

THE REACTION OF CHILDREN TO SEXUAL RELATIONS WITH ADULTS*

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WITHIN recent years there has been an increased interest in the problem of sexuality in children. The psychoanalytic school of psychiatry has placed especial emphasis on this subject as affecting the development of personality and neurotic problems. Although it has been established that sexual activities between children are not uncommon, remarkably little attention has been offered to the effect on children of adult-child sex relations. It is the purpose of this paper to present a psychiatric study of the reaction of children who have experienced actual sex relations with adults.

The seduction of children by adults is a recognized social problem, and it has received attention by legislative bodies in all civilized countries. A complete investigation from this viewpoint has recently been made in England by a Parliament Commission,¹ and the law in the United States has been reviewed by Humble² in 1921. There are no exact statistics available regarding the frequency of child seductions, but reliable estimations indicate that they are more frequent than generally comes to the attention of the courts and social agencies. The few psychiatric studies have been concerned mainly with the adult offender; this phase has recently been outlined by Gillespie,³ and the older literature is reviewed by Moll.⁴ The psychic effect of adult seduction on the child has been in the greater part merely presumed as harmful; most of the information is based on retrospective histories from psychopathic patients. Abraham⁵ agreed with Freud in assigning a secondary rôle to sexual traumas in youth as a cause of a neurosis or psychosis, and thought that such experience only exercised an influence on the form of the mental picture. Abraham also presented the thesis that sexual trauma may be regarded as a form of infantile sexual activity and that in many cases it was desired by the child unconsciously. The English school of psychoanalysis of children, as led by Melanie Klein,⁶ has stressed the importance in the early psychic development of the child, especially of the neurotic child, in viewing the primal scene or adult sexual acts between the parents, and Klein has stated that an experience of seduction or rape by a grown-up person may have serious effects upon the child's psychic development. On the other hand, a report by Rasmussen⁷ would seem to disprove that sexual assaults on children below 14 years of age have a detrimental effect on their mental development. Rasmussen based her research on 54 cases selected from court records (1902-1914) in which the victims were medically examined, and the offenders were convicted. The age of the children was from 9 to 13 years, and their ultimate fate in adult life was surveyed as to mental health and social adjustment. Forty-six of the victims seemed none the worse for the experience; many of them at the time of the survey were

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married and had children, and several were stolid and commendable members of the community. In 8 cases, the status of the victims was not satisfactory. Three of these had become psychotic, one was considered "hysterical," another was very "nervous," and 3 had become prostitutes—one of whom died of dementia paralytica. However, the rôle of the sexual trauma as a decisive factor in causing mental disturbances and abnormalities of deportment on these 8 persons was doubtful, because in most of them Rasmussen believed that she found evidence of independent constitutional predisposition to mental unbalance.

Case Reports

The material for this study consisted of sixteen unselected successive admissions of prepuberty children who were admitted for observation and recommendations to the Children's Ward of the Psychiatric Division of Bellevue Hospital, following sexual relations with adults. All except 2 cases were referred by the Children's Court on a technical charge of neglect, or as material witnesses against the offending adult.

There were 11 girls and 5 boys; 2 of the girls were colored. The age range was from 5 to 12 years. Only those children are reported where the problem belongs definitely to the prepuberty stage of sexual development. In a few instances, namely cases 10, 13, 14, and 15, there was evidence of early signs of approaching puberty at the time we observed the child, but the sexual activities had started earlier in the child's life. All of the adults were males except in one instance in which a boy had sex relations with his mother. Three children had relations with their father.

Cases 1 and 2: Mary V., a 5-year-old girl, and Calvin V., a 6-year-old boy, sister and brother, were admitted because they were indulging in sex play with each other. One other sibling was a 10-year-old boy. The parents were separated. The father was 17 years older than the mother, her maternal uncle, and the marriage had been enforced after he had seduced her when she was 13 years old. The father was a mental defective with an intelligence quotient of 65, and suffered from syphilis. The mother related that her husband had always treated her cruelly. One year previously, the mother reported that the father made sexual advances towards the children. Mary was placed in a hospital for treatment of vaginitis, and the two boys were placed in a foster home. They were restless and discontented in the boarding homes, although no sex activities were noted. When Mary was discharged from the hospital, the children were returned to the mother, and it was at this time that the mother noted sex play between the children, and sought medical advice.

The physical condition of both children was found to be good. The serology was negative. The 2 children presented dissimilar psychiatric problems:

(a) Mary V. On the Stanford-Binet scale she attained an intelligence quotient of 79, but this may not have been fully representative on account of her emotional disturbance. She did not adapt well with other children, was not interested in the usual play activity. She showed an unusual preoccupation with genital play, and tended to expose herself or play with the genitals of other children. She liked to fondle and embrace her brother and definitely was the more active partner in their sex relations. In the presence of a man, she had a truly seductive manner; with nurses and the woman physician, she played the rôle of a baby, but with the male physician, she smiled, cuddled up to him, and tried to win

evidence of affection. There was some evidence of improvement in her behavior during her stay in the hospital to the extent that she seemed more interested in the usual child activities and play, but it was obvious that she would continue to require special psychotherapeutic measures for some time.

(b) Calvin V. The boy presented an entirely different clinical picture. He was much brighter, and on the Stanford-Binet tests gained an intelligence quotient of 108. In the school class he was very eager to learn and did good work. He was an alert, amiable, attractive child. At first, he seemed tense and anxious regarding his hospitalization, but frankly admitted that he and his sister would "touch each other." He claimed that his sister usually initiated the play and that they both acquired the habit from their father. He expressed very bitter feelings and considerable fear regarding his father; he was very devoted to his mother and sister. He stated that his 10-year-old brother had successfully refused the sexual advances of his father, but the father had thrown hot coffee on him and burned him. Calvin seemed more fearful of the physical assault than of the sexual; he stated that he was afraid his father might kill his sister or make her sick; he knew that his sister had spent a long time in the hospital after her sex experiences with the father. His activities with other children were normal, and he showed no tendency to occupy himself or others in sex play. He was devoted to his sister, however, and would not withdraw from her embraces. An outstanding symptom was his preoccupation and bewilderment regarding the family and social situation, which was expressed by a tendency to confabulation. For instance, when asked about the family, his story would vary from day to day: that he had no father; fathers were no good; his father had died; his father was in jail; he had many fathers, etc. During his residence on the ward, these preoccupations became less marked, and his general improvement pointed more and more towards a normal adjustment.

