



## Female Sexual Subjectivity and Well-Being: Comparing Late Adolescents With Different Sexual Experiences

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**Abstract:** We compared females ( $N = 449$ , age 16-20) with different patterns of sexual experiences (i.e., sexually inexperienced, sexually experienced noncoital, and sexually experienced coital with early, middle, or normative age of first sexual intercourse; experience/no experience with self-masturbation; experience/no experience with noncoital orgasmic responsiveness) on measures of well-being in the sexual domain. These measures included a multidimensional measure of female sexual subjectivity (i.e., sexual body-esteem, entitlement to pleasure, efficacy in achieving sexual pleasure, and sexual self-reflection) and two measures of sexual agency. Self-esteem and happiness were used as indicators of general well-being. Females with more sexual experience were higher in sexual subjectivity and sexual agency. There were few group differences in general well-being. Results have practical and policy implications for the design and implementation of sexuality education programs that supplement a focus on risk reduction with emphasis on the potential positive outcomes of sexual exploration.

**Key words:** noncoital sexual behavior; sexual pleasure; self-masturbation; orgasm; emerging adults

Female sexual development presents a complex paradox between restriction, repression, and risk on the one hand, and exploration, pleasure, and agency on the other (Vance, 1984). As such, the promotion of sexual health in female adolescents and emerging adults (between the ages of about 15 to 25) is inextricably bound to both protection against negative consequences, including unintended pregnancies, sexually transmitted diseases, and sexual violence, and fostering an understanding and awareness of one's sexuality, the pleasures and benefits associated with it, and the validation of needs and desires. During this time of life, which we will refer to as *late adolescence*, one expands and consolidates a sexual self through experience with unpracticed life events, which may include some normative experimentation with behaviors that have been associated with negative outcomes. This process may result in some adolescents exhibiting what might be called problem behaviors (Jessor, Costa,

Jessor, & Donovan, 1983). However, experimentation may also assist these young people and others to develop appropriate skills, knowledge, and safe life-enhancing behaviors and values (Lerner & Spanier, 1980; Moore & Rosenthal, 1993).

Two previous studies have illustrated this duality. In one study, Thompson (1990, 1995) compared narratives of 100 sexually initiated girls and reported that two themes emerged when girls were asked to describe the circumstances of first intercourse. The first theme was illustrated by the statement, "It was something that just happened" (Thompson, 1990, p. 343), describing first coitus as painful, boring, or disappointing. Girls who narrated stories with this theme were often not prepared for sex; they had not explored self-masturbation, petting, foreplay, desire, or contraception. Their early sexual experiences seemed to have undercut their sense of well-being and their hope for satisfaction in relationships. In comparison,

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approximately 25% of females emphasized curiosity, desire, and pleasure when describing their experiences. Thompson (1990) stated:

The second group of narrators relished sexuality, its stories and its pleasures. They approached first intercourse with a foretaste of desire from earlier experiences—masturbation, childhood sex play, and heavy petting—and from their mothers' accounts. Frequently, they obtained contraception before first intercourse. . . . they made plans for better and safer sex to come—going quickly to a doctor or a clinic, asking friends and mothers about the question of pleasure. (p. 357)

In a second study, Buzwell and Rosenthal (1996) investigated the relationship between sexual activity and an adolescent's sexual self-perceptions among 470 Australian males and females from grades 10 to 12 (about age 16 to 18). Using cluster analysis, five sexual styles were identified. Of particular relevance here is the profile of the largest group (28%), the sexually competent. The composition of this group was predominantly older (i.e., grade-12 students) sexually experienced heterosexuals, consisting of slightly more girls than boys. Relative to other styles, sexually competent adolescents scored highest on a measure of sexual self-efficacy, that is, they felt confident and in control in the sexual domain, they scored higher on a measure of sexual self-esteem, indicating that they were more comfortable about their sexual appeal and behavior, and they reported moderate sexual attitudes (i.e., on scales measuring sexual desires, sexual adventurousness, sexual anxiety, and sexual commitment). Buzwell and Rosenthal concluded that members of this group appeared to have a combination of qualities that mark healthy sexuality.

The acknowledgment in recent years of this duality and the potential positive impact of sexual experiences in adolescence on self and relationship development appear to have influenced the types of questions educators, researchers, and policymakers currently pose about adolescent sexual health and, importantly, the increasing emphasis on sexual health as more than the absence of disease and dysfunction (Satcher, 2001). In the last 30 years there has been much investigation of the risks and problems associated with female sexual exploration during adolescence, but only recently has there been more examination of the ways in which sexual exploration may be associated with healthy sexual development and functioning (e.g., Brooks-Gunn & Paikoff, 1993; Haffner, 1998; Robinson, Bockting, Simon Rosser, Miner, & Coleman, 2002; Tolman, Striepe, & Harmon, 2003; Welsh, Rostosky, & Kawaguchi, 2000). This shift in focus seems

to have begun about 10 years ago when the Sexuality Information and Education Council of the United States (SIECUS) convened the National Commission on Adolescent Sexual Health (see Haffner, 1998). SIECUS issued a report (Haffner, 1995) calling for a new approach. Haffner (1998) highlighted several factors from this report that were important in adolescent sexuality:

Despite the public impression to the contrary, most teenagers who have intercourse do so responsibly. . . . The average age of first intercourse is . . . 17 years for girls, just 1 year younger than the average age in 1970. The majority of sexually involved young people report that they do not feel partner or peer pressure, and the majority are in love with their partner. The majority of young people who are sexually involved use contraception as consistently and effectively as most adults. . . . The Commission recommended that adults talk to teens about pleasure and desire and how to evaluate their readiness for a mature sexual relationship. (p. 456)

It seems that for some young people sexual exploration is associated with increasing social competence, positive self-development, and well-being. These studies and policy directions also highlight the importance of continuing to investigate self-related feelings and perceptions within the sexual domain that may be associated with sexual and more general well-being. Furthermore, such details are paramount for adolescent sexual health specialists if they are to provide relevant programs that match the needs of today's adolescents by continuing to provide education and intervention to prevent sexual risk-taking behavior, but also by acknowledging and encouraging other aspects of sexuality, such as desires and pleasures, that young people experience as they develop intimate relationships and explore their sexuality (Graber, Brooks-Gunn, & Galen, 1999).

