

Sex & your teenager

Parental worries about developing sexuality in Pre-teens to Sixteens

The coming of puberty and sexual development in children appears to increase the anxiety many parents feel concerning their children. This is exacerbated by the many stories which appear in the media about sexual behaviour along with the use of alcohol and illegal drugs in young teenagers. This article aims to help parents to assess the risk for their own children with regard to actual realities. It also aims to help make clear whether their children are in need of extra help regarding risky sexual behaviours, or whether parents can reasonably trust their individual children to act sensibly and responsibly most of the time. More detailed information about signs of puberty and sex education are not included because they are readily found elsewhere, but it is suggested that parents inform themselves about the physical growth in boys and girls to be able to support their children in dealing with the changes they are experiencing in their bodies with increasing sexual maturity.

Sexual development & the prevalence of sexual activity

Pre-teens, sexual interest & the timing of sex education

In the pre-teen years a definite change occurs in relation to sexual curiosity. At Ten and for most younger Elevens, sexual activity in the form of sexual intercourse is still seen as something rather unbelievable and “yuk”. They mostly know about it, but see it more as a necessity rather than something that people would voluntarily choose to do. For most, pubertal hormonal changes are beginning. These changes come on slowly and it can be more than two years between when the breast tissue in girls starts to change and first menstruation occurs. Boys’ development is often up to a year behind that of girls.

The physical emphasis in children’s growth at ten and eleven is in the chest and rhythmic system (heart, lungs etc.). For most (boys and girls) there are sensations and changes in their

breast tissues which make it natural for them to be curious about them. Well before Internet pornography was available, this was an age in which boys would find pornographic pictures of women and breasts from somewhere, and hide them away in a place to be perused with their friends in secret. Even the girls might find magazines (for example advertising lingerie) to examine and wonder about. This breast interest seems to come before interest in sexual intercourse and romantic love, however, which seems to belong most naturally late in Eleven or in the following year at Twelve.

Towards the end of Eleven, the physical growth emphasis moves into the lower body and genitals, and an interesting change comes about regarding their attitudes to sex. This will be very individual, so parents need to watch for this,

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and not assume anything. Younger Elevens can still have considerable aversion to all things romantic: to kissing –“Arggg!”, “Yuk!” or to sexual intercourse- “My parents would never do that except when they had to, to have children!” This repugnance factor is what to watch for. When it changes to a shy curiosity, peeping from behind a book at love scenes in movies, a shy watching of lovers in the park, then a new, more adult attitude to sex and their own bodies may have been reached and they may be ready for the true sex education talk about how romantic love leads to, ideally, tender love making.

That is the bit they need help in understanding. Not that “penis in vagina makes babies”, which almost all will have heard about since kindergarten these days, but an inner understanding of how people could want to do “that”. That information is best coming from the parents. Schools have had to take on that task because too many parents shy away from it. However if you are a loving parent who wants to do the best for your child, then watch out for this new readiness for sexual information and prepare to share with them how special love making can be when it is a physical expression of human love and carried out with deep respect for the other.

Along with this new curiosity about sexual intercourse comes a new interest in the opposite sex in their peer group. For most Twelves, this new interest is still a relatively innocent ‘romantic love’. It may involve ‘sexual activity’ (kissing, holding hands, fondling) but not full ‘penetrative sexual intercourse’. A recent Australian government study suggests that such initial, more innocent ‘sexual activity’ is perfectly normal and developmentally appropriate for Elevens and Twelves (Stathopolous 2012 AIFS).

The relative innocence of Twelves’ romantic activity is consistent with the idea that Twelves interest in sexual activity is influenced by the rather romantic nature of their developmental stage rather than being only a consequence of sexual maturation. We have found that developmentally Twelves have the characteristics associated with Venus, which includes a sociable good nature, but with perhaps a touch of erotic interest. As we shall see, this romantic interest and interest in dating, is, surprisingly, less intense for many in the following year.

However the nature of Twelves developmentally is all the more reason why adults should be extra careful to protect Twelves from older children or adults taking advantage of them sexually. The combination of the amenable nature of Twelves and their romantic interest makes them more vulnerable to abuse.

With pornography so prominent now, you can guarantee most children, but boys particularly, are going to be exposed to it at some stage. This exposure makes your task even more important – to bring images of love, tenderness, respect and intimacy, as well as the erotic nature of the human body, back into the picture of sexual intercourse. Therefore, when you see this new interest (instead of aversion) towards kissing, cuddling, and sexual touching, start thinking about the values you want to share about sex; talk to your partner, read books if you need to. Then create a private space for talking with your child and go for it. Doing this well is one of the biggest challenges for a parent.

