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Intergenerational Sexual Contact: A Continuum Model of Participants and Experiences

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This paper establishes a comprehensive continuum model for the phenomenon of intergenerational sexual contact, defined as any behavior between a minor and someone at least 5 years older that is perceived by either participant or by society as sexually stimulating or intended to be sexually stimulating. The study suggests that society's condemnation is overlooked as a variable that contributes unnecessary confusion and harm. Three vocabulary changes are recommended to help reduce professional and social bias and encourage a more open examination of intergenerational sexual contact.

Intergenerational sexual contact has been conceptually limited to a problem-oriented, victim/violence model that often neglects participants' perceptions and other variable situational factors. Most operational definitions include only unwanted or problematic experiences or samples taken entirely from disturbed populations.

Impartial scientific models, which seek to understand the world as it really is, must assume that any event can occur and thus consider the full spectrum of possibilities. If the field of human sexuality is to be comprehensive, it must study, without generalizing, all types, including the extremes, of adult interest in childhood sexuality and all types of childhood sexual experience with adults. In an effort to reduce unnecessary and possibly damaging professional bias, this paper suggests three simple terminology changes that can easily be implemented to help professionals, and ultimately society at large, to reconceptualize the phenomenon in its entirety.

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THE PARTICIPANT CONTINUUM

Adult Participants

It is often glibly speculated that adult participants in intergenerational sexual contact were themselves molested as children. However, as Finkelhor (1984) says, this is documented in only about half the cases. In the absence of clear etiological evidence for a typology based on causality, the continuum model describes three adult personality types that are likely to defy criminal sanctions against intergenerational sexual contact: pathological, pedophilic, and visionary.

Pathological. The pathological adult participating in intergenerational sexual contact operates dysfunctionally through sexual behavior that is symptomatic of underlying psychological distortion. Such people suffer from transient stress, role disturbances, or regressive psychological factors or fixations that cause them to turn to children for sexual affection in spite of their normal peer-age sexual orientation. Pathology may be determined through clinical tests, such as the MMPI, showing social non-conformity, impulsiveness, and so forth and projective tests, such as the TAT and Rorschach, showing immaturity, inadequate feelings, and so forth.

Pedophilic. A scientific typology must not automatically assume, however, that all adults who participate in intergenerational sex do so because they are psychologically handicapped. In order to be scientific, the term *pedophilic* can neither deny nor assume the presence of pathology. The word *pedophilia* translates directly from the Greek as *love of children*. Pedophilia has been officially defined by the American Psychiatric Association (1980) as the act or fantasy of engaging in sexual activity with prepubertal children as a repeatedly preferred or exclusive method of achieving sexual excitement. This definition does not allow for the pedophile who simply has a primary sexual preference for prepubescent children.

The pedophilic category can be further subdivided in terms of behavior as eroticizing and noneroticizing. This designation is made on the basis of control of overt behavior and motivation or capacity for restraint. Both types, in the author's experience, include gentle, sensitive people who experience deep, loving feelings as well as sexual attraction toward children. For them, the primary problem is the social and criminal sanctions against their choice of sexual object. The eroticizing pedophile acts on the sexual impulses and if discovered is condemned, punished, and sometimes treated therapeutically. The noneroticizing pedophile loves children just as much but exerts greater (sometimes extreme) impulse control and, fearing discovery, generally shuns therapeutic treatment

that would help in strengthening the resolve to refrain from overt pedophilic behavior.

Visionary. The *visionary* category is a conceptual type that assumes neither pathology nor pedophilia. The visionary adult gives the child love that is not conditional upon sex and participates in sexual contact not for her or his own gratification, but in response to a child's attempts to acquire practical knowledge. The visionary assumes the child is ready for information when the child asks the question and teaches practical sex education along with other teachings about health, safety, and nature. In order to contextualize this category, it should be noted that many visionaries eschew infant circumcision and other age-discriminating practices, both sexual and nonsexual. They advocate children's rights to work, to vote, to legal counsel, and to legal emancipation before age 18. Many visionaries believe the troubles that characterize our times are rooted in childhood sexual repression that prohibits age-free expression of sexual affection.

