nature. *Gender and Culture* details the findings, spanning 30 years of research, that caused him to abandon what he now calls "that fatuous theory."

Oedipus in the Trobriands is Spiro's reexamination of one of the most widely accepted anthropological studies used in support of cultural determinism in general and of the culturally contingent nature of the Oedipus complex in particular: Bronislaw Malinowski's field work in the Trobriand Islands in the 1920s led him to report that the Oedipus

complex did not exist among Trobrianders in its Freudian structure; rather, because of differences in family constitution and relationships that he traced to their matrilineal culture, Trobriand boys grew up sexually desiring their sisters instead of their mother, and harboring hateful resentment against their maternal uncle instead of their father. Malinowski's report has received, with few exceptions, virtually uncritical acceptance.

Spiro's reanalysis of the Trobriand field data—Malinowski's own and those reported by others—falls into three parts. The first reexamines the data base for Malinowski's hypothesis of a "matrilineal complex," as outlined above. The second part carries the reassessment further by examining the data for positive, empirical evidence of a Trobriand Oedipus complex in classical form. The final section uses the Trobriand material as a springboard for consideration of the universality of the Oedipus complex.

I believe any review of this book, at this point, must necessarily become disappointing to the reader. Spiro's presentation is so scholarly and exhaustive, so very closely reasoned, that only his conclusions can be given in a brief review. His most important contribution, indeed the only important contribution where so controversial a subject is at issue—the data and reasoning by which he reached those conclusions—cannot be synopsized. Only by reading the book itself can one reach any sense of conviction, either in agreement or in disagreement, with regard to Spiro's reanalysis of the data and the conclusions drawn from it.

In brief, Spiro argues that Malinowski's own data do not sustain his hypothesis of a matrilineal complex. To the contrary, the evidence is supportive of a particularly strong Oedipus complex. In exploring whether or not this conclusion may be valid, he rigorously outlines the conditions that must be met in testing the validity of this hypothesis, and demonstrates that the data meet his criteria and support the existence of a powerful Oedipus complex. Concerning the universality of the Oedipus complex, drawing upon wide-ranging cross-cultural anthropological research, his conclusion is, "How could it not be?"

The existence and possible ubiquity of the Oedipus complex is an issue of great relevance to anyone concerned with human sexuality. How one understands that issue carries implications that range from practical decisions about childbearing practices and clinical under-

standing of the consequences of differing rearing practices to very broad social and cultural phenomena. These implications were originally explored extensively by Weston La Barre (*The Human Animal*, 1954; *The Ghost Dance: Origins of Religion*, 1970), and some are examined by Spiro in this book.

It has been fashionable in recent years to dismiss the Oedipus complex, with almost a touch of intellectual contempt, as a fusty relic of ancient psychoanalytic mythology. But the rumors of its death are premature. Whether or not it is truly universal, it can be solidly demonstrated to be widespread cross-culturally. Where it exists, it exerts powerful influences sexually, psychologically, socially, and culturally. This elegant volume is recommended without reservation to everyone who wants the confidence of knowing that his or her position on the Oedipus complex, whatever that position may be, is informed by sound anthropological data. PR

Between Two Gardens: Reflections on Sexuality and Religious Experience. James B. Nelson. New York: Pilgrim Press, 1983 (193 pp.; \$8.95 paper).

Reviewed by Joe H. Leonard, Jr., Program Associate in Family Life, Department of Adult Ministries and Administration, American Baptist Educational Ministries, Valley Forge, Pa.

James Nelson's recent book is very much what it says it is, the reflections of a sensitive theologian and human being on our sexuality and its meaning for a religious outlook. At the center of this collection of essays is the author's conviction that, whereas nearly all Christian thinking about sexuality has begun with the dogmas of theology and elaborated on the implications of those dogmas for our sexual experience, the accent needs to be put on what our sexuality says about our *religious experiences*. Thus, Nelson's revolutionary approach is to ask what our experience of sexuality as embodied human beings can express about our religious understandings and theological dogmas.

Nelson's point of departure is the Christian affirmation that in Jesus Christ God became a human being. That central conviction of Christian faith means that human bodily experience, including (and especially) sexual experience, cannot be laid aside or ignored or derided. It has been, and Nelson would say

it is, the arena in which God reveals the divine intention for humankind. If we as Christians take this central conviction seriously, then our sexual experiences have something to say to our theology, at least as much as our theological ideas have something to say to our sexual experience. It is in our sexuality and in sexual relationships that we encounter the divine and the divine reveals itself to us.