Remember, however, that this sex education is not a “once off” matter; ideally you are preparing the ground to be able to talk about sex and related matters naturally, normally, comfortably, any time matters arise in the family over the next ten years as your children

move out more and more into the world, and explore their own relationships. This does not mean that the intimacy of our own relationships should not be respected. But it does mean that we need to create an environment of trust and openness, so that when these questions arise, our teenagers have the courage to broach any more objective subject, like contraception, STDs, pornography and even questions about lovemaking itself. With sexuality involving cultural taboos and privacy issues, this is not always easy for adults or teenagers. It may require the adult to provide openings so that questions can be raised 'as part of the conversation' which, for teenagers, is much easier than having to introduce the topic themselves.

Early sexual intercourse

Sex education is often presented in schools to children younger than twelve years because there is a very small proportion of children who have already had sexual intercourse at Twelve. There is not a great deal of information on the timing of first sexual intercourse, because most studies look at mean ages and concentrate on 15 years and beyond. A US figure from 2005 suggests 5% of Twelves have had first sexual intercourse, but another US figure from the Guttmacher Institute suggests only 2%. These children are usually what are classified as 'higher risk children' – children more likely to have started sexual maturation processes earlier,

Younger Teens – Thirteen & Fourteens

By Thirteen however many parents start to worry more about what their children are doing in relation to sex as well as smoking, drinking and drugs – especially if the children are communicating only reluctantly with the parents (a developmental likelihood at Thirteen

Note that sex education needs visual materials of what the private parts of the human being look like, inside and outside, the vulva, the penis and scrotum, sexually aroused and in an unaroused state. They need real pictures not just diagrams. If this sort of visual material is not supplied, your children may well do an Internet search for 'sex' and be faced with pornographic images instead, unsupported by you to put them into context.

Curiosity about all things sexual also makes it important to teach children protective behaviours to keep them safe from sexual abuse. See Dr Freda Briggs' books and talks on Youtube for help on keeping children safe. See also *Protecting children from sexual abuse*.

but also (and more likely) more socially precocious children who are often the same children who are interested in drugs, alcohol and unsupervised parties with older children, have older siblings or are exposed to an acceptance of sexual behaviours in young adolescents. Sadly this figure also includes those children who have been sexually abused and as a consequence have had their sexual boundaries confused. Troubled children can also use sexual intercourse in unhealthy ways, for defiance, to shock, to satisfy unmet needs for touch or affection, or for self-empowerment.

which is a more withdrawn stage at home). However this is a time for awareness not panic. Some children are more at risk than others. This is the time to look at the risk factors to consider what you need to do and what your child needs to be aware of now. Then make sure you and

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your child are well informed about personal safety, protective behaviours and sex education.

This is about teaching them about serious self-care, respect for their bodies and themselves and of course, others. It will be better if you have done all this before now and can just update the information they need to their present circumstances, reinforcing the importance of self-care, but it is never too late to start. There is a lot of information available on the Internet on all this now, government health and parenting websites are a good place to start, in Australia at least.

Note that all this refers as much to boys as to girls. The numbers for boys who have had first intercourse at Twelve and Thirteen is double that of girls. In addition, current research (Briggs) is showing that sexual abuse, for example, may be even more prevalent amongst boys than girls and that it has long been under-reported by boys and men.

While the slower maturing Thirteens may be slightly less interested in the opposite sex than at twelve, many other Thirteens are now mature enough to be involving themselves in 'sexual activity', as distinct from 'sexual intercourse.' The Guttmacher charts suggest that about 3% of girls and about 5% of boys have had first intercourse at thirteen. At fourteen these figures

rise to about 5% of girls and 10% of boys. This predominance of boys in the first intercourse figures by age group continues up to and including fourteen years and is particularly interesting considering most boys are a year behind the girls in sexual development. The figures for girls and boys are more similar from about fifteen years on.

Such figures are also different in different countries (Scandinavia, first intercourse tends to occur earlier, but areas like India and China much later) and for different races (Afro-American and Hispanic Americans develop sexually and begin sexual activity earlier, for example). But for our purposes, for considering the care of our Thirteens, we are looking at about 3-5% of them experiencing first full sexual intercourse. Maybe one or two per class of thirty students, and if nearly twice as many of these are boys, that is barely one girl per class. As we saw, at fourteen these figures rise to about 5% girls and 10% boys. This is maybe two or three per class of thirty students. The statistics would suggest that that one girl is having sexual intercourse with more than one boy, which would be consistent anecdotally with what biographies sometimes reveal about early sexual experiences. (Clive James' *Unreliable Memoirs* would be one).