### The Current Study

While few investigations have examined whether adolescent sexual experience is associated with greater well-being in the sexual and general domains, sexual exploration is part of a normative developmental process that has the potential to provide adolescents with increased self-understanding and greater acquisition of skills necessary for the establishment of intimate and fulfilling long-term relationships (Graber et al., 1999; Haffner, 1998; Moore & Rosenthal, 1993). The purpose of the current study was to examine whether sexual subjectivity, sexual agency, and general well-being (i.e., self-esteem and happiness) are associated with levels of sexual experience.

### *Sexual Experience*

We started with a classification of adolescents into sexual experience groups based on whether a young person had a history of sexual intercourse and, if so, the age of first sexual intercourse. In past research (e.g., Crockett, Bingham, Chopak, & Vicary, 1996; Jessor et al., 1983), this method was useful for differentiating levels of sexual development, as signaled by behavior, in order to identify correlates and antecedents of sexual exploration (Holowaty et al., 1997). Although early studies compared adolescents who had not had sexual intercourse with those who had (e.g., Jessor & Jessor, 1975), in more recent studies, adolescents have been distinguished by the age when they first had sexual intercourse (Crockett et al., 1996; Rosenthal, Smith, & de Visser, 1999). Results from this body of research have shown that it was not sexual intercourse per se that is associated with problems (usually externalizing problems, such as delinquency and low school achievement); instead, it was those young people who had the earliest onset of intercourse who engaged in the most concerning levels of problem behaviors, both concurrently and later in adolescence (Bingham & Crockett, 1996; Crockett et al., 1996; Jessor, Van Den Bos, Vanderryn, Costa, & Turbin, 1995; Koyle, Jensen, Olsen, & Cundick, 1989; Whitbeck, Yoder, Hoyt, & Conger, 1999). We followed this tradition in the current study but focused on more positive aspects of the sexual self and general well-being that may emerge and develop partly as a consequence of sexual experiences.

For both heterosexual and other youth, sexual activity encompasses a myriad of behaviors. For heterosexual females, only one of these behaviors is sexual intercourse. Recent research (Smith, Agius, Dyson, Mitchell, & Pitts, 2003) on noncoital sexual behaviors has indicated that by grade 12 most students had experienced some form of sexual activity (e.g., romantic kissing, touching and being touched on genitals, and giving or receiving oral sex). Moreover, a study conducted by Schuster, Bell, and Kanouse (1996) of 2,026 urban high school students found that 35% of virgins had engaged in one or more of these noncoital genital sexual activities (p. 1573). Most often, past research has limited comparisons to adolescents who did or did not have a history of sexual intercourse or to comparisons of groups based on the age of their first experience of sexual intercourse. These comparisons may have masked some important differences that could emerge when examining more finely differentiated groups. For example, we were also interested in investigating whether or not girls with noncoital genital experience differed from those girls inexperienced with noncoital

genital sexual behaviors. This latter focus was included because we wanted to examine if the experience of sexual intercourse was the defining behavior linked to sexual subjectivity and well-being or if there was evidence that sexual exploration, apart from intercourse, is linked with these outcomes. Hence in the present study females were differentiated as follows: (a) inexperienced-noncoital, (b) experienced-noncoital, and three groups who were defined by their age at first sexual intercourse, (c) normative<sup>1</sup> (17 years or later), (d) middle (16 years), and (e) early (15 years or less). These five groups are hereafter collectively referred to as the "sexual experience groups."

### *Self-Masturbation and Noncoital Orgasmic Responsiveness*

What is often missing from psychological studies of adolescent sexuality is a better understanding of how sexual exploration (other than sexual intercourse), and particularly self-masturbation and orgasmic responsiveness, may contribute to perceptions of sexual well-being. Although research on self-masturbation in female adolescence is sparse, there is no evidence that self-masturbation leads to early initiation of intercourse and some suggestion that those adolescents who are more comfortable with their sexuality are more likely to masturbate (Blythe & Rosenthal, 2000; Coleman, 2002; Smith, Rosenthal, & Reichler, 1996). For example, one study found a positive association between sexual self-esteem with respect to oneself and one's partner and adolescent self-reports of ever having masturbated (Smith et al., 1996). What psychological and developmental functions self-masturbation may serve for females is not well known. Nonetheless, self-masturbation forms part of the sequelae of sexual behavior and, as suggested in previous qualitative research on females, may provide opportunities for safe exploration and discovery of sexual desires and pleasure and perhaps assist with the integration of these aspects of sexuality into one's sense of self (Thompson, 1990, 1995).

The impact of orgasmic responsiveness on female adolescent development and well-being has been insufficiently addressed in the psychological literature. However, in studies of female adults, a major concern for contemporary sexologists is with the achievement of sexual fulfillment through orgasm, as well as the classification

1. In past studies, this nonvirgin group has typically been referred to as a *late-onset group*. However, it is statistically likely that young people have had first sexual intercourse at 17 years (Smith et al., 2003) and our label was selected to depict this.

and the diagnosis of sexual dysfunctions, namely sexual desire disorders, sexual arousal disorders, and orgasmic disorders (American Psychiatric Association, 1994). This raises questions about how the development and experience of orgasmic responsiveness during adolescence may impact on later sexual self-perceptions and adult sexual functioning. Yet, before these complex questions can be answered, we simply need to know more about the occurrence of both female adolescent self-masturbation and orgasmic responsiveness and whether these behaviors are concurrently associated with aspects of sexual health and well-being. Previous research on types of orgasms in women (Bentler & Peeler, 1979) has found clear distinctions between masturbatory and coital orgasmic responses. In the current study, the focus was on masturbatory (noncoital) orgasmic responsiveness so that all participants, regardless of coital experience, could be considered.