Comment: These two children were subject to sexual excitement by their father, and later engaged in mutual sex play. It is interesting that the father had originally seduced and later married the mother (who was his niece), when she was 13 years old. The two children showed different reactions. The 5-year-old girl was functioning at the level of borderline intelligence, and was probably the more active partner in the sex relationship. She presented a fixation on erotic play, made infantile demands for maternal attention from women, and showed a retardation in her intellectual and emotional development. She did not show any guilt or anxiety regarding her behavior. Her brother, on the other hand, was of high average intelligence, showed considerable anxiety at first and seemed to be more affected by the situation. He was more preoccupied and bewildered regarding the family set-up and the social implications. He showed a strong negative reaction to the father and a deep devotion to the mother and sister. In other respects, he was an attractive, amiable child and made an excellent adjustment on the hospital ward. At no time did he show any overt sexual behavior and he applied himself diligently to his scholastic work with a fervor that was almost excessive.

Case 3: Frank B, a 6-year-old Porto Rican boy, was admitted because of sex advances to his mother. The patient was an only child. The mother divorced her husband when the patient was less than a year old and she left him with his grandparents while she came to the United States. The patient was a behavior problem, was once discovered attempting pederasty with another boy and his grandparents forced his return to his mother when he was 4 years old. The patient slept with his mother and according to her account, would repeatedly get on top of her when she was asleep and insert his erect penis in her vagina. She would be awakened by his making coital movements. She would scold him and slap him. When asked why he did it, he would answer, "I don't know." He also liked to touch her body and to see her partially or completely undressed. Recently the mother remarried. The patient continued to sleep in the same bed with the parents who had sex relations after they thought the patient had gone to sleep. The patient continued his sex advances

and now would try to insert his foot into her vagina. The stepfather objected and insisted on hospital examination. The school reported that the child appeared neglected, was completely undisciplined, lied and stole everything he could get. Physical examination was negative. Psychometric examination gave an intelligence quotient of 120, indicating superior intelligence. On the wards he showed considerable shame, talked very little and tried to avoid discussing his problems. He admitted the allegations were true but said he had forgotten about them. He would try to change the physician's interest to other subjects and would be very amiable and charming except when his own problems were brought up. He gave a vague statement of being introduced into sex play by a very big boy, who, he thought, might have been his uncle, and admitted sex play with other children and his mother. During several weeks' stay in the hospital, no sex activities were noted. He appeared to be trying to repress his sex tendencies and memories and busied himself with new activities.

Comment: This is the only example of a boy who carried on sex relations with a woman (his mother). She apparently permitted much of it until her new husband objected. The patient was apparently a normal child of superior intelligence, who was originally introduced into sex behavior by another boy and who showed considerable shame and an attempt to repress and to develop new interests.

Case 4: Virginia S., aged 7 years, was admitted after an alleged sexual seduction by an adult. Her widowed mother had placed her in an orphanage during infancy, and at the age of 3½ years she was adopted by foster parents soon after their marriage. The foster parents were unstable persons. The foster mother was a prudish type, with a rigid puritanical attitude towards sex, and the father was addicted to chronic alcoholism. Shortly after Virginia's hospitalization the foster parents separated permanently. Her parents agreed that she was a bright, affectionate, friendly child. Although these qualities first attracted them to her they later resented that she also became attached to others very easily. They complained that she was always a behavior problem and was overactive, selfish, unappreciative, cruel, dishonest and had temper tantrums. On one occasion, she was discovered in sex play with a young boy, and she then told that she had had similar experiences in the orphan home. About 5 months previously, it was discovered that she was making frequent visits to the janitor of the apartment house for sex relations. The relationship included cunnilinguism, mutual masturbation, and fellatio. During this period, her aunt also said that she observed her in sex play with a dog.

Physical examination showed her to be anemic, underweight and suffering from infected tonsils. A gynecological examination was negative. On the first psychometric test she gained an intelligence quotient of 113 on the Stanford-Binet scale but a year later made a score of 127. Psychiatric examination showed an appealing, affectionate, pleasant child. She admitted most of her past behavior, and reasoned that it was due to the fact that her parents always treated her as if she was "bad." At first she discussed her sex experiences freely and shamelessly but later became more reticent and evasive. She showed a great desire for attention and approval and often sacrificed the interests of other children to gain these ends. Otherwise she made a good adjustment with other children in the group. At first she assumed adult mannerisms, but later she reverted to infantile attitudes. For a short period she chewed and sucked her fingers and placed all sorts of objects in her mouth, such as papers, her clothes, pencils, etc. On two occasions she was discovered in genital play and reacted by becoming depressed, sullen and tense for several hours. She soon adjusted well to the hospital routine, became contented and cooperative and showed definite improvement after 2 months.

A year later she was readmitted and it was then learned that, due to the inability of the courts to decide her civil status, she had remained in a children's shelter with inadequate educational opportunities. She was found to be a normal, friendly, affectionate child who still showed a great desire for adult attention. She showed no evidence of un-

usual sex behavior or sex tension. She was discharged with advice for placement in a normal home, and subsequent social service investigation reported a good adjustment in a boarding home.

Comment: This seven year old girl of superior intelligence, was endowed with an affectionate personality, and had a strong need for personal attention from other persons. She had the misfortune to suffer emotional deprivation in that she spent her infancy in an orphanage and her later years with foster parents who were unstable, puritanical and had poor understanding of a child's emotional needs. Among other manifestations of misbehavior, she had sexual experiences with a man. Following her sexual experiences she showed infantile behavior with a tendency to oral eroticism, genital play and infantile attitudes to win attention, and apparent pleasure in telling of her experiences; later she repressed these tendencies, developed new childhood interests and made a good social adjustment.

Case 5: Albert B., a 7-year-old boy, was admitted on account of submitting to pederasty with a 17-year-old boy. According to his parents he was a well-behaved and obedient child. The father had discovered him with an older boy in a cellar and reported it to the police.

On physical examination he showed hypertrophied tonsils and alopecia areata of the scalp; tonsillectomy was performed and the scalp condition treated with radiation therapy. The serology was negative. On the Stanford-Binet tests, he attained an intelligence quotient of 91. Psychiatric observation showed no unusual features. He was an alert, amiable boy who cooperated well in the hospital routine and seemed to be normal. He related his sexual experience to the physician in an objective manner without any evidence of guilt, anxiety or other emotional reaction. The older boy had performed pederasty on him on several occasions under the threat of physical violence if he did not comply or if he confessed it. He described his family as poverty stricken, but no other disturbing home influence was elicited. He had a strong attachment to his mother. He liked his school work and made normal progress. He did not show any abnormal sex interests while under observation, and was a good companion with the other children.