Factors which increase the likelihood of early sexual intercourse

But statistics, however vague, can be misleading in other ways too. You need to look at all the factors which increase the likelihood of sexual intercourse occurring with your child. As we saw with the Pre-teens, some teenagers are at higher risk. Some of the risk factors are environmental: the use of alcohol or drugs at the time (very significant risk); an environment where alcohol and drugs are easily available and are approved of by attendant adults; where

the sexual partners are older (significant risk); where there is a lack of mature adult supervision; at sleepovers where it is harder for an individual to escape from pressure; and even lack of interesting activities to take part in, leading to boredom.

Some risk factors are more personal, relating both to your teenager and those in their peer group. These include: previous sexual abuse (a

very significant risk factor), low self-esteem in the teenager or a parent; teenagers in serious rebellion looking for power, touch and affection; racial differences; absent parents; parents who don't care or who are not around physically or emotionally; seductive clothing being worn; and adult modelling of inappropriate sexual behaviour.

Remember that these figures are for first intercourse, not regular intercourse. Studies show that a significant number of girls, particularly those who had early intercourse under the influence of alcohol or drugs, regret it and do not have sexual intercourse again until older.

Remove the children with these risk factors from the statistics for full sexual intercourse and the rates will be much lower. Note that good sex education actually helps to delay the timing of first sexual intercourse. Sex education should have been made available before thirteen, but needs updating as the needs and awareness of your teenagers change. Information about sexual health, contraception and sexually transmitted diseases needs to be added now or updated.

Older teens

By the time that young people are fifteen, the Guttmacher figures suggest that the number who have had first intercourse rises to about 13% for girls 18% for boys. In comparison, the Kinsey Institute put the figures for fifteen much higher (25% for boys, 26% for girls). These figures of course increase again at Sixteen. But remember these are figures for first intercourse not regular intercourse. In addition, while more young people are in sexual relationships, by far the majority are showing discretion, keeping to sex within committed relationships and using contraception. The percentage at high risk (e.g.

Making available information now on natural fertility management is highly recommended for girls for a better understanding of female sexual cycles (See *Cycle Savvy: The Smart Teen's Guide to the Mysteries of Her Body*, Toni Weschler, HarperCollins, New York, 2006). It is also important to be aware of the side effects of hormonal contraception, including the oral contraceptive pill, which include mood disorders, depression and interference with later fertility if introduced before ovulation cycles are properly established.

So there may not be reason for particular concern for most parents of Thirteen or even Fourteen year olds, but each parent needs to realistically assess the risk for their child, in each situation, and act in a reasonable way to protect them. For those with higher risks, you need to act now to help protect your teenagers, and get help if you feel you cannot do it by yourself. Children are more likely to respect your protection when it is rational and individualised to a particular situation, not based on irrational fear or lack of trust (though they may still resist at the time).

unprotected sex, multiple partners) appears to be about 15 %, which is about the same for those at high risk in regard to alcohol and drugs.

Again it comes down to assessing the risk for your individual teenager and getting help for those in the high risk category. Then make sure you and your teenager are well informed about personal safety, protective behaviours and sex education. This is about teaching them about serious self-care, respect for their bodies, themselves and their sexual partners.

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Be assured that most young people are trying to do the right thing. If your own teenagers are in the high risk category in regard to sex, alcohol and other drugs then take on the responsibility

Helping high risk pre-teens and teens

Pre-teens and teenagers who fall into the moderate to high risk categories regarding sex, drugs, the problems associated with new technologies and vulnerability to social pressures, need extra help now. If their behaviours have been troubled and rebellious or have shown vulnerability only for a short time, you may be able to help them sufficiently yourself. But if the behaviours are well established over a long time you will probably need professional help. For both short term and long term troubles it may help to use the article *Avoiding trouble with Elevens, Twelves and*

to try to get them help, counselling and advice. Remember high risk in any area is likely to increase the risk in the other areas.