### *Sexual Subjectivity*

Sexuality, or, more specifically, what Martin (1996) and others (e.g., Tolman, 2002) referred to as sexual subjectivity, begins to develop during adolescence and becomes an important dimension of an individual's conception of self. Sexual subjectivity means the perceptions of pleasure from the body and the experiences of being sexual. Sexual subjectivity has been described as "a necessary component of agency and thus of self-esteem. That is, one's sexuality affects her/his ability to act in the world, and to feel like she/he can will things and make them happen" (Martin, p. 10). For females, adolescence has been proposed as a key time when there is a decline in agency and self-esteem (Martin; Tolman). Martin found from qualitative studies with girls that these declines were tied to difficulties with their possessing sexual subjectivity. For example, although there may have been some improvements in recent years, females still develop their sexuality while receiving mixed messages and cultural double standards that emphasize male sexual values, such as the prominence of intercourse; such standards and values do not encourage female development of a sense of sexual entitlement and sexual empowerment (Baumeister & Twenge, 2002; Martin; Welsh et al., 2000). In fact, Tolman (1994) argued that in this environment, female adolescents risk losing touch with their own bodily feelings and desires, feeling less agentic and less sexually subjective.

In order to understand more about the importance of female sexual subjectivity during adolescence, in a recent set of studies (Horne & Zimmer-Gembeck, in press) we developed the Female Sexual Subjectivity Inventory

(FSSI) to assess three rationally derived elements of female sexual subjectivity. These elements included sexual body-esteem, sexual desire and pleasure, and sexual self-reflection. In brief, the FSSI was constructed after a review of the literature led to the following hypotheses and conclusions:

1. The possession of sexual subjectivity requires sexual body-esteem, that is, positive self-perceptions of attractiveness and sexual desirability. We argued that pleasure was less likely if an individual objectifies her sexuality and allows others to judge her right to feel attractive and sexually desirable based on whether or not she possesses the socially valued feminine attributes (Daniluk, 1993; Tolman et al., 2003).
2. To experience pleasure from the body, a female must possess a sense of entitlement to these feelings (from self and partner) and a feeling of efficacy in achieving sexual pleasure.
3. Sexual subjectivity emerges not only from experiences of the body and associated pleasures but also from emotional and cognitive interaction and reflection (Martin, 1996). It is through metacognitive sexual self-reflection that individuals are able to know their sexual selves (Martin; Tolman, 1994).

It was hypothesized that these core elements of sexual subjectivity are important components in female sexual health.

Results of our previous studies (see Horne & Zimmer-Gembeck, in press) found that female sexual subjectivity, as measured by the FSSI, was associated with higher levels of self-efficacy in condom use (in heterosexual girls), higher levels of sexual self-awareness, and lower levels of sexual anxiety. In past research (Janda & O'Grady, 1980; Rosenthal, Moore, & Flynn, 1991; Snell, Fisher, & Miller, 1991), these outcomes have been associated with positive adjustment among young people. Additionally, females with higher levels of sexual subjectivity also had higher self-esteem, were more resistant to sexual double standards, and scored lower on self-silencing in intimate relationships. Feeling efficacious in achieving sexual pleasure from a partner was also related to happiness. The aim of the current study was to extend this past research by investigating how sexual experience and behavior may be linked to sexual subjectivity among late-adolescent females.

### *Well-Being*

*Psychosocial well-being.* Selverstone (1989) argued that the key question regarding the nature of adolescent

sexual health was not whether adolescents engaged or abstained from sexual intercourse, but the extent to which adolescent sexual behavior fostered or impeded overall healthy development (also see Laumann, Gagnon, Michael, & Michaels, 1994). Sexual behavior may provide opportunities for adolescents to develop positive self-esteem and achieve mastery of some developmental tasks, such as the formation of intimate relationships and identity. In the few previous studies of these possibilities, sexual experience, especially early sexual intercourse debut, was expected to be associated with lower rather than more positive well-being, and usually the measure of well-being was self-esteem. Results of these studies provided contradictory information. While some evidence (Orr, Wilbrandt, Brack, Rauch, & Ingersoll, 1989) showed that females who had a history of sexual intercourse had lower self-esteem than those without this history, other reports (Crockett et al., 1996; Holowaty et al., 1997) indicated that there were no differences in self-esteem and/or happiness when groups with different timing of first sexual intercourse were compared. Given these inconsistencies, these issues were examined and extended in the current study by comparing females with different sexual experiences on two measures of well-being: self-esteem and happiness.

*Sexual agency.* Agency is a mode of exerting power, feeling as though one can choose, do, or act (Martin, 1996). Sexual agency refers here to an individual's feelings of empowerment within the sexual domain. That is, sexual agency provides a sense that an individual has the right to create and take action on his or her own behalf, to make sexual choices, and to meet his or her sexual needs. Two indicators of sexual agency that may be particularly linked to the challenges of emerging sexual health are (a) voice in intimate relationships and (b) sex role unconventionality (i.e., resistance to sexual double standards, or different standards of sexual permissiveness for female and males). In relation to voice in intimate relationships, Gilligan (1977) argued that when in relationships with boys, many girls demonstrated a tendency to silence their own thoughts and feelings for the sake of relationships, especially when they perceived that their feelings and thoughts would disrupt relationships. As a result, females become disconnected and dissociated from others and from themselves (i.e., they silence themselves and feel less agentic).

Females who scored higher in self-silencing also reported more helplessness and depressive affect and lower self-esteem (Jack, 1991). In relation to sexual double standards, empirical evidence has suggested that adherence to traditional gender roles may foster sexual compliance, in which females adopt the belief that it is

their responsibility to be responsive to the male's sexual desire rather than to their own (Fine, 1988; Impett & Peplau, 2003; Thompson, 1995). Studies have also found that adherence to sexual double standards discourages contraceptive preparedness in initial sexual encounters and moreover promotes reliance on males to provide condoms in sexual situations (Hynie & Lydon, 1995). We expected that greater sexual experience would be associated with less self-silencing in intimate relationships (i.e., voice) and more resistance to sexual double standards (i.e., sex role unconventionality). To our knowledge, no previous research has tested this hypothesis.