Nelson defines spirituality and sexuality broadly: "By spirituality I mean not only the conscious religious disciplines and practices through which human beings relate to God, but more inclusively the whole style and meaning of our relationship to that which we perceive as of ultimate worth and power. Significantly, spirituality includes the ways in which our relatedness to the ultimate affects our understandings and feelings of relatedness to everyone and everything else." He goes on to define sexuality this way: "By sexuality I mean not only physiological arousal and genital activity, but also much more. While human sexuality is not the whole of our personhood, it is a basic dimension of that personhood."

Although sexuality does not determine everything about us, it permeates everything about us. The following sentences are for me very illuminating of Nelson's purpose: "In sum, sexuality always involves much more than what we do with our genitals. More fundamentally, it is who we are as body-selves who experience the emotional, cognitive, physical, and spiritual need for intimate communion, both creaturely and divine." Appropriately Nelson uses his own experience, sexual and religious, to illustrate the ideas he is presenting. While he is realistic about the alienation present in all of our lives, he is also realistic about our possibilities for integration.

Nelson's essays are an attempt to integrate human religious and sexual experience in the face of the western cultural schizophrenia which splits spirit and body, male and female. Salvation is the divine answer to our hunger for wholeness. Salvation comes because the eternal Word did indeed become flesh and, Nelson insists, continues to become flesh as God participates with us in all the ways we seek to satisfy our hunger for wholeness and communion.

It should be evident that I am enthusiastic about *Between Two Gardens*. Nelson's earlier work, *Embodiment: An Approach to Sexuality and Christian*

Theology

 (1978), is one of the finest theological books I have read. And this new collection of essays ranges over a whole variety of concerns including the contemporary debate on the nature of families and the sexual politics of the religious right-wing. I do, however, have one concern I would like to raise.

This concern has to do with Nelson's de-emphasis of legitimate sexual differences between males and females. He is concerned with affirming singleness, which I would also want to do, and he is committed to combatting the notion that only a male-female bonded pair constitutes wholeness. I have no problem with his intentions. But it seems to me that gender does make a difference. Theories of gender complimentarity have often been used to confine women to subordinate roles. Yet surely the wholeness of human experience requires the contributions of both female and male. A sexual relationship with a member of the opposite sex is certainly not a requirement for experiencing wholeness in one's humanity. But I believe that those theologians who have seen the image of God in the sexual polarity of two genders have a point, indeed a point not at all inconsistent with Nelson's basic thesis. As Carol Gilligan documents in her book, *A Different Voice*, the paths of male and female are different and both voices, at least on moral issues, need to be heard if social health and justice are to prevail. Biology is certainly not destiny. But biology does provide the basis for some significant differences between the life experiences of males and females, and these differences need to be recognized in order for there to be wholeness in the human community.

Actually the issue of gender polarity and how we are to understand it is part of a larger question: Is any person *whole* in and of her/himself? Are not relationship and community prior to any experience of self? I believe Nelson might well affirm that without relationship we can in no wise be a self. Or perhaps he is relying too much on psychology to see that self-acceptance, sexually or spiritually, is precisely not the act of an unrelated, hyper-individualized self but flows from the acceptance and affirmation of a community within which what it means to be a self is defined, modeled, and enabled. Nelson, on p. 108, says essentially what I am here affirming: that "human beings are destined for community as well as created by and in com-

munity . . ." [emphasis added]. I hope that, as Nelson continues to write and think, this powerful insight will be more and more applied to his compassionate and illuminating discussion of what it means to be female and male embodied persons.

If you are a person of faith, whatever your denominational tag, this book is required reading. **A, PR**

The Sexual Relationship: An Object Relations View of Sex in the Family. David E. Scharff. Boston: Routledge & Kegan Paul, 1982 (268 pp.; \$27.50).

Reviewed by Harold I. Lief, MD, Professor of Psychiatry, University of Pennsylvania School of Medicine; Psychiatrist to the Pennsylvania Hospital.

For those seeking an antidote to the mechanical cookbook approach to sexual dysfunctions and other problems, this book may be the answer. The author, David E. Scharff, has had top-notch education at Yale, Harvard, Massachusetts Mental Health Center, and Boston's Beth Israel Hospital, followed by additional work at first-class institutions in the United States and England, including training in adult and child psychoanalysis and in family therapy. Not only in the general discussions throughout the book, but also in the numerous case histories, he demonstrates a depth of understanding of the nuances and subtleties of sexual relationships.

The relationship of past to present—the influence of the family, especially of parents, upon the patient's adaptation, as well as the transference of those early relationships to the spouse—is thoroughly documented. As a psychoanalyst myself, I was intrigued and captivated by a great deal of the discussion and by the case illustrations. The approach, while psychoanalytic in its conceptualization, depends on a special school of psychoanalytic thought, namely object relations. Simplistically stated, in this approach the concept of "self" is split into its various components, e.g., "central ego," "libidinal ego," and "antilibidinal ego." Identifications with parents and their mental representations may also be split. The split parts of self are unconscious and are often projected onto spouses and lovers through a process called "projective identification." If one is reasonably familiar with this frame of reference, one can learn a great deal from this

book. If one is completely unfamiliar with this approach, I believe there is still enough to be gained to warrant its study. The reader must not be dissuaded by the specialized language or jargon encountered, nor be too irritated by the reification of the component parts of the self in which parts of the self are manipulated as separate entities. These possible deficiencies for the non-psychanalytic reader are more than overcome by Scharff's considerable writing skill and his ability to make coherent, often dramatic stories out of his case material. His patients come to life; they are not simply cardboard figures.