Teenagers to trouble shoot where things might be going wrong and what would help. If, after working through the many problem areas in detail and putting new strategies in place to support your teen, behaviour changes for the better, these changes may be sufficient. If nothing changes with all your efforts, then you probably need extra help from people qualified to help in the area of concern. Health professionals and children/kids 'help lines' can usually point you in the right direction for support.

A few words about homosexuality & LGBT

It is important to accept the sexuality of your children so you can then openly and comfortably help them to develop healthy behaviours in relation to their sexual choices. Many people know soon after they have reached puberty whom they are attracted to. While studies show many people have had homosexual experiences, possibly less than 5% people identify themselves as Lesbian, Gay, Bi or Trans-gender (LGBT). Numbers differ.

The most important thing to do if your child tells you they are LGBT is to make it clear through words and (ongoing) actions that you love them and support them, that what they have just shared does not change how you feel about them deep down, though you might take a little while to get used to the idea, if you had not suspected it before. It can take parents time to do some adjusting of expectations about your teenagers future, about hopes for family and

children, you might not have even realised you had. If you have concerns (in relation to their future wellbeing or because of religious beliefs) honesty is generally best, but make it clear that what is most important for you is that they are happy and healthy. Make it clear that they can come to you with questions and concerns, and even though you may not know the answer, you are willing, as you always have been, to help them find the answers. Life can be hard enough for Lesbian, Gay, Bi and Trans-gender teenagers (LGBT) without being condemned by one's parents.

Some helpful websites are:

<http://teenology101.seattlechildrens.org/parenting-a-gay-lesbian-or-bisexual-teen-part-1-finding-out/> and also this:

<http://www.sheknows.com/parenting/articles/991411/resources-for-gay-teens-and-their-parents>

Exposure to pornography—providing the context & balance

Another quick word is needed here. Most young people today have been exposed to pornography, both unintentionally and through seeking it out. The younger the children are, the more disturbing they find un-sought sexual images which can pop up when browsing the Internet. Intentional self-exposure of children fourteen years and under (including to movies and magazines) is usually driven by curiosity about sexual activity, especially when this curiosity is not being met in other healthier ways through sex education, talks with parents and provision of appropriate visual materials.

Intentional self-exposure to porn occurs most often amongst high risk children – for example, in one study, those children seeking porn also reported the use of drugs and delinquent behaviour, depression and lower levels of emotional bonding with their care givers in the previous year (Ybarra & Mitchell Cyberpsychology & Behavior Volume 8, Number 5, 2005). Research is continuing on the dangers of porn; it may be that the percentage of children who are at risk of porn addiction and unhealthy attitudes to sexual behaviour, and women in particular, is still low, rather like the percentage at high risk of unhealthy sexual behaviours. But it is clear that the more you meet your children's needs and build healthy

attitudes about sexuality, the more they can see where pornographic images are disrespectful and unhealthy and they can name them as that. The more you can talk with ease about sexuality and sexual images, the more children can talk about what they see unintentionally or intentionally and get your perspective on these things.

If parents talk about sex openly with their children, make healthy sources of images of the human body and love making available, children will not have to seek it out on the Internet where, as we have already said, usually the first thing that comes up on a simple search of 'sex' is porn, sometimes hard core porn. Parents need to get in first, in sharing their values about respect for each other in relationships, especially sexual relationships, and about what it means to be respectful. Women and girls get the worst of the effects of porn, not just in treatment but also in distorted image making about what is normal; it is helpful to talk to your children about this. A good place for you as an adult to get clear about what is, and what is not, healthy in sexual interaction is to read an article on the Maltz Hierarchy of Sexual Interaction (try www.healthysex.com under 'self help' articles). You need to be clear to help them be clear.

So overall, while some children are at high risk in regard to unhealthy sexual behaviours, you can lessen the risk for most children and have good reason to trust them to make wise healthy choices in regard to their sexual behaviour, at least most of the time.

Further reading

Weschler, Toni, *Cycle Savvy: The Smart Teen's Guide to the Mysteries of Her Body*, (HarperCollins, New York, 2006)

For older teenagers, sixteen plus on Natural Fertility Management see the books and resources on <http://www.nfmcontraception.com/>

Resources for gay teenagers and their parents on-line :

<http://teenology101.seattlechildrens.org/parenting-a-gay-lesbian-or-bisexual-teen-part-1-finding-out/>

and also this: <http://www.sheknows.com/parenting/articles/991411/resources-for-gay-teens-and-their-parents>

Other articles of interest on the website

The prevention of sexual abuse of young children

Technology and your teenager

Drugs and your teenager

Avoiding troubles