### Research Questions

In sum, we examined how sexual subjectivity, sexual agency, and well-being may differ among females with different histories of sexual experience. Well-being was assessed as self-esteem and happiness, and sexual agency was considered to be an aspect of well-being within the romantic and sexual domains. The aspects of sexual agency measured here were self-silencing in intimate relationships and resistance to sexual double standards. The following research questions were addressed in the current study:

1. Do girls with and without a history of sexual intercourse differ in their experiences with noncoital sexual behaviors?
2. Do sexual experience groups differ in their conceptions of sexual subjectivity, psychosocial well-being, and sexual agency?
3. Are experiences with self-masturbation and noncoital orgasmic responsiveness associated with greater sexual subjectivity, psychosocial well-being, and sexual agency?

### Method

#### Participants

Participants were 449 females between 16 and 20 years of age ( $M = 17.9$  years,  $SD = 1.2$ ) from urban areas of Queensland, Australia. Over 75% ( $n = 345$ ) of participants were university students enrolled in a first-year psychology course that offered credit for participation. In Queensland, most first-year university students are 17 or 18 years of age. The remaining participants were year-12 students from three private secondary schools ( $n = 79$ ) or students enrolled in a humanities class at a technical college in Queensland ( $n = 25$ ). In relation to the year-12 student population, the parental consent rate was 57%. The majority of participants had a history of sexual

intercourse (70%) and was White/Caucasian (91%) with the remaining mostly Aboriginal Australian (1%) or Asian (5%); from two-parent biological (72%) or single-parent (14%) families; and heterosexual (85%) or heterosexual with lesbian experience (11%).

### Measures

Data were from the first wave of a longitudinal study. Participants provided demographic information, relationship history, and sexual behavior history and responded to measures of sexual subjectivity and measures of well-being. Questionnaire items completed by girls who had a history of sexual intercourse included details of first sexual intercourse and sexual experiences. Questionnaire items completed by girls with no history of sexual intercourse included assessments of sexual feelings and attitudes and sexual behavior/activity experience other than intercourse. The time required to complete the questionnaire was approximately 45 minutes. The subset of measures used in the current study included the following:

**Sexual behavior.** Sexual intercourse (coitus) was assessed through a self-report question, "In your lifetime, how many times have you willingly had sexual intercourse ('gone all the way, 'made love')?" Possible responses included "never" (1); "I have only had sexual intercourse 1 or 2 times" (2); "3 to 10 times" (3); "11 to 20 times" (4); and "more than 20 times" (5). For the purposes of the present study, categories 2 to 5 were collapsed, yielding a two-level response scale that indicated whether or not each participant had a history of sexual intercourse (*coital status*). Age of first sexual intercourse was determined with one question, "How old were you the first time you willingly had sexual intercourse?" In the present study, the mean age of first sexual intercourse was 16.3 ( $SD = 1.3$ ).

A range of sexual experiences was assessed by the question, "What sexual activities have you experienced (at any time in your life)?" There were 11 possible responses examined in the current study, "romantic kissing," "sexual fantasizing," "self-masturbation," "light petting (being touched/fondled above the waist)," "heavy petting (being touched/fondled below the waist)," "oral sex (giving)," "oral sex (receiving)," "orgasm as a result of masturbation, petting, or oral sex," "sexual intercourse," "sexual intercourse leading to your partner's orgasm," and "sexual intercourse leading to your own orgasm." Respondents indicated all that applied.

**Sexual experience groups.** First, girls who reported never experiencing sexual intercourse were subdivided into two groups based on the types of noncoital sexual behaviors they had engaged in. Those females who

reported no experience with noncoital genital sexual activity (i.e., heavy petting, giving or receiving oral sex, orgasm) were placed in a group labeled "inexperienced-noncoital" ( $n = 59$ ). Those females who reported one or more experience with these noncoital genital sexual activities were placed in a group labeled "experienced-noncoital" ( $n = 73$ ). Secondly, those females who reported experience with sexual intercourse were subdivided into three groups based on their age at first sexual intercourse. Specifically, females who reported first intercourse at 17 years of age or later were classified into a group labeled "normative onset" ( $n = 126$ ); females who reported first intercourse at 16 years of age were classified into a group labeled "middle onset" ( $n = 111$ ); and the group of females who reported first sexual intercourse at less than 16 years of age was labeled "early onset" ( $n = 81$ ).

**Self-masturbation and noncoital orgasm experience groups.** Those respondents who reported engaging in self-masturbation were placed in a "yes" group ( $n = 236$ ), and those who reported never engaging in self-masturbation were placed in a "no" group ( $n = 213$ ). In relation to noncoital orgasmic responsiveness, those respondents who reported ever experiencing a noncoital orgasm were placed in a "yes" group ( $n = 267$ ), and those who reported never experiencing a noncoital orgasm ( $n = 182$ ) were placed in a "no" group.

**Sexual subjectivity.** The Female Sexual Subjectivity Inventory (Horne & Zimmer-Gembeck, in press) was used to assess three psychosocial elements hypothesized as important for healthy sexual development. The FSSI included 20 items that assessed three elements of sexual subjectivity: (a) sexual body-esteem (self-perceptions of sexual attractiveness and desirability); (b) sexual desire and pleasure (consisting of three subscales assessing sense of entitlement to sexual pleasure from self, sense of entitlement to sexual pleasure from partner, and self-efficacy in achieving sexual pleasure); and (c) sexual self-reflection (reflection on one's sexuality, sexual behavior, and experiences). These psychosocial elements are important components of sexual subjectivity and sexual well-being (for a review, see Horne & Zimmer-Gembeck).

