

What type of sex education should be given to children at the following stages of development: Age three, age six and age ten?

In answering this question, one may take into account available learning theories in general and theories of sexual learning in particular. Floyd Martinson, who combined retrospective interviews with observational data, championed the theories of Piaget's cognitive schema in terms of the child's ability to assimilate and accommodate sexual information (1976). This implies that a young child of three may readily assimilate information related to the pleasure-oriented, non-reproductive aspects of sexuality while unable to make the cognitive leap to sex for reproductive purposes. The understanding of imparted sex information as age-related has been demonstrated by Goldman and Goldman (1982) in a cross-national descriptive study of children's biological and sexual thinking from 5 to 15 years of age. The researchers concluded that consistent usage of correct sexual terminology and reinforcement of sexual activity as pleasure-oriented and not only conception-based were supporting factors of the results. Gender differences have also been demonstrated in the understanding of the function of genitals. While reporting that gender identity is correctly identified by a majority of three-year-olds, Bem (1989) found that girls have significantly more knowledge of genitals than boys. Her female subjects had as much knowledge on the subject by age three as the male subjects had by age five. Volbert (2000) reported that in many studies, boys 3-5 years of age were the least informed when female genitalia was concerned, and that children of both genders in this age group did not correlate the genitals with procreative functions, instead believing that human offspring is created from the foods the mother eats or simply that the fetus has always "been inside her." In addition, Volbert stated that very young children were not able to differentiate between a

vulva and an anus in terms of childbirth. Considering that the sexual activity of three-year-olds is mainly directed toward physical exploration and oftentimes simple curiosity, one aspect of sexual information provided would be the normalization and description of ways in which one can make the body "feel good." This thinking requires a fundamental shift from a shame-based ideology of avoidance, to one of comfort and the encouragement in experiencing self-touch and the physical body with all its major senses as a highly pleasurable organ. There are clear cognitive and maturational advantages to imparting information on the correct name and usage of genitals to three-year-olds, while being aware that each child will assimilate and accommodate the information according to his or her individual cognitive abilities. Thus, while some information on the procreative process may be cognitively lost on the majority of three-year-olds, caregivers reading to children books such as *Bellybuttons are Navels* (1990) where genitalia are correctly identified may accomplish not only the educational aspects of anatomy, but also establish the caregiver as a supportive person with whom the very young child can discuss emerging sexuality in an open fashion. To this can be added the caregiver's *somatic teaching of sensuality* to the three-year-old child. Holding, touching, cuddling and making the child aware of the skin as a sensory receptor of such things as gentle stroking, light tickling, and modeling one's own reciprocal enjoyment at being touched cements a foundation for comfort with physical affection and the receiving of pleasure. Smiling and validating that the child's own sexual exploration feels good to him or her may also be more important than providing extensive facts beyond naming genitals.

Many of the more common sexual behaviors exhibited by preschool-aged children fall into two broad categories: a) self-stimulation, and b) exploratory play (Kilmer & Shahinfar, 2006). Many

researchers have termed some of these behaviors “sexual rehearsal play,” which involves the exposure of, and touching of other’s genitals. This applies to both genders, although there seems to be more interest in boys’ genitals, perhaps largely motivated by anatomical reasons of easier access. These behaviors appear to be spontaneous and engendered by curiosity, often enacted in “doctor-nurse” games and reciprocal invitations to mutual genital exposure. Such sexual rehearsal play has been considered universal in findings from cross-cultural research. Peer influences may also arise during this time and boys may be likely to show each other how to masturbate (Martinson, 1994). Other rehearsal play behaviors include attempting to observe nude family members in the home, putting objects in the vagina/rectum, kissing other children and asking others to do sex acts (Kilmer & Shahinfar, 2006). Some children may also have learned that certain behaviors are deemed unacceptable in the household; given such socialization factors, children may begin to engage more covertly in sexual behavior. Thus, it may become more difficult to rely on parents as informants, and some behaviors may remain hidden or unknown. Another aspect concurrent with the physical development of the child is emerging verbal ability and its use in rhymes or “dirty jokes” which may be repeated insistently, even if the child is incapable of fully understanding their meaning. Preoccupation with procreation, pregnancy and breastfeeding may also begin during the preschool years where feelings alternating between fascination and repulsion may be evidenced (Sanderson, 2004). Whereas both genders may engage in “kissing,” many female children may “play house” complete with make-believe husbands, although sexual behaviors may be absent from this particular reenactment of domesticity. Sanderson (2004) also states that it is during these early preschool years that atypical sexual behavior may emerge. These can include masturbating in public, non-