Comment: This 7-year-old boy of low average intelligence had submitted to pederasty by an older boy on two occasions and was accidentally discovered. Under observation he was found to be an active, amiable boy who frankly admitted the relationship without any demonstration of unusual emotional reaction. He appeared to be a normal child and did not show any abnormal sex interests.

Case 6: Bernice S., a 9-year-old negro child, was a behavior and a sex problem. She was an orphan and lived with an aunt who worked during the day away from the home. Her behavior difficulties included hyperactivity, instability, temper tantrums, truancy and disobedience. More recently, she became bold and aggressive towards boys. About 4 months previously it was discovered that she had sex relations with a married man lodging in her home, and she continued to meet him later when he left. Her school work became so poor during 2 terms that she was finally transferred from the fourth grade to an ungraded class for retarded children.

Except for some undernourishment, the physical examination and serological tests were negative. On the Stanford-Binet tests she attained an intelligence quotient of 92 with a grade age of 3B, but on educational tests she only passed the second grade level. She was placed in the third grade in our school classes and made fair progress. Her behavior was characterized by marked overactivity, rebellion to supervision, sullenness and obstinacy. In the group, she was selfish, quarrelsome and generally disliked by the children. She was preoccupied with sex to an unusual degree and, since she was exhibitionistic in her activities, was soon criticized and ostracized by the other children. The latter tended to increase her discontentment and general pessimism because basically she yearned for a great deal of attention and affection. Her restlessness and irritability could be related

very definitely to increased sex tension. In personal interviews with the physician she was subdued and cooperative, agreed to try for better control and seemed to understand the connection between her hyperactivity and sex tension. She received psychotherapeutic and hydrotherapeutic treatment and showed some improvement.

Comment: This 9-year-old negro girl of low average intelligence was a severe behavior problem, had sexual relations with a man and made advances towards boys. Her scholastic achievements became so backward that she was placed in an ungraded class for children of defective intelligence. Her school difficulties were undoubtedly related to her difficulties in attention and concentration which in turn were related to her hyperkinesis and to her sexual preoccupations. Although she continually yearned for attention and affection, her constant restlessness and unruly behavior imposed great difficulties in her personal relations. She did much better under supervision in a controlled routinized environment and her school work improved to almost its expected level.

Case 7: Helen P., a 9-year-old girl, was the youngest of 4 siblings and was under the care of a social agency since her mother's death 4 years ago. Her father was a chronic alcoholic. She failed to make an adjustment in numerous boarding homes. She was in the 2A grade at school, and was reported as inattentive, preoccupied and frequently truant. She became seclusive and reverted to thumb sucking. Recently she was discovered in sex play with a 60-year-old boilerman in a nearby building, and when she was questioned she stated that she had had similar contacts with another man and with 2 boys. She said this had first occurred when she had to use a public outhouse on a beach about a year ago.

Physical examination showed a small, underdeveloped child with slight hypertrophy of the external genitals; blood serology was negative. On the Stanford-Binet tests, she attained an intelligence quotient of 76 but it was felt that her responses were not representative of her actual ability. At first she appeared to be a dull, colorless, shy, retiring child. In the interviews she was restless, fidgety and reticent; later she related an objective story of her difficulties which included a history of living with many people who gave her very little affection. She admitted to the sex experiences with 2 adult men and 2 boys and described daily visits to them, ostensibly for the pennies she received. She denied knowledge of a relationship between sex and childbirth. She confirmed the report of school difficulties, but was unable to explain the reasons for this. She expressed a strong ambition to become a teacher so that she might teach other children. During her residence on the ward she presented no overt sex interests or activity and gradually become more active and responsive. She did not show unusual sex interests in the hospital and made a good adjustment. Her progress in the hospital school indicated that her difficulties were probably due to her precocious sex experiences.

Case 8: Mary W., a 10-year-old girl, lived in foster homes under the guardianship of social agencies. Her mother had died when she was an infant. Mary was 2 years old when her father was sentenced to 3 years in prison for seducing a 14-year-old girl. After his discharge from prison her father began to interfere in her training and encouraged her in disobedience and general misbehavior. He would also excite her sexually by overt advances. She became unmanageable and failed to adjust in 7 successive foster homes. She was disrespectful, irresponsible, dishonest, restless and overactive. She failed to pass the 3A grade after 3 successive terms. She quarreled continually with other children. More recently, she began to masturbate openly, taught other children to do similarly and solicited boys.

The physical examination was negative. On the Stanford-Binet tests she attained an intelligence quotient of 76, but this was not considered representative of her actual ability as she was able to handle performance material at a higher level. She was a difficult problem in the hospital since she was noisy, restless, overactive and continually demanded excessive attention. At certain times she was almost frantic in her restlessness, and these

periods were apparently associated with sex tension. On a few occasions it was necessary to separate her from the children's ward because of a tendency to take part in sex play with other girls and boys. She seemed to understand her difficulty and made some effort to cooperate for treatment. In her interviews with the physician she talked freely and had a self-assured manner. She was ambivalent in her loyalty to her father. Her productions included fantastic mixtures of masochistic and sadistic ideas of a bogey-man or beasts who threatened her with death. These apparently were synonymous with sexual assault by her father, towards whom she had a marked ambivalent attitude. She was unable to attend to her school work, and all of her speech or intellectual endeavors were characterized by marked confusion and incoherence which seemed to be an expression of her confused state of mind.

Comment: This 10-year-old girl of borderline intelligence had a behavior disorder characterized by restlessness, overactivity, irresponsibility, school retardation and precocious sex interests. This behavior was attributable to the influence of her father who encouraged her activities and excited her sexually. She showed a peculiar mental confusion which seemed to be related to the prematurely stimulated sex drives and to her ambivalent attitude towards her father who played the double rôle of tempter and super-ego standard.

Case 9: Daisy L., a 10-year-old negro girl, was admitted for observation repeatedly during 1935 because of the onset of sexual relations with several men and boys. Her mother stated that previously she was an obedient, respectful, affectionate child, and that she had done good work at school. About 5 months previous to the first admission, the mother discovered that she was intimate with young boys and men and openly solicited them on the street. She became uninterested in school, was truant and frequently deserted her home.