The inventory was developed from a pool of items, some of which were selected from previously validated instruments (e.g., Buzwell, 1995; Derogatis & Melisarotos, 1979; Hughes & Snell, 1990; Rosenthal et al., 1991; Snell et al., 1991). Sample items for the FSSI included "I am confident that others will find me sexually desirable" (sexual body-esteem); "I think it is important for a sexual partner to consider my sexual pleasure" (sexual desire and pleasure); and "I spend time thinking and reflecting about my sexual experiences" (sexual self-reflection). All

scales (and subscales of sexual desire and pleasure) of the FSSI had high reliability; Cronbach's  $\alpha$  ranged from .77 to .89. In addition, face validity, content validity, and construct validity were established in past research (see Horne & Zimmer-Gembeck, in press). Appropriate subscale items were averaged to form composite measures with higher scores reflecting more sexual subjectivity.

*Well-being.* Indicators of psychosocial well-being included measures of self-esteem and perceived happiness. Self-esteem was assessed with the Rosenberg Self-Esteem Scale (Rosenberg, 1979). This scale is widely used and consists of 10 items, examples of which include "On the whole, I am satisfied with myself" and "I take a positive attitude toward myself." Responses range from 1 (*strongly agree*) to 4 (*strongly disagree*). High reliability of this scale has been reported when used with adolescents,  $\alpha = .82$  (Crockett et al., 1996). Items were averaged to form a composite measure with higher scores reflecting higher self-esteem.

Happiness in the last month was determined by participant ratings of happiness from 0 (*extremely unhappy*) to 10 (*extremely happy*) (Wilkinson & Walford, 1998). Evidence of convergent validity was found in the current study; the correlations between happiness and self-esteem and between happiness and neuroticism were  $r = .54$  and  $-.53$ , respectively.

*Sexual agency.* Two measures were used to assess sexual agency as follows: (a) self-silencing in intimate interactions and (b) resilience to sexual double standards. The Silencing the Self (SS) subscale of the Silencing the Self Scale (Jack & Dill, 1992) measured perceptions about formation and maintenance of intimate relationships. The SS subscale consists of nine items rated from 1 (*strongly disagree*) to 5 (*strongly agree*). A sample item is "Instead of risking confrontations in close relationships, I would rather not rock the boat." High internal consistency has been reported when this scale is used with female undergraduate students, Cronbach's  $\alpha = .78$  (Jack & Dill). Self-silencing has been negatively associated with self-esteem and positively associated with depression in past research (Jack & Dill). Items were averaged to form a composite measure with higher scores reflecting more self-silencing in intimate relationships.

The Double Standard Scale (Caron, Davis, Halteman, & Stickle, 1993) assessed acceptance of the sexual double standard. This scale consists of 10 items rated from 1 (*strongly disagree*) to 5 (*strongly agree*). A sample item is "It is expected that a woman will be less sexually experienced than her partner." An adequate inter-item correlation has been reported, Cronbach's  $\alpha = .72$ , and the measure converges with some aspects of condom

use (Caron et al., 1993). In the present study, the nouns *woman* and *man* were replaced with *female* and *male*. Pilot testing indicated that these terms were more acceptable to individuals similar in age to those included in the current study. Items were averaged to form a composite measure with higher scores reflecting more resistance to sexual double standards.

## Results

### Age Differences as a Function of Group Membership

Because the age of participants ranged from 16 to 20 years, we expected some age differences in sexual experience groups. An analysis of variance revealed a significant difference between sexual experience groups,  $F(4,444) = 19.20, p < .05$ . The inexperienced and experienced noncoital groups were younger,  $M = 17.34, SD = 1.1$  and  $M = 17.40, SD = 1.1$ , than the normative-onset and middle-onset groups,  $M = 18.6, SD = 1.0$  and  $M = 17.9, SD = 1.1$ . On average, the age of girls in the early-onset group fell in between the two groups of girls with no coital experience and the normative and middle-onset groups,  $M = 17.8, SD = 1.2$ . Overall, the girls in the normative group were significantly older, on average, than girls in all other groups.

In addition, respondents who reported engaging in self-masturbation,  $M = 18.2, SD = 1.1$ , were significantly older than those who did not,  $M = 17.6, SD = 1.2, t(447) = 4.63$ . Respondents who reported experiencing noncoital orgasms,  $M = 18.1, SD = 1.2$ , were also significantly older than those who did not,  $M = 17.6, SD = 1.2, t(447) = 4.49$ . Respondents who reported exclusive heterosexuality were significantly younger,  $M = 17.8, SD = 1.2$ , than other girls,  $M = 18.3, SD = 1.1, t(447) = -3.18$ . Given these results, age was controlled in all further multivariate analyses.

### Examination of Statistical Assumptions

Due to both conceptual links and intercorrelations between some dependent variables (see Table 1) and the inclusion of participant age as a covariate, all research questions were investigated using multivariate analysis of covariance (MANCOVA). Several steps were taken to check the statistical assumptions of MANCOVA. First, there was some violation of the normality assumption. However, this is less problematic when variable groups are non-normal in the same direction and not caused by an occasional extreme score, as was the case here (Tabachnick & Fidell, 2001). Levene's tests of equality of error variances were not significant, indicating that the assumption of

**Table 1.** Correlations Between Female Sexual Subjectivity Inventory (FSSI) Scales and Well-Being Measures

	1	2a	2b	2c	3	4	5	6
FSSI scales								
1. Sexual body-esteem	—							
2. Sexual desire and pleasure								
2a. Entitlement to pleasure from self	.15**	—						
2b. Entitlement to pleasure from partner	.25**	.30**	—					
2c. Self-efficacy achieving sexual pleasure	.29**	.27**	.47**	—				
3. Sexual self-reflection	.20**	.38**	.32**	.24**	—			
Well-being measures								
4. Self-esteem	.65**	.13**	.14**	.19**	.07	—		
5. Happiness	.36**	.03	.05	.15**	.01	.53**	—	
6. Self-silencing	-.31**	<.14**	-.24**	-.36**	-.12*	-.31**	-.22**	—
7. Resilience to sexual double standards	.19**	.29**	.27**	.25**	.20**	.15**	.06	-.28**

\* $p < .05$ . \*\* $p < .01$ .

homogeneity of variance was satisfied in all analyses. Thus, the Wilk's Lambda test was used. When the Wilk's Lambda was significant, follow-up ANCOVAs were completed, followed by pairwise comparisons (where applicable) with Bonferroni correction.