After an introductory chapter on sexual relationships in which he takes up such topics as the symbolic function of sex and the pathology of sexual interactions, as well as a concept called "good enough sex" which I will comment upon later, he talks about the relevance of infancy for sexuality and a child's attachment to its mother, and then includes a chapter on separation and individuation. (These chapters are an excellent review of the psychodynamics of attachment, separation, and individuation based on the work of Margaret Mahler, John Bowlby, and David Winnicott, among others.) He then deals with sexual relatedness in infancy and childhood and sexual symptomatology in childhood and adolescence, the effect of early experiences with parents, the adequacy of parents functioning as parents, and sexual identity.

The move from self to object is taken up in a chapter entitled "Adolescent Precursors of Sexual Relationships," followed by discussions on bodily aspects of bonding, courtship and marriage, and on sex in marriage. In an unusual chapter concerning children of parents who have sexual dysfunctions, Scharff demonstrates the impact of sexual dysfunction in parents of children who, in various ways, echo the parental ambivalence also expressed in the parents' sexual disturbance. This is not to say that all children will reflect the sexual disturbances of their parents, but this chapter helps us to understand what happens with those who do. Not neglected are the effects of the child's development on sexuality, and certain life-cycle developments such as the mid-life crisis and aging. Finally there is an excellent chapter on the dynamics of extramarital sex, as well as a concluding chapter in which the author outlines a framework for sexual maturity.

Certain points of view expressed here are not among those I can support unequivocally. For example, Scharff believes that homosexuality and transsexualism are consequences of early deficiencies in object relations and in core gender identity based on family psychopathology. He states: "The mother of a male transsexual, for instance, clearly recognizes him as a male at birth and proceeds to establish a close symbiosis in which he is feminized without acknowledging what she is doing. The father is commonly absent and unable to correct this tendency or, if present, is incompetent as an active father." In general, he also believes that overt homosexuality develops "when it is supported and encouraged by the parents' conscious or unconscious processes." Perhaps, but the jury is still out. The specificity of these family constellations has, to my mind, yet to be proven.

There is a thoughtful discussion of adolescent sexuality, and Scharff is worth quoting: "The danger in former days when sex tended to come later in the development of a relationship was that the bodily aspect might lag so far behind it would never catch up. The lia-

bility now is that too often they [bodily aspects] will race ahead, dragging the unprepared adolescents behind, floundering in a venture powered by their drives." The risk is increased, but, as he points out, the process of maturation may also be accelerated.

An interesting concept is what he calls "good enough sex." The point here is that, for a good number of people, sex provides a significant enhancement of their relationship, and often repairs minor difficulties in relatedness, but that for most people it becomes, as he says, only one aspect of their relationship, "usually with no special overall prominence" which "approximates the usual situation in most normal marriages." It's only when sex is missing or is dysfunctional that it seems to become the major issue between spouses.

The author's major theme of most interest to therapists is stated very succinctly: "An understanding of childhood origins may be academic if a sexual dysfunction yields easily to behavioral or educational intervention, the first line of approach for many of the difficulties. But when these childhood difficulties are more profound, sexual symptoms will not often yield so readily without psychotherapeutic or psychoanalytic work focused on the psychodynamics and object relations origins of the dysfunctional aspects." His view is that if inner object relations are relatively sound, the sexual problem will yield to behavioral, noninterpretive methods, but if not, then the more psychodynamically oriented therapy is necessary, a viewpoint shared by Helen Kaplan and others.

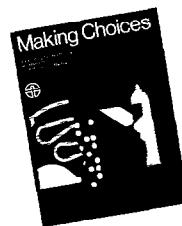
The mature person has the capacity for secure attachments as well as the ability to be autonomous, and sexuality forms the bodily link in connecting the internal figures of our past and our current lovers and family members. Scharff has contributed a great deal toward our understanding of these complex issues. In this process he has integrated psychoanalytic knowledge with current knowledge of sexual functioning and, in doing so, has also integrated many disparities and even conflicting concepts of psychodynamics. Certainly the professional familiar with psychoanalysis and psychodynamic conceptualization will benefit enormously from reading this book. For anyone who does not yet have this background, it could be a worthwhile starting point for expanding one's horizons. PR

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September 1984

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