Visionaries cite anthropological findings on primitive tribes such as the Pukapukas, Trukese, and Lesu, where all household members sleep in the same room so that children normally observe adult sexual activities (Ford & Beach, 1951). They point out that among the Hopi, Siriono, Kazak, and Alorese, as well as in Western cultures as late as Medieval times in Europe, children were openly touched, caressed, and sexually fondled by all members of the household. Even in recent Western history, particularly in rural areas, parents, nurses, or servants have masturbated small children to please and quiet them (Haeberle, 1978).

These libertarians regard the incest taboo anthropologically as a prohibition against inbreeding with anyone to whom marriage was forbidden. Thus, they say, the taboo was not intended as a prohibition against sex but as a social and economic device to strengthen the nuclear family. The secondary prevention of sex in the family was a consequence. In fact, they cite Kinsey et al. (1953) and Ford and Beach (1951) in suggesting that early sexual experience is often positively correlated with greater adult sexual and interpersonal satisfaction. They quote Prescott (1975) in linking repression of childhood sexuality with higher levels of adult social violence.

Child Participants

So far in the professional literature only two types of children participating in intergenerational sex have been identified: powerless and precocious. Very little attention has been paid to the definition of precocious except as a negative outcome of exploitative early eroticization. The continuum model of intergenerational sexual contact, to be empirically cor-

rect, must allow for all kinds of children, including informed, consenting, and initiating participants. Such a balanced typology supersedes the unscientific belief that *all* children who consent and initiate do so because they are powerless. For children who do indeed consent because they are powerless, the continuum model suggests empowering them not by arbitrarily teaching them to say no to sex, but by teaching sex education in such a way that they know what sex is. Thus they will learn the difference between sex and exploitation so they will know which one it is they are refusing.

Until now it has not seemed necessary to classify the children other than as victims since children's sexual feelings have been denied or relegated to the categories of sex play and curiosity. As Okami (1987) points out, however, "these are the same impulses and behaviors that in adolescents or adults are characterized as sexual desire and sexual activity."

Child-to-Adult Continuum

Society often overlooks negative sexual socialization as the genesis of adult sex problems (including child sexual molestation). The continuum model emphasizes three categories of such negative imprinting:

1. Molestation and exploitation that leave permanent psychological and sometimes physical scars.
2. Exploratory sex play with peers and adults that does not result in permanent damage other than that caused by social disapproval and its consequent guilt and shame.
3. Cultural desexualization and denial of children's normal sexual thoughts and feelings. Many patients who present with sex problems suffer not because they were exposed to early sexual experience but because they were deprived of the natural sexual imprinting that occurs among animals and primitive humans (Harlow & Harlow, 1962).

As a therapist taking routine sex histories, I ask, "Who is the closest relative with whom you were sexual as a child?" Initially, approximately half the respondents say there was none; approximately one fourth describe sexual experiences with age-peers, and approximately one eighth describe childhood experiences with adults. Many say they recall no such experiences. I then ask, "As a child, did you ever feel what you would now regard as sexual attraction to an adult?" Many deny at first but later retrieve memories of genital/erotic pleasure associated with such things as playing "horsey" on an adult's knee or crawling under the

covers and feeling an adult's body without clothes. Further questioning often reveals that there was indeed intergenerational sexual contact. In many cases it was exploitative in character, but the powerless child failed to recognize it as exploitation. In addition, deprived of early sex education, the child failed to recognize it as sex. The child needed no information or education, however, to recognize feelings of affection, pleasure, and love.

THE EXPERIENCE CONTINUUM

Kilpatrick (1987) reviewed 34 studies that attempted to account for long-range differential outcomes of childhood sexual experiences and found the studies did not support the hypothesis that experiences inevitably lead to long-term harmful effects. Because it is not possible to measure whether or not someone has been harmed, it is important to remember that intergenerational sex experiences, ranging from negative to neutral to positive, are reported in our society today as well as across cultures and historical periods.