### Noncoital Sexual Experience

Table 2 summarizes the rates of noncoital sexual behaviors experienced for each sexual experience group. Rates of all sexual behaviors differed between groups. Except for two experiences, self-masturbation and heavy petting, there was a clear pattern of increasing frequency of sexual experiences from the inexperienced-noncoital group to the early-onset group. Not surprisingly, the inexperienced-noncoital group reported less experience with

romantic kissing, sexual fantasizing, self-masturbation, and light petting, compared to all other sexual experience groups. In addition, experienced-noncoital females reported less experience with all noncoital genital sexual behaviors than those in groups who had a history of sexual intercourse, and the normative-onset group reported less experience with these behaviors than both the early- and middle-onset groups.

Notwithstanding these results, it is important to note that many females who had no experiences with sexual intercourse had engaged in other sexual activities. Even within the inexperienced-noncoital group, over 45% had experienced sexual fantasizing and about 24% had engaged in light petting (being touched/fondled above the waist). Of the experienced-noncoital group, 77% had experienced heavy petting (being touched/fondled

**Table 2.** Noncoital Sexual Behaviors Experienced by Sexual Experience Groups ( $N = 449$ )

Sexual experiences	Inexperienced noncoital ( $n = 59$ ) %	Experienced noncoital ( $n = 72$ ) %	Normative ( $\geq 17$ ) coital onset ( $n = 126$ ) %	Middle ( $= 16$ ) coital onset ( $n = 111$ ) %	Early ( $< 16$ ) coital onset ( $n = 81$ ) %	$\chi^2$
Romantic kissing	45.8	81.9	99.2	100	100	106.65*
Sexual fantasizing	45.8	81.9	74.6	89.2	92.6	56.70*
Self-masturbation	23.7	50.0	52.4	63.1	61.7	27.50*
Light petting (being touched/fondled above the waist)	23.7	86.1	88.9	94.6	95.1	164.76*
Heavy petting (being touched/fondled below the waist)	—	77.8	86.5	93.7	92.6	229.84*
Oral sex—giving	—	40.3	86.5	91.0	98.8	244.27*
Oral sex—receiving	—	37.5	84.1	92.8	97.5	243.27*
Orgasm (noncoital)	—	54.2	61.9	76.6	80.2	115.70*

\* $p < .01$ .



below the waist), and at least 37% had experienced oral sex (both giving and receiving). Furthermore, 50% of the experienced-noncoital group reported that they had engaged in self-masturbation, and 54% reported having experienced an orgasm resulting from nonintercourse genital sexual activities.

As a follow-up to the previous analyses, we also compared the sexual experiences of the three coital-experienced groups. Groups differed when sexual fantasizing, giving oral sex, receiving oral sex, and noncoital orgasm were compared,  $\chi^2(3) = 15.14, 9.23, 11.35,$  and  $10.17, p < .01,$  respectively. Females in the normative-onset group reported less experience with these sexual behaviors compared to females who had sexual intercourse at age 16 or less (the early- and middle-onset groups). There were no group differences in romantic kissing, self-masturbation, light petting, and heavy petting. Respondents experienced with sexual intercourse were also asked to indicate whether they had experienced an orgasm during sexual intercourse.<sup>2</sup> Results showed significant differences between the groups with 62% of the normative-, 77% of the middle-, and 80% of the early-onset groups reporting a coital orgasm,  $\chi^2(3) = 15.83, p < .01.$  In sum, relatively earlier onset of sexual intercourse was associated with higher rates of a number of other sexual experiences, including orgasm.

### *Sexual Experience Group Comparisons of Sexual Subjectivity and Well-Being*

A five-way MANCOVA was conducted to examine group differences in sexual subjectivity. Measures of sexual subjectivity were the dependent variables and age was a covariate. A significant main effect of group was found for measures of sexual subjectivity,  $F(20,439) = 5.38, p < .01.$  Follow-up ANCOVAs showed that there were group differences on all sexual subjectivity measures,  $F(4,443) = 3.52, 5.82, 7.56, 14.47,$  and  $13.62,$

2. We also asked respondents to indicate whether they had experienced sexual intercourse that led to their partner's orgasm. Results in this regard showed that 99% of the early-, 93% of the middle-, and 88% of the normative-onset groups reported partner orgasm during sexual intercourse. This question was included here because in previous studies (Horne & Zimmer-Gembeck, in press) we were somewhat surprised by the high reporting rates of female orgasm during sexual intercourse. To ensure that response rates were not due to a misunderstanding of the question "Have you experienced an orgasm as a result of sexual intercourse?" we explicitly differentiated in the present study between sexual intercourse leading to your partner's orgasm and sexual intercourse leading to your own orgasm.

$p < .01,$  respectively. As can be seen in Table 3, follow-up pairwise comparisons indicated that the experienced-noncoital group reported less positive self-perceptions of attractiveness and sexual desirability (i.e., sexual body self-esteem) compared to the early-onset group. Other groups did not differ on sexual body-esteem. Regarding entitlement to sexual pleasure from self, the inexperienced-noncoital group scored significantly lower than the middle- and early-onset groups but did not differ from the experienced-noncoital or normative-onset groups. Compared to all coital-onset groups, the inexperienced-noncoital group reported feeling less entitled to sexual pleasure from a partner and less self-efficacious in achieving sexual pleasure. The experienced-noncoital group also perceived less entitlement to pleasure from a partner compared to the early-onset coital group and less efficacy in achieving pleasure compared to both the middle- and early-onset groups. On the latter scale, the normative group reported less efficacy than the early group. In relation to sexual self-reflection, the inexperienced-noncoital group scored significantly lower than all other groups, who did not differ from each other on this scale.