On the first admission she had a gonorrheal vaginitis, which responded to treatment, and on subsequent admissions, she had a non-specific vaginitis. The physical examination was otherwise negative. On the Stanford-Binet scale she attained an intelligence quotient of 86. Except for the tendency to sex delinquencies, the psychiatric examination was essentially negative. She was an amiable, likeable child who made an excellent adjustment to the hospital routine. She played normally with both girls and boys and showed the usual interests of a preadolescent child. At no time did she present any evidence of sex activities with other children on the ward. She made good contact with the physicians and related freely her various sexual escapades. She showed no evidence of anxiety, guilt or shame. On the first admission, the delinquent character of her behavior was explained and she promised to discontinue this conduct. However, she was unable or unwilling to exert the proper control, because following each discharge she again repeated these activities. As she finally admitted that she would not desist from soliciting men, permanent institutionalization had to be arranged.

Comment: This 10-year-old negro girl of dull normal intelligence showed a precocious sexual drive and openly solicited men and boys. Her school and other intellectual interests diminished. She acquired gonorrheal vaginitis. Under observation she made an excellent adjustment to the hospital routine, played freely with other children and never showed any overt sexual activities. She confessed her sexual escapades frankly, said that she enjoyed them and presented no evidence of guilt or anxiety feelings. Repeated admissions had no effect in curbing her activities, and permanent institutionalization became obligatory.

Case 10: Vera A., an 11-year-old girl, lived with her 2 younger brothers and widowed mother who worked for the support of the family. Her school record was good in conduct and work, and she was described by her teachers as a quiet, demure child who showed no unusual interests in the boys in her class. Recently her mother had discovered that the patient had a vaginal discharge, and took her to a physician, who continued to treat her

in the home, usually in the presence of the mother. On one occasion, however, he came to the house to treat the girl before the mother had returned from work and the child later accused the physician of having had sexual intercourse with her. Legal procedures were instituted, but the charge was dismissed because of insufficient evidence, and the child was referred for observation.

Physical examination showed a normal, overdeveloped young girl who had not yet developed secondary sex characteristics. Vaginal examination showed a marital introitus. Serological tests were negative. On the Stanford-Binet tests she ranked an intelligence quotient of 125. Her educational attainments, however, were far below the level commensurate with her intelligence. She came from a bilingual environment and showed a poor acquisition of both languages. In our school classes she showed very little ambition or interest, and she made little progress. Under observation she appeared to have the interests of an adolescent girl rather than those of a child of 11 years. This was in contrast to her former personality as described by mother and teachers. She had a pleasant, responsive, affectionate personality and turned for her companions to the older adolescent girls whose main interest was the problem of boy friends. She adapted well to the hospital routine, was helpful and cooperative to the nurses and was friendly with all the children. She was especially interested in her personal appearance, and was indeed a conspicuously attractive girl. In interviews she discussed her sex activities quite freely, admitted one other experience, with a boy, and she showed unusual knowledge of sex matters. She boasted to the other children about her experiences. On a number of occasions she was discovered making flirtatious advances to the boys but showed no other overt sex activity.

Comment: This 11-year-old girl of superior intelligence showed a premature interest in sex matters. She had had sexual intercourse with an adult man and a young boy. She was unusually well developed, although she had not reached puberty, and possessed an attractive pleasant personality. She showed a lack of ambition in intellectual pursuits commensurate with her intelligence and directed an unusual interest to adolescent sex topics. She derived a childish pleasure in boasting of her experiences to other children. She possessed an attractive, pleasant personality.

Case 11: Rose M., an 11-year-old girl, was admitted for observation on account of desertion from home and promiscuous relations with men.

She lived with her parents and was one of the youngest of 11 children. She was in the 4A grade of parochial school and her work and conduct were poor. About 2 years previously she and a friend visited and had sexual intercourse with a man who was later committed to a state hospital for mental patients. She then stayed out late at night and associated with older girls of questionable character. She began to solicit men on the street, and recently acquired vaginal gonorrhea for which she received treatment in another hospital.

Physical examination showed a well-developed and nourished girl who had no signs of secondary sexual characteristics. She had a non-specific vaginitis and the serology was negative. Psychometric examination on the Stanford-Binet tests rated an intelligence quotient of 83. She made a good adjustment in the hospital and reacted well to adult supervision, but showed evidence of poor disciplinary training. She did not show abnormal sex behavior or interests in her relationships with other children. She had an amiable, pleasant personality and, especially with adults, presented a great desire for attention and approval. She was overaffectionate, flirtatious in her mannerisms, overpolite and ingratiating. In interviews she was somewhat evasive and minimized her difficulties at home. She admitted sex activities since the age of about 8 years, including masturbation and more recently sexual intercourse with men. Except for superficial sentimental shame, she showed no unusual emotional reaction to her experiences. She presented little interest in school work.

Comment: This 11-year-old girl of dull normal intelligence lost interest in her school

work and showed precocious sex interest for a number of years. This followed a period of sexual intercourse with a prepsychotic man. Later she openly solicited such relations. Under observation she was found to be an amiable, pleasant prepuberty girl who had flirtatious, ingratiating manners and no adequate understanding of the moral and social significance of her acts.

Case 12: Fannie S., an 11-year-old girl, was admitted on 2 occasions within one year on account of precocious sex activities. Her mother was psychotic and had been committed to a state mental hospital with a diagnosis of psychosis with mental deficiency. The father was of inferior intelligence, and a chronic alcoholic. The patient was one of 8 siblings and since the age of 4 years was under the care of social agencies. The long record of her sexual delinquencies dated from the time of her removal from home and included masturbation, exhibitionism, solicitation and sex play with boys. Two years ago she had sex relations with 8 boys and acquired gonorrheal vaginitis; she received treatment in another hospital and recovered. She was then placed in an institution for problem girls where she was an especially difficult problem on account of quarrelsomeness, temper tantrums and use of obscene language. Finally, it was discovered that at night she escaped from the house through the window and continued to have sexual intercourse with a number of men in the neighborhood.