The Positive Extreme

Clinical populations reveal nondamaging intergenerational sex. De Young (1982) reports that 20% of her "victims" appeared to be "virtually indifferent to their molestation." Instead, they tended to be traumatized by the reaction of adults to its discovery. Constantine (1981), after reviewing 30 studies of intergenerational sexual contact, said "only a very small percentage of cases appear to result in seriously harmful or long-term consequences as judged by standard measures of psychological health and social adjustment." Sloane and Karpinski (1942), using interviews from five clinical cases, stated that "if nonparticipating adults are comfortable with the known relationship, harm to the child is decreased."

Henderson (1973) said that intergenerational sexual relations do not always seem to have a traumatic effect and that for some individuals it even "allows a better adjustment to the external world." Yorukoglu and Kempf (1966) reported minimal, if any, short-term effects for one son in son-mother sex. Herman and Hirschman (1977) could find no distinction between women incest victims and the general population of women entering psychotherapy. Bender and Blau (1937) concluded that incest within an endorsing family can be nontraumatic. Fritz, Stoll, and

Wagner (1981) found that 77% of adult women who had been victims of childhood incest had no difficulties with current sexual adjustment, had overcome negative consequences, or did not develop problems in the first place.

Nonclinical general population surveys revealing nonproblematic intergenerational sex include the Kinsey study of women (1953) indicating that 20% to 24% of the women questioned had been molested as children, about 4% having been approached sexually by adult male relatives before adolescence. The Kinsey researchers said "the contacts often involved considerable affection, and some of the older females in the sample felt that their preadolescent experience had contributed favorably to their later socio-sexual development." Gagnon (1965) surveyed 1,200 college females and found that 26% had been molested by adults before the age of 13. He concluded that most of the women did not appear to experience long-term consequences. Landis (1956), studying 500 college students who had sexual experiences with adults before puberty, said that only 3% were permanently damaged and that no harm, permanent or temporary, resulted for 81% of the males and 66% of the females. The author's descriptive survey (Nelson, 1986) of a self-selected heterogeneous nonclinical incest sample (68% of which were intergenerational) showed slightly more than 25% of younger partners in child-adult situations reporting their experiences as positive.

Some researchers have stated categorically that negative outcome is a function of the secondary effects of societal response. Benign or positive experiences are transformed into traumatic ones by the secondary effects of societal response. Bernard (1981) studied a self-selected sample of Dutch men and women who had participated as children in intergenerational sex experiences. Describing feelings of love, affection, and security, he stated that his subjects were no more neurotic than the common Dutchman and that some appeared to be more psychologically stable. He concluded, "the sexual contacts in themselves do not seem harmful, but the attitudes of society have negative consequences." Sandfort (1984), also in Holland, used retrospective impressions as well as interviews with 25 boys who at the time were engaged in consensual, ongoing relationships with adult males. In half of the 183 contacts the boys and girls wanted the sexual contact. Sandfort concludes, "every sexual involvement of adults with children should not be considered abusive." In the United States, Schultz (1980) said, "Since only five to ten percent of sex abuse involves physical injury, the presumed trauma has to be psychological or social." He suggests, "it may be useful for professionals to assume trauma is absent unless clear evidence contraindicates." The continuum model adapts to his suggestion by eliminating the unproven assumption that harm was done.

The Negative Extreme

At the other end of the experience continuum, and commanding much public attention, we find intergenerational sex that is labeled *abuse*, most of which is indeed clearly damaging and exploitative. Herman (1981), Finkelhor (1984), and Rush (1980) define adult-child sexual contact generally as violence by men against children.