A similar five-way MANCOVA was also conducted to examine between-group differences in well-being and sexual agency measures. Again, a significant multivariate main effect of group was found,  $F(16,440) = 2.36, p < .01$  (see Table 3). When the between-group differences in each dependent variable were examined, there were no group differences in self-esteem or happiness. However, there were significant group differences when self-silencing in intimate relationships,  $F(4,443) = 3.96, p < .01,$  and resistance to sexual double standards,  $F(4,443) = 2.66, p < .05,$  were compared. Examination of pairwise comparisons revealed that the early-onset group was lower in self-silencing in intimate relationships compared to the inexperienced-noncoital group and to the normative-onset group. In relation to resistance to sexual double standards, the inexperienced-noncoital group was less resistant than the early-coital-onset group. In sum, groups were similar when measures of general well-being were compared, while other findings showed that females with the earliest onset of sexual intercourse were also those who were likely to be less silent about their opinions when interacting with intimate partners and less likely to have attitudes consistent with societal double standards.

### *Self-Masturbation and Noncoital Orgasm Experience Group Comparisons*

The sexual subjectivity, psychosocial well-being, and sexual agency of females with and without experiences of

**Table 3.** Female Sexual Subjectivity Inventory (FSSI), Psychosocial Well-Being, and Sexual Agency by Sexual Experience Groups ( $N = 449$ )

Variables	SI Inexperienced noncoital ( $n = 59$ ) $M (SD)$	SE Experienced noncoital ( $n = 72$ ) $M (SD)$	N Normative ( $\geq 17$ ) coital onset ( $n = 126$ ) $M (SD)$	M Middle ( $= 16$ ) coital onset ( $n = 111$ ) $M (SD)$	E Early ( $< 16$ ) coital onset ( $n = 81$ ) $M (SD)$	$F$	Pairwise group differences
Sexual subjectivity							
Element 1—Sexual body-esteem	2.82 (.91)	2.83 (.92)	3.08 (.98)	3.19 (.88)	3.27 (.94)	3.52**	SE < E
Element 2—Sexual desire and pleasure							
2a. Entitlement to sexual pleasure from self	2.41 (1.08)	2.93 (1.17)	2.85 (1.14)	3.23 (1.27)	3.20 (1.30)	5.82**	SI < M,E SI < N,M,E
2b. Entitlement to sexual pleasure from partner	3.37 (.89)	3.64 (.83)	3.87 (.78)	3.89 (.76)	4.06 (.74)	7.56**	SE < E SI < N,M,E SE < M,E
2c. Self-efficacy in achieving sexual pleasure	2.30 (.82)	2.80 (.83)	2.93 (.94)	3.25 (.92)	3.40 (.96)	14.47*	N < E
Element 3—Sexual self-reflection	2.50 (.90)	3.21 (.78)	3.29 (.82)	3.39 (.80)	3.41 (.71)	13.62**	SI < SE,N, M,E
Psychosocial well-being							
Self-esteem	3.01 (.51)	2.99 (.54)	2.92 (.58)	2.90 (.50)	2.94 (.47)	.68	—
Happiness	6.30 (2.28)	6.60 (2.35)	6.67 (2.19)	6.46 (2.13)	6.00 (2.64)	.32	—
Sexual agency							
Self-silencing in intimate relationships	2.57 (.66)	2.50 (.79)	2.53 (.83)	2.34 (.71)	2.18 (.64)	3.96**	E < SI,N
Resistance to sexual double standards	3.76 (.59)	3.85 (.66)	3.90 (.61)	3.98 (.57)	4.03 (.61)	2.66*	SI < E

Note. As all multivariate tests were significant, ANCOVA results are reported here. Age was the covariate. Pairwise comparisons with Bonferroni correction are also reported.  
\* $p < .05$ . \*\* $p < .01$ .

self-masturbation and noncoital orgasmic responsiveness, regardless of their experiences with sexual intercourse, were compared. Two  $2 \times 2$  MANCOVAs were conducted in which experience/no experience with self-masturbation and experience/no experience with nonintercourse orgasm groups were the independent variables, age was included as a covariate, and dependent variables were either measures of sexual subjectivity or measures of well-being and sexual agency (see Table 4).

In relation to sexual subjectivity, the  $2 \times 2$  MANCOVA results showed significant main effects of self-masturbation and orgasm groups,  $F(5,440) = 43.06$  and  $5.95$ ,  $p < .01$ , respectively. The self-masturbation X orgasm interaction was not significant. When self-masturbation was considered, significant group differences were found for all measures of sexual subjectivity, save for sexual body-esteem,  $F(1,444) = 215.72$ ,  $10.66$ ,  $4.27$ , and  $20.48$ ,  $p < .05$ , respectively. Those females who reported engaging in self-masturbation felt more entitled to sexual pleasure from self and partner, felt more efficacious in achieving

sexual pleasure, and were more sexually self-reflective than those girls who reported no experience with self-masturbation. In relation to orgasmic responsiveness, females who reported noncoital orgasm had higher levels of sexual subjectivity than other females on three indicators. Significant group differences were found for sense of entitlement to sexual pleasure from self, self-efficacy in achieving sexual pleasure, and sexual self-reflection,  $F(1,444) = 5.82$ ,  $18.54$ , and  $12.92$ ,  $p < .05$ , respectively. No group difference in sexual body-esteem and sense of entitlement to pleasure from partner were found.