Physical examination showed that secondary sex characteristics were yet absent. A chronic non-specific vaginitis was found and this improved under conservative treatment. Serology was negative. On the Stanford-Binet tests, she attained an intelligence quotient of 81. She was usually cheerful but at times was boisterous, bold, aggressive, and stubborn; she was occasionally quarrelsome, frequently restless and overactive. In interviews she assumed a mature, sophisticated attitude. She talked freely about her sex experiences in an objective manner and admitted having intercourse with boys and men over a period of years. She explained that she had first learned sex play in a foster home and that now her sex feelings were so marked that she frequently felt so uncomfortable that she had to seek relief. While on the ward, she did not show any overt sex activities and maintained her promise not to discuss her experiences with other children. She made a good adjustment in the classroom and attended properly to her work. She was first discharged and transferred to a more rigid institution for delinquents but was returned 6 months later. At this time, she was uncooperative, defiant and more restless. She was unable to adjust to the routine, and reacted with an arrogant, defensive attitude expressed in slang and obscene language. She had an air of resentment, was fundamentally discouraged with herself and was self-accusatory for her failures. Since there was little improvement in her behavior, transfer to the children's service of a state mental hospital was obligatory.

Comment: This 11-year-old girl of dull normal intelligence had a history of psychopathic parents and was placed in numerous foster homes under the care of social agencies since early childhood. She showed a precocious interest in sex and later solicited boys and men for sexual intercourse. In addition she presented a severe conduct disorder. On one admission she made a good adjustment in the hospital, but on the second failed to improve. She was conscious of her emotional problem but felt helpless and discouraged by her inability to control herself. Her personality became cynical, pessimistic and misanthropic, and her behavior was characterized by restless overactivity, defiant aggression and general incorrigibility. It was felt that the features of psychopathic deviation in this case were due to the deprivation of normal home and family relationships in early childhood.

Case 13: Frances C., an 11-year-old girl, was admitted for observation on account of sex relations with 2 men in company with 9 other girls. Two of the other girls were admitted at the same time (*Case 15*); one was too old to be included in this group of pre-adolescent children. Frances was the youngest in the group, was one of a family of 9 children and was in the 3A grade in parochial school. It was not possible to determine how the

group had started their activities, except that the girls introduced each other on the inducement of gifts.

The physical examination showed a small, underdeveloped, undernourished child of frail asthenic build. Her tonsils were hypertrophied and diseased. The hymen was relaxed, but not ruptured; a non-specific vaginitis was noted. Serologic tests were negative. On the Stanford-Binet tests she attained an intelligence quotient of 81. Educational tests showed a specific reading disability (strephosymbolia). Under observation she presented no behavior problems or unusual sex interests. She was a dull, tractable, unimaginative child. She related in an objective and unemotional manner her various experiences with the 2 men, who "touched" her genitals. She also witnessed the activities of the other girls. She did not present any neurotic or emotional reaction to the situation and had no insight into the significance of her behavior. She merely agreed that it must have been "bad" because the judge had told her so.

Comment: This 11-year-old girl of dull normal intelligence engaged in sex play with 2 men in the company of 9 other girls. She was a simple, dull child, presented no anxiety or guilt regarding her behavior and had little insight regarding its significance. She was the youngest of a group of 10 girls who had a well-organized arrangement for sex satisfaction with 2 unrelated men who bribed them with gifts.

Case 14: Ewald H., an 11-year-old Swiss boy, was referred for observation by the Children's Court because of a number of sex activities with a man. He was an only child, lived with his father and stepmother and had been only 2 years in the United States. His previous life was spent with his grandparents. He spoke English fluently and also knew German and a Swiss dialect. He had made good progress in school and was in the appropriate grade. He was happy at home and his father reported that he was well behaved. His physical condition was good and there was a slight development of pubic hair. On the Stanford-Binet tests he attained an intelligence quotient of 98. He was a charming, alert boy and adjusted well to the hospital routine. He showed no overt sexual activities while under observation.

He made a good contact with the physician and related frankly the details of his past sexual experiences. At about 4 years of age, he practised mutual masturbation with a girl cousin of about the same age. From about 6 to 8 years, he lived with a younger male cousin, they bathed together and slept in one room; every night they would play with each other's genitals. At 10 years he visited a beach and would undress in the same closet with a female cousin 2 years younger; on his invitation they repeatedly carried on sex play by mutual masturbation and approximation of their sex organs. A boy of 13 taught him pederasty a year ago and later he practised pederasty and fellatio with another boy. He was envious about sex in adults: he watched men undressing at the beach to see their genitals and spied on his mother. Once he admired the genitals of a man who was defecating in a field, and later they practised mutual masturbation. The most recent experience was with a 40-year-old married salesman who was in the habit of watching the boys at play. One day the man was accidentally struck on the thigh and lowered his trousers to examine the injury; the boy expressed an interest in his genitals and the man invited him to sex play. The 2 and a younger boy entered a tunnel; the younger boy refused to take part and went home; our patient and the adult practised mutual masturbation, fellatio and intercourse intra femoris. On 2 other appointed occasions they met and repeated the experience. The younger boy then told his mother, the patient was questioned and he confessed. He agreed to lead the police to the man on the next appointment, and the man was arrested. The boy admitted that he enjoyed sexual activities. Although he had been told that the purpose of sex was procreation, he refused to believe it and thought that it was only for pleasure. He said that he would have to restrain himself now because it might get him in further trouble.

Comment: This 11-year-old boy of average intelligence had a frankly hedonistic atti-

tude towards sex. His sexual activities were both homosexual and heterosexual and date back to early childhood. It is not possible to say what early influences may have directed his interests. There is no doubt that the boy was the seducer of the adult in this case.

Case 15: Dorothy R., aged 12 years, was admitted with Frances C. (Case 13) and was part of the group of 10 who were visiting 2 men for sex relations. The patient was one of the youngest of 11 siblings. According to the mother, the patient had been a well-behaved child except that she was retarded in school.

The physical examination was essentially negative. On the Stanford-Binet tests she attained an intelligence quotient of 61 and was classified as a mental defective, moron group. Psychiatric examination showed her to be a dull child who related an unabashed story of having contacted 2 men herself and having been responsible for introducing other girls to them. She claimed that her reason for doing this was because they gave her money for the cinema. She showed no anxiety or sense of guilt regarding the situation. She agreed that she was sorry she had engaged in the relationship, but it was obvious that this reaction was due to the inconvenience of her detention rather than an understanding of the nature of the delinquency. Under observation she made a good adjustment in the hospital and was cooperative, agreeable and friendly.

Comment: This 12-year-old, mentally defective girl engaged in repeated sexual relationship with 2 men in association with 9 other girls over a period of 3 months. She showed little reaction of shame or guilt regarding the affair. She may have been the procuress of the group, but this was not certain.