Russell (1986), who defines all intergenerational sex as sexual abuse, quotes a respondent, age 16 at the time of the sexual experience with her uncle: "He came close to me. He was just fooling around, but he didn't try to put his hand down there. It was beautiful; he put his hand on my breast. I was young and I just laughed. We were so happy together . . . There was no inserting or anything . . . It never happened again and I never thought about it again. He is still a strong and wonderful man . . ." Russell attributes such evaluations to denial or repression. She says, "If the relative with whom the respondent had sexual contact or who attempted sexual contact was five years or more older than the respondent the experience qualified as abusive regardless of whether or not she considered it a neutral or positive experience."

Interpretation

Extreme caution must be taken in claiming causal relationships. Scientific definition of abuse must be based on the nature and extent of actual harm done, not on age differential or expectations of harm. How much of the perceived outcome was caused by the experience and how much by the societal response, need for secrecy, fear of discovery, or actual discovery? The situational variables in a given interaction include the answer to the question, What harm was done to the child or to the adult, and what impact did societal response and expectations have on those involved?

RECOMMENDATIONS

In the face of age-old taboos and the horrors of child abuse, it is hard for educators, research designers, and other shapers of social policy to be nonjudgmental about intergenerational sex. Nevertheless, as scientists, we must recognize this larger field of inquiry and not limit the conceptual base to inferences rightfully belonging to the victimology model. The latter operationalizes sexual behavior using only negative terms that are limiting and that may lead to misleading results.

Nomenclature that Reflects the Continuum

Noncondemnatory terms are recommended to reduce cognitive confusion and, it is hoped, to protect those who can be exploited without resorting to unscientific and puritanical hysteria. In each individual case, until abuse is clearly established, three specific noncondemnatory terms are recommended. As with all the remarks in this paper, the intent of the suggestions is not to justify pathology or crime, to minimize accountability, or to blame the victim. The intent is to discourage professional use of value judgments disguised as diagnoses.

Intergenerational Sexuality. One terminology distinction that is easy to establish is that between incest, sexual abuse, and intergenerational sex. Incest is not always between child and adult. Intergenerational sex is not always between relatives. And neither phenomenon is always abusive in character. Therefore, unless or until the finer distinctions are clearly made, *intergenerational sexuality* is recommended as the noncondemnatory term of choice to describe this particular field of study.

Sexual Experience. The words *abuse*, *victimization*, *molestation*, *assault*, and *exploitation* have been used as sweeping terms for all expressions of intergenerational sex. To be scientifically objective, these emotionally charged words must be clearly defined in terms of measurable, quantitative effects on the child. Therefore, the continuum model suggests that the inclusive, noncondemnatory term *sexual experience* be used unless and until it has been clearly demonstrated by physical or other clear evidence, in each individual case, that the more restrictive terms *abuse* or *exploitation* apply.

Participant. The third recommended term, *participant*, recognizes the full continuum until it is clearly determined that the person in question was a perpetrator, victim, or consenting partner. This term also recognizes the continuum from pedophile to gerontophile.

CONCLUSIONS

In their own field of empirical inquiry, coronary researchers seeking to discover why heart attacks kill people study the entire range of heart attacks from nonfatal to fatal. Similarly, opening the conceptual continuum of intergenerational sexuality will provide insights as to why such interaction causes harm in some cases and not in others. This paper acknowledges the wide range, including the extremes, of participants and experiences and suggests three nomenclature changes. It is hoped that these simple changes will begin to establish an impartial cognitive model

that will distinguish problems caused by social condemnation from problems caused by exploitation and abuse.

As Renshaw (1982), a psychiatric medical professional, says about problematic incest, "With or without psychotherapy, emotional reactions to incest can heal . . . understanding and self-acceptance may be achieved." She continues, "There may even be a strong sense of self-satisfaction at having emerged and adapted well in spite of, or even because of, the incest experience." In the future, as we deal with the prevention and treatment of problematic intergenerational sexuality and as we develop a new, more balanced public policy regarding intergenerational sexual contact generally, we may begin to address the more basic underlying issue of whether society is protecting children or oppressing their normal sexual development.

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