consensual experimentation, and an unwillingness to stop sexual behavior when asked. Thus, if the task of providing information to the six-year-old child falls upon the caregiver rather than the kindergarten teacher, more personal, intimate and in-depth discussions can take place. Of paramount importance is to assess what the child already knows and to provide accurate information that will bolster the child’s emerging world view of sexuality. Children’s literature documenting coitus, pregnancy and childbirth from a variety of perspectives may assist the six-year-old in understanding not only the biology but also the non-reproductive enjoyment of sexuality. In addition, literature documenting same-sex relationships such as *Heather Has Two Mommies* (1990) serves to expand the child’s notion of diversity within families. Concurrently, it falls upon the caregiver to impart an appreciation of the child’s personal sexual feelings and to continue transmitting positive encouragement around self-pleasuring and exploration of the body. Within this paradigm, the six-year-old may be ready to absorb the notion that sexual expression involving genitals may constitute more private enjoyment as opposed to public display, and that access to bodies and genitals is not always granted or can be coerced. The concept of permission to touch is valid both from the child’s standpoint as the possessor of consent, and also from the point of respecting the sexual boundaries of others. Finally, the idea that the child expects to have some very unusual and creative questions answered may spur the caregiver to make an enjoyable activity out of some rudimentary sex research together with the child.

Preadolescence can be considered the bridge between childhood and adolescence (Kilmer & Shahinfar, 2006). The ten-year-old child is subject to increased peer interaction and invariably becomes exposed to a wider range of

sexual interests and experimentation. Socio-sexual games veer toward mooning, spin-the-bottle or strip-poker (Sanderson, 2004). There is also a steady increase in masturbatory behavior, with one study reporting that 20 percent of American boys and girls masturbate by age 10 (Kilmer & Shahinfar, 2006). In her review of retrospective data, Volbert (2000) found that knowledge of coitus increases steadily from early childhood until near puberty, when there is a significant acceleration in learning. At ten years of age, a majority of children know about coitus, although some female children are unaware of penile erections, sometimes until early to mid-adolescence. Nevertheless, intercourse may be attempted, particularly among pre-teens in urban environments. Volbert also reports that familial attitudes to children's sexuality have been significantly correlated with some areas of children's sexual knowledge. Finkelhor (1978) has characterized family sexuality as having three dimensions: attitude toward sexuality in the family culture; the actual eroticization of family relationships; and, the respect for personal boundaries within the family. Families are also characterized as sex-positive or sex-negative; in sex-positive families, children receive accurate information about sex and are given positive attitudes about their bodies and receive physical affection. In sex-negative families, discussions about sexuality are weighed down with prohibitions and anxiety-provoking taboos. At the same time, females as young as 10 may become more self-conscious about their bodies and exhibit a need for privacy, regardless of the family's characterization along these dimensions. The child may vacillate between ostentation and modesty and there may be an insistence on keeping ideas and beliefs hidden from caregivers (Sanderson, 2004). Thus, it may be difficult

for the adult to encourage honest and open discussions about sexual behavior in general, simply because of negative reactions in their pre-adolescent child. The continued normalization of masturbation and the distinctly non-procreative aspect of sexual expression may comfort the child in normalizing new and unfamiliar impulses taking place in a body that is slowly beginning to experience physical changes. The recognition and extended discussions of same-sex behavior may influence the child to become aware of, and resist peer pressure that often serves to encourage sexual and gender stereotypes, particularly in peer epithets such as "fags" and "whores." As many children have access to unrestricted content on the Internet, caregivers may be surprised and even disarmed by attitudes and belief systems espoused by children as young as ten. The awareness of sexual minorities such as transgender individuals may become partially assimilated in the child's cognitive schema and it may be necessary even for the caregiver to seek out new information before imparting it to the child. Therefore, the caregiver's own attitude and judgment may supersede the complex delivery of facts and figures that the child may now have at his or her disposal through multi-media. Basic, simple and uncomplicated information on sexually transmitted diseases, contraception and terminations of pregnancy may be more effective and integrated into the child's consciousness if the caregiver maintains a calm and non-critical attitude toward the chosen subject. Lastly, the caregiver would do well in explaining that sex is a valuable part of the human experience, and that its non-coercive and consensual expression is an enjoyment that will stay with the child way beyond adolescence and adulthood into old age.

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