Case 16: Julius P., aged 12 years, was admitted because he had sex relations with an adult man. The patient was one of the younger of 11 siblings and lived with his parents. He was in the sixth grade of public school and his work had been poor for a number of years. Recently his parents discovered that he was suffering from lesions of his anus and penis, and learned that he had practised pederasty with an adult man.

Physical examination showed a well-developed and nourished boy who had old healed syphilitic lesions of the rectum and penis, and syphilitic alopecia of the scalp. The blood Wassermann was 4+. On the Stanford-Binet tests he rated an intelligence quotient of 67, and on educational tests he passed the third grade standards. Psychiatric examination showed him to be a boy of considerable charm and attractiveness. He made a good social adjustment, enjoyed the activities of the ward and was accepted by the group. In his play on the wards he showed no tendency to instigate sex play with others. During the interview with the physician, he admitted freely his part in the sexual activity with the man and realized that this was the cause of his illness. However, he showed no evidence of anxiety or other neurotic features in reaction to the situation.

Comment: This 12-year-old boy of inferior intelligence had pederastic experiences with an adult man and acquired local and general syphilis. He had an attractive, charming personality, made a good adjustment in the hospital and did not show any emotional or neurotic reaction. His school placement was superior to his intellectual potentialities.

General Comment

The most remarkable feature presented by these children who have experienced sexual relations with adults was that they showed less evidence of fear, anxiety, guilt or psychic trauma than might be expected. On the contrary, they more frequently exhibited either a frank, objective attitude, or they were bold, flaunting and even brazen about the situation. This was particularly noteworthy considering the circumstances of their observation, which in all the children except 2, followed or was coincident with legal procedures. At first the children often showed no guilt but this tended to develop as they were separated from

their sex object and means of gratification, and as they were exposed to the opinion of parents and court officials. It occurred especially with the more intelligent children and seemed in part a reflection of adult censure and not to carry any real conviction to the child. In some instances this seemed to result in an intellectual and emotional bewilderment resulting from their effort to reconcile their personal experience with the attitude of authority. But in other children it appeared to be a normal reparative process in bringing them to reject and repress their sexual desires, with a return to the usual childhood interests.

The emotional reaction of these children was in marked contrast to that manifested to the same situation by their adult guardians, which was one of horrified anxiety and apprehensiveness regarding the future of the child. The probation reports from the court frequently remarked about their brazen poise, which was interpreted as an especially inexcusable and deplorable attitude and one indicating their fundamental incorrigibility.

Another striking characteristic shown by these children was that they had unusually attractive and charming personalities. They made personal contacts very easily. Moreover, such personal associations seemed to be essential for their happiness and contentment. This was especially obvious in the hospital environment in which they were forced to seek attention and affection in competition with a large group of children. More than other children they would exert their every effort to attract attention from their adult supervisors, and frequently they showed selfish traits in aspiring towards such ends.

The past history of these children usually included other behavior difficulties in addition to the more recently discovered sex delinquency. Probably the most common complaint was regarding their educability. Their interest in school diminished, they paid little attention to their homework, and some became chronic truants. In some cases this effected a school retardation so marked that the child was considered defective. For instance, Bernice S. (Case 6), who had average intelligence, had been placed in an ungraded class usually reserved for children below borderline intelligence.

Hyperactivity and general restlessness in other activities was also commonly noted; this was a complaint in Cases 3, 4, 6, 8, 10, 11 and 12. One child, Rose M. (Case 11), had deserted her home. Many of the children were quarrelsome and had been unable to get along with other children. Towards their parents they often became rebellious, disobedient and disrespectful.

The children showed no unusual physical findings. Most of them were well developed, and some appeared older than their stated ages. Secondary sex characteristics had appeared only in one case (Ewald H., Case 14). Six of the girls (Cases 2, 9, 10, 11, 12, and 13) had a vaginitis, and one boy had acquired syphilis.

The intelligence of these children was a little better than average for the group. Two children were high grade defectives (Cases 15 and 16), 4 had superior intelligence (Cases 2, 3, 4 and 10), and the average intelligence quotient of the remaining ten was 84.3. Moreover, it was felt in several instances that the intelli-

gence quotient obtained was not representative of the child's native ability. This suggested the probability that the child was not using his full intellectual capacities because of sexual preoccupations and because of confusion secondary to emotional difficulties.

Seven of these children showed no apparent acute emotional or behavior reaction to their sex experiences, while others presented some interesting effects. Three of the younger children (Cases 1, 4 and 6) manifested a tendency to revert to infantile sex practices, and to fixate on onanistic genital preoccupations. Whenever their attention was not attached to some other object they would indulge in genital play; they also showed a preference to exhibitionistic drives. The latter symptom was so marked in Case 6 that it led to her ostracization from the group by the other children on the ward. Virginia S. (Case 4), who had a history of previous oral tendencies, was in the habit for a short period on her first admission of putting into her mouth all sorts of objects. Before discharge from the hospital, these children showed considerable improvement from this disorder. Treatment was directed at continued supervised occupation with normal childhood activities associated with a free expression of normal adult-child affection and attention.

Three children (Cases 2, 7 and 8) reacted with a form of intellectual bewilderment and preoccupation. This appeared to be precipitated by an inability to resolve the conflict between the external stimulation of genital sexuality by some adult and the social tendencies for sublimation in school and play. This occurred especially where young children had been sexually abused by a parent, creating a strong ambivalent attitude and a tendency to confusion regarding the family relationships. Rathsom⁸ also remarks upon this point. This led to confabulations, and the children (Cases 2 and 8) frequently related contradictory facts regarding the home situation.

A third type of reaction was shown by Fannie S. (Case 12). She acquired a pessimistic, callous attitude and despaired of ever being able to control her sex urges sufficiently to make an adequate adjustment. She assumed a defensive attitude in which she was superficially bold, aggressive and sophisticated in an adult manner, but beneath this shallow exterior one sensed the helplessness of a weak child. A less marked but similar misanthropic attitude was presented by Daisy L. (Case 9) and Rose M. (Case 11). These three girls were repeated offenders, and there probably was a causal relationship between the number of their experiences and their personality make-up.

