

Adolescents and Oral Sex: What Adolescents Do, What They Know, and Why They Need Our Guidance

Common sense suggests that our society's omnipresent displays of sex are having an impact on America's youth. The Internet has certainly increased the availability of sex-related material to everyone who has access. However, the Internet is just one media source and other sources have also contributed to the increased volume of sex-related materials presented in daily life. For instance, one study of network television programs found that "the number of sex scenes on TV has nearly doubled since 1998" (The Kaiser Family Foundation, 2005). Furthermore, paid television programming, such as cable and satellite TV, is legally permitted to air programs with more explicit sexual activity than network television. Music videos which are typically marketed to adolescents and often depict highly seductive and sexual content, are available on the Internet, cable television, cellular phones, and portable iPod-type music/video devices. Finally, it is widely understood that commercial advertising of all sorts uses sexual content as a lure to prospective buyers because advertisers believe that "sex sells." Thus, today's youth are bombarded with sexually charged material.

The number and intensity of sexual messages put forth in all media venues is commonly assumed to have a disproportionate impact on adolescents because they are often entering sexual awareness and are just beginning to explore feelings of intimacy, making them particularly vulnerable to sexual messages (The Kaiser Family Foundation, 2005; Tolman, 2006). Research conducted over the past decade on the sexual attitudes, behaviors, and decision making processes of adolescents reveals that they are exploring sexual behaviors at a younger age than previous generations, that many of their sexual behaviors present significant health risks, and that many adolescents are unaware of the risks involved in their activities.

It is my assertion that, as psychologists working with adolescents in therapy, we have a ready-made opportunity to create an environment that will facilitate productive, educational conversations about sex. In fact, we may already be more likely to work with teens who are sexually active because, suggested by Morgan and Huebner (2002) ". . . factors that increase the likelihood that a teen will become sexually active include having a history of sexual abuse, depression, and heavy alcohol or drug use" which are common factors that already bring patients to therapy. Moreover, some research suggests that "Adolescents would like more information about sexual matters, but many don't know if they can trust their doctors" (Schuster, Bell, Peterson, & Kanouse, 1996). As therapists we can create an open and inviting therapeutic environment and help these patients explore more deeply the information they are receiving about sex and help them understand the consequences, both good and bad, of how they handle that information.

In order to have productive conversations with teenage patients about sex, however, it is important that therapists become aware of the research that sheds light on this population's sexual activities. What follows is a selection of research findings focusing on adolescent attitudes about oral sex, the frequency of oral sexual activity, risk factors associated with their sexual behaviors, and the clinical issues related to discussions with adolescents about sex. The information presented here is by no means exhaustive and additional reading in this area will be necessary for those who plan to pursue these issues with patients.

Sex versus Oral Sex

For starters, it is important to realize that there is significant debate about the definition of oral sex compared to sex. Partially in response to the current Bush administration's approach to school based sex education, known as "Abstinence Only-Until Marriage," many students between grade school and high school are only being taught that "sex" is synonymous with "sexual intercourse" and they are not learning about other sexual behaviors (The Content of Federally Funded Abstinence-Only Education Programs, 2004). Furthermore, former President Clinton's sexual escapades and his public questioning of the definition of sex fueled even more confusion about the definition of oral sex and sex. Thus, many people disagree about whether oral sex constitutes sex (Charbonneau, 2000; Jayson, 2005).

This confusion is significant for teens, as indicated by reports suggesting that many teens are engaging in nonintercourse sexual behaviors (i.e., oral sex), which they do not view as sex. By not having sexual intercourse, these teens are trying to remain "technical virgins," and erroneously believe that they are being "safe" because they are protecting themselves against pregnancy and limiting their chances of contracting HIV (Jayson, 2005). Unfortunately many of these sexually active adolescents are unaware of other health risks that they are not avoiding.

Sexual Behaviors of Adolescents in the United States

While the media and couples-therapists have reported an increased frequency of married couples complaining of sexless marriages, the media has also recently suggested that teens are engaging in oral sex with alarming frequency. Around the nation, recent newspaper headlines have read "Over the rainbow: Oral sex among teens is the new spin the bottle" (Stryker, 2005) and "Half of All Teens have had Oral Sex" (Stepp, 2005). In addition NBC recently aired a one-hour television special entitled "The 411: Teens and Sex" which focused primarily on the prevalence of oral sex. Although the media does not always report scientific data to support their assertions, there are data available that suggest oral sex among teens is common and not without risks.