All the children possessed considerable knowledge of sex, but it is noteworthy that they infrequently associated sex with pregnancy or the birth of children. In the few that made this connection, it was apparent that it was a more superficial and less important concept. This ignorance of the relation between sex and procreation is interesting in view of the similar attitude of primitives as noted by Malinowski,⁹ Frazer¹⁰ and others. In the care of these children on a psychiatric ward, which included a great variety of other behavior disorders, it was impor-

tant to consider their possible influence on the other children. It was therefore remarkable that the majority showed little tendency to enter into sex play with the others. As has been noted previously, 3 of the younger children were exhibitionistic in their masturbatory activities, but this was only temporary. Most of the other children kept the others ignorant of their offences. Only one child, Vera A. (Case 10), who had to appear in court as a witness during her period of observation in the hospital, took advantage of this situation to appear as a dramatic heroine to the others. On the other hand, these children seemed to have a preference for more adult partners in their sex activities; this was demonstrated by their flirtatious manner on the ward towards supervising adults of the opposite sex, and also by their tendency to continue to solicit adults when discharged (Cases 9, 10, and 11). In some instances, the children carried on their sex activities in groups. Cases 13 and 15 were part of a group of 10 who visited 2 elderly men; they reported that each had introduced the other, had engaged in active group sex play and had acted as witnesses. Although most of the children adjusted normally to the ward, a number showed impulsive hyperactivity and restlessness which was definitely related to sex tension (Cases 6, 8, 9 and 12); these children themselves had considerable insight into the cause of their discomfort and frequently sought the aid of the physician at these times.

By far the largest group of these children seemed to be potentially normal children who had been introduced into sexual practices by adults directly, or who had been more susceptible to adult seduction because of emotional deprivation in their earlier years. Such children seemed to be able to give up the sexual interests, preoccupations and activities under normal circumstances, with minimal degrees of neurotic features.

Discussion

Some of the theoretical implications presented by these cases of adult-child sex relations are interesting. The occurrence of these phenomena is doubtless a universal problem in our civilization and there is evidence that it has been encountered in other cultural systems. Our present interest in the problem is focused mainly on its relation to the child. The few studies that have been made of this subject have been contented to consider it an example of adult sex perversion from which innocent children must be protected by proper legal measures. Although this attitude may be correct in some cases, certain features in our material would indicate that the children may not resist and often play an active or even initiating rôle. Within recent years, since the progress of child psychology, it has become evident that the child is not a negligible psychological creature in either an intellectual or emotional sense. It has been satisfactorily demonstrated that the child's behavior is determined by complex conscious and unconscious drives, and that among these the sex urges are of primary significance. The child seeks in its relationship with the adult some form of satisfaction which in some instances at least is given to the child through sexual activities.

This study seems to indicate that these children undoubtedly do not deserve completely the cloak of innocence with which they have been endowed by moralists, social reformers and legislators. The history of the relationship in our cases usually suggested at least some cooperation of the child in the activity, and in some cases the child assumed an active rôle in initiating the relationship. This is in agreement with Abraham's⁸ views. It is true that the child often rationalized with excuses of fear of physical harm or the enticement of gifts, but these were obviously secondary reasons. Even in the cases in which physical force may have been applied by the adult, this did not wholly account for the frequent repetition of the practice. In most cases the relationship was not broken until it was discovered by their guardians, and in many the first reprimand did not prevent the development of other similar contacts. Furthermore, the emotional placidity of most of the children would seem to indicate that they derived some fundamental satisfaction from the relationship. These children rarely acted as injured parties and often did not show any evidence of guilt, anxiety or shame. Any emotional disturbance they presented could be attributed to external restraint rather than internal guilt. Finally, a most striking feature was that these children were distinguished as unusually charming and attractive in their outward personalities. Thus, it is not remarkable that frequently we considered the possibility that the child might have been the actual seducer rather than the one innocently seduced.

In the present state of our knowledge regarding the psychology of the child, it is unnecessary to elaborate on the affirmed existence of overt sexuality in the prepuberty child. The work of Freud,¹¹ Hirschfeld,¹² Guyon¹³ and others has established this fact without a doubt. Guyon, in his recent book, draws attention to the general misconception of allying the sexual sense of pleasure with the sexual function of reproduction, and he stresses the possibility for their differentiation, particularly in the child.

Freud¹¹ divides the sexuality of the child into 2 periods: the period of active infantile sexuality extends to about the sixth or seventh year, and the latency period which continues from then onward to the age of puberty. During the period of latency, the overt sexual interests become less apparent, the sexual energy is diverted and sublimated for intellectual development, and the whole personality wears a more settled air. However, Freud recognized that complete latency was only a theoretical extreme, and he agreed that sexual activity might occasionally reappear or remain throughout the whole duration of the latency period. Some authors have objected to the concept of a latency period in childhood on the basis of anthropological evidence that sexual activities exist among primitive children (Seligman,¹⁴ Malinowski⁹). Glover¹⁵ states that the concept of latency only purports to indicate that an extensive infantile sexual organization does not evolve continuously. Malinowski¹⁶ attributes the phenomena of "latency" in European civilization to environmental and social forces rather than to an inherent tendency. It is probably true that most psychoanalysts now recognize that overt heterosexual behavior may not be wholly absent in the "latency" period.

In many countries, especially in the East, sexual activity among children, particularly of girls, is recognized as normal.¹³ The law of the Koran authorized the marriage of girls of 9 and of boys at 12 years.¹³ In India, infantile marriage has been customary for many centuries; according to the 1921 census, there were 2,000,000 wives and 100,000 widows under 10 years.¹⁷ Although it has been claimed that such marriages are rarely consummated before puberty, the contrary has been reported by the Joshi Committee of 1929.¹⁸ This Hindu custom seemed to be popular and did not shock any one until a few years ago when it was investigated from the Western viewpoint. Even our Western laws have fixed the age of consent as low as 12 years. Until 1929, England retained the marriage age at 12 years for girls, and 14 for boys; and in France the age of consent was raised from 11 to 13 years only in 1863. Similar laws still exist in the United states.²

In addition to the evidence from the early age of marriage in former days, biographical writers and others give numerous instances of the sexual precocity of very young girls and their willingness to indulge in sexual acts, often even before puberty. Typical examples can be found in the *Memoirs of Casanova*; and in the *Confessions of La Marquise de Brinvilliers*,¹⁰ the statement is made that she lost her virginity at the age of 7. Guyon notes that the use of child courtesans was at one time quite frequent in China, Russia and Naples, and that travellers have remarked upon the seductive manners of children in many countries where the mores are more lenient regarding sex. Malinowski⁹ states that in Melanesia the girls begin sexual intercourse at about the age of 6 to 8, and 10 to 12 in the case of boys. Furthermore, the severity of primitive and modern laws regarding incest (Frazer,¹⁰ Malinowski,⁹ Roheim²⁰), which refers primarily to relations between parent and child, suggest that such tendencies must exist among humans. It is unnecessary to discuss the psychological motivations at the basis of these taboos, but their significance is implied by the fact that there is a complete lack of scientific proof of any possible deleterious eugenic or other effects, despite popular belief to the contrary (Briffault²¹).

Some special factors may predicate the retention of overt sex interests into the latency period. Theoretically, a number of possibilities suggest themselves; these and their corresponding illustration in our cases may be noted. First, some children may by constitution be very intolerant of any denial of satisfaction or may possess unusually strong desires; in our material, most of the children showed an abnormal interest and drive for adult attention, and they were endowed with unusually attractive, charming personalities. Secondly, the inhibiting forces may be deficient due to defective judgment on the basis of mental deficiency; a few of the cases had moronic or borderline intelligence. Finally, external or environmental factors may favor poor emotional development; some of these children were unfortunate in being denied the normal satisfaction of tender parental love or other external interests, which aid the emotional growth of the child. Another external factor may be the abnormal stimulation of the sex urges by adults.

The experience of the child in its sex relationship with adults does not seem always to have a traumatic effect. Psychic trauma, according to Freudian definition, is an experience which represents an offensive impulse coming from within; it is internal experience rather than external events which prove repulsive and require repression. In our cases, the experience seems to satisfy instinctual drives, and any contrary urges (training, moral and ethical ideas, etc.) are probably suppressed by the unique mutual alliance of child and adult. The association in the act of a grown-up, who to the child must still represent the omnipotent parent, probably condones the transgression. Secondly, the experience offers an opportunity for the child to test out in reality (Isaacs²³), an infantile fantasy; it probably finds the consequences less severe, and in fact actually gratifying to a pleasure sense. The emotional balance is thus in favor of contentment.

Our material does not permit any speculation regarding the remote effects of overt adult sex activities on children. However, a careful investigation of this aspect of the problem recently undertaken by Rasmussen⁷ purports that deleterious influence on the adult personality is minimal in so far as can be judged by social adjustments and freedom of mental illness. Among 54 cases studied in a follow-up in later years, Rasmussen found only 8 women who were abnormal from a psychiatric viewpoint, and in these, other more significant predisposing factors were present.

Some of the children show immediate harmful effects on their personality development. The infantile stage is prolonged or reverted to in the younger child, and the so-called latent stage with its normal intellectual and social interests is sacrificed. There appears to be mental retardation in some cases, and school accomplishments are thwarted. Anxiety states with bewilderment concerning social relations occur especially in children who are seduced by parents. Such incest experiences undoubtedly distort the proper development of their attitude towards members of the family and, subsequently, of society in general. Rathson⁸ notes this special difference of reaction in incest cases as compared to relations with non-related adults. In the prepuberty stage there seems to be a tendency for premature and discrepant development in adolescent features. This displays itself sometimes in an increased interest in sex matters and an independence from authority without the associated personality, intellectual and physical development of the adolescent. The preoccupation with ill-expressed fantasies and a tendency to withdraw from the activities of normal childhood may give the child the appearance of being either very dull and defective or schizoid.

A more remote social danger of child-adult sex relations is probably attributable directly to these phenomena. This is child murder. One publication²⁴ cites 3 cases of child assault followed by murder of the victim. One may presume that the secondary realization of the implications of the crime of seduction and the possibilities of exposure predicate the perpetration of the second crime.

Treatment in our cases was concerned mainly with relief of the acute reactions. These were met by frank discussion of the situation and a diversion of energies

to play and intellectual pursuits. In most cases where adequate substitutes were offered, the children quickly lost their sexual interests. In those instances where the sexual problem was part of the more general problem of hyperkinesis and psychopathic personality disturbances, constant supervision was indicated and institutional care advised. The same was true of the more retarded children, largely because the institutions for defective children could offer them the best opportunities for a normal environment. Some children near the age of adolescence showed a precocious development of sex drives, with a discrepancy in the development of the rest of the personality, and seemed best cared for in institutions that supervised their social life.

The presence of venereal disease, as occurred in many of the cases cited, introduces a special problem regarding their mental hygiene. The treatment of children with venereal disease in adult clinics and wards is frequently an important factor leading to behavior problems, even in children suffering from congenital syphilis or a sexual gonorrheal vaginitis. The young girls, when hospitalized, and the boys, when attending the venereal clinics, are brought into contact with undesirable adult associates. The treatment itself may lead to an unhealthy preoccupation with the genitals, especially in girls. Suitable and easily obtainable prophylaxis of this condition is possible by segregation of the child and an understanding of the problem by the attending physicians and nurses.

Summary

The cases of 16 unselected successive admissions of children who were referred by the children's courts or other agencies because of sexual experiences with adults are reported.

The age variation in the series was from 5 to 12 years. Eleven of the children were girls and 5 were boys. Six girls had vaginitis and one boy had syphilis. Physical examinations were otherwise essentially negative. Four children had superior intelligence, 2 were high grade defectives, and the average intelligence quotient of the remaining ten was 84.3.

The sexual relationship between the child and adult in these cases did not appear to depend solely on the adult. The child was either a passive or active partner in the sex relations with the adult, and in some instances seemed to be the initiator or seducer. Nearly all of the children had conspicuously charming and attractive personalities. It cannot be stated whether their attractiveness was the cause or effect of the experience, but it is certain that the sexual experience did not detract from their charm. Their emotional reactions were remarkably devoid of guilt, fear or anxiety regarding the sexual experience. There was evidence that the child derived some emotional satisfaction from the experience.

The increased sex interests retarded the development of some of the children, the reaction varying with their age. In the infantile stage, infantile behavior and interests were prolonged; in the early latency period, educability and social adaptations were handicapped; and in the prepuberty period, adolescent prob-

lems of adjustment appeared. The hyperkinetic child became more difficult to handle and the mentally defective child was less amenable to training and social adjustment.

Treatment consisted of frank discussion of sex matters; the presentation of other means of expression in play, school and social activities; and sufficient demonstration of affection from the adults in the environment. Some children required prolonged institutionalization.

Some of the theoretical implications of this form of childhood sexuality are discussed.

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