Hoff, Greene, and Davis (2003) reported findings from a survey of a nationally representative sample of more than 1,800 adolescents in three age groups. Among their survey findings, "36 percent of adolescents age 15 to 17 reported having had oral sex" and "24 percent of adolescents ages 15 to 17 reported having had oral sex to avoid having sexual intercourse." Moreover, this study showed that "19 percent of participants ages 15 to 17 did not know that sexually transmitted diseases (STDs) can be spread through oral sex". In another study with similar findings, it was reported that "in a survey of 519 adolescents ages 12 to 17, 21 percent of respondents considered oral sex to be safe sex" (SIECUS, 2003). Still another study which surveyed 212 10th-grade students, 40 percent of these teenagers said they had engaged in oral sex within the past year, more than 25 percent said they had three or more oral sex partners in the last year, and 70 percent of the sexually active teenagers reported never taking precautions during oral sex that might reduce their risk of becoming infected with a STD (Warner, 2003). As suggested by this data, despite frequent and recurrent episodes of oral sex among many teens, there is little awareness of the serious and frequent health risks associated with their behavior. In fact, Weinstock, Berman, and Cates (2000) reported that in the United States "18.9 million new cases of STDs occurred in 2000, of which 9.1 million (48%) were among persons aged 15 to 24" and many of the STDs reported in this study (e.g., chlamydia, genital herpes, and human papillomavirus, known as HPV) are contractible through oral sex. Moreover, many of the STDs are of an asymptomatic nature,

resulting in the infected person not receiving medical attention. The combination of the misinformation about the ability to contract a STD through oral sex with the lack of medical attention can lead to permanent physical damage which can result in infertility (Van Vranken, 2004).

Therapeutic Issues

So far, I have presented a brief discussion about adolescents' attitudes, behaviors, and knowledge about oral sex. By itself, the information may be interesting but is not necessarily useful. What follows now is a focus on therapeutic applications of this information and thoughts for consideration when sitting with sexually active adolescent patients.

First, I believe it is necessary for the therapist to bring up the issue of sex with adolescent patients. Because sex is a topic that can be awkward and uncomfortable, an adolescent may be unlikely to raise the topic themselves. If early in the therapy process the therapist acknowledges that sex is a topic that is open for discussion in therapy, one plants the proverbial seed for future discussions.

Next, when the topic of sex is raised for discussion, clearing any confusion regarding the definition of sex is the first task. If clarification is not attended to, one of the sticking-points may present itself when a therapist inquires, "are you and your boy friend/girl friend/partner sexually involved?" The adolescent may respond by stating "No." If this answer is taken at face value, it may not become known that the patient is in fact having oral sex, and perhaps engaging in other sexual behaviors, many of which places the patient at risk for contracting STDs. Moreover, in this scenario the therapist misses the opportunity to explore the patients' feelings about their sexual experiences, level of comfort with the pace and development of their sexual relationships, and the opportunity to educate the patient about protection against sexually transmitted diseases.

Finally, many young adolescents are just beginning to have feelings of intimacy directed toward people to whom they are attracted. Although some do, unfortunately many adolescents do not view oral sex as an activity that requires an intimate relationship. For example, SEICUS (2003) reported that The Alan Guttmacher Institute found "in a study of 505 adolescents ages 12 to 17, 27 percent of participants reported that oral sex is 'almost always or 'most of the time' part of a more *serious dating relationship* while 24 percent reported oral sex as an activity that is 'almost always' or 'most of the time' part of a *casual* relationship. A therapist has the unique opportunity to explore feelings of intimacy and facilitate the patient's ability to attach intimacy to sexual behavior. For virtually all adolescents, the attachment of intimacy to sexual behavior will become vitally important to their future, adult relationships.

These are just a few of many issues related to working with adolescents in psychotherapy around issues of sex. As previously stated, there is more information available regarding a range of adolescent sexual attitudes, sexual behaviors, and sexual risk factors. One should become familiar with this literature in order to provide the most effective treatment to our teenage patients.

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References available upon request.