In relation to well-being and sexual agency, the main effect of group for self-masturbation was not significant. Results showed a significant main effect of group for noncoital orgasm,  $F(4,441) = 3.05$ ,  $p < .05$ . The self-masturbation X orgasm interaction was not significant. Follow-up ANCOVAs revealed that females who reported noncoital orgasm were significantly less self-silencing in intimate relationships and more resistant to sexual double standards,  $F(1,444) = 4.72$  and

**Table 4.** Sexual Subjectivity, Psychosocial Well-Being, and Sexual Agency Measures by Self-Masturbation and Noncoital Orgasm Experience Groups ( $N = 449$ )

Variables	Self-masturbation			Noncoital orgasm		
	No ( $n = 213$ ) <i>M (SD)</i>	Yes ( $n = 236$ ) <i>M (SD)</i>	<i>F</i>	No ( $n = 182$ ) <i>M (SD)</i>	Yes ( $n = 267$ ) <i>M (SD)</i>	<i>F</i>
Sexual subjectivity						
Element 1—Sexual body-esteem	2.99 (.98)	3.13 (.88)	1.65	3.00 (.94)	3.13 (.93)	1.61
Element 2—Sexual desire and pleasure						
2a. Entitlement to sexual pleasure from self	2.14 (.87)	3.57 (.99)	215.72**	2.74 (1.07)	2.97 (1.22)	5.82*
2b. Entitlement to sexual pleasure from partner	3.67 (.85)	3.94 (.77)	10.66**	3.74 (.88)	3.87 (.77)	2.14
2c. Self-efficacy in achieving sexual pleasure	2.87 (.93)	3.07 (.96)	4.27*	2.76 (.87)	3.18 (.96)	18.54**
Element 3—Sexual self-reflection	2.99 (.84)	3.37 (.79)	20.48**	3.03 (.87)	3.33 (.76)	12.92**
Psychosocial well-being						
Self-esteem	2.90 (.55)	2.98 (.50)	1.75	2.91 (.50)	2.96 (.52)	.06
Happiness	6.37 (2.3)	6.50 (2.24)	1.23	6.56 (2.29)	6.35 (2.31)	2.04
Sexual Agency						
Self-silencing in intimate relationships	2.44 (.76)	2.99 (.74)	.42	2.50 (.74)	3.81 (.74)	4.72*
Resistance to sexual double standards	3.84 (.61)	3.96 (.60)	3.41	2.33 (.64)	3.98 (.57)	5.83*

Note. ANCOVA results are reported here. Age was the covariate.

\* $p < .05$ . \*\* $p < .01$ .

5.83,  $p < .05$ , respectively. There were no significant differences in the measures of self-esteem and happiness between females with and without orgasmic responsiveness.

## Discussion

The results of this study significantly extend our understanding of sexual subjectivity, psychosocial well-being, and sexual agency as correlates of sexual experience among late-adolescent females. Guided by contemporary theory and research (e.g., Brooks-Gunn & Paikoff, 1993; Buzwell & Rosenthal, 1996; Moore & Rosenthal, 1993; Robinson et al., 2002; Tolman et al., 2003; Welsh et al., 2000), we focused on the positive potential of female adolescent sexual exploration, conceptualizing sexual behavior as a normative process in becoming a healthy sexual adult. Due to the complex, multidimensional nature of sexuality, we have reported a collection of findings at one point in time during late adolescence/emerging adulthood. Overall, our findings contributed pieces of information to aid the conceptualization and promotion of sexual health.

Not surprisingly, groups had different experiences with a range of sexual behaviors from romantic kissing to oral sex and noncoital orgasm, and more than half of females who had not yet experienced sexual intercourse reported engaging in one or more noncoital genital sexual activity. Of particular note too are differences between groups of females differentiated by the age of first sexual

intercourse. Females who had their first experiences of sexual intercourse at 16 years or earlier have more experience with sexual fantasizing, oral sex, and both noncoital and coital orgasm than girls who reported first sexual intercourse at age 17 years or later. Furthermore, from a health promotion perspective, the descriptive findings indicating that 38% of females inexperienced with coitus had engaged in self-masturbation and 54% had experienced an orgasm suggest a potentially important alternative pathway to sexual self-discovery that does not include sexual intercourse. It is not clear why some girls explore their sexuality and experience a level of pleasure while choosing not to engage in sexual intercourse. It is also unclear how long females might engage in these noncoital sexual activities before they engage in sexual intercourse. Longitudinal research is needed to address these questions.

A second aim of the current study was to examine whether females with varying sexual experiences would differ when conceptions of their sexual subjectivity were compared. Generally, results showed that female adolescents who had experienced sexual intercourse, regardless of their age at initiation, scored higher on key elements of sexual subjectivity compared to their inexperienced counterparts. For example, girls with early onset of sexual intercourse had higher sexual body-esteem, felt more positive about their physical attractiveness and sexual desirability, and perceived a higher sense of entitlement to sexual pleasure from their partners compared to those

girls experienced in genital sexual behaviors but not coitus. Girls who had their first experiences of coitus at age 16 or before (early and middle) felt more entitled to sexual pleasure through self-masturbation compared to the girls who had not had sexual intercourse. All girls who had a history of sexual intercourse, regardless of their age of first intercourse, felt more entitled to sexual pleasure from a partner and more efficacious in achieving sexual pleasure and were more sexually self-reflective than the inexperienced-noncoital group. The two groups of females inexperienced with coitus differed from each other only on sexual self-reflection. Specifically, those girls experienced with one or more genital sexual behaviors (other than sexual intercourse) reported higher sexual self-reflection compared to sexually inexperienced girls. These findings suggest that sexual experience and earlier timing of first sexual intercourse are associated with multiple aspects of positive sexual self-development. Although first sexual intercourse is an important life event, results clearly revealed that exploration with other intimate sexual behaviors and activities is associated with more positive perceptions of sexuality and sense of self as a sexual being.

There were also group differences in sexual agency within the domains of interpersonal relationships and gendered sexual relations. Specifically, sexually inexperienced adolescents reported greater difficulties maintaining and voicing their opinions in close relationships and less resistance to sexual double standards than females who had first sexual intercourse before age 16 years. Female adolescents whose sexual debut was at 17 years or older were also more self-silencing compared to these early-onset females. These findings seem to concur with the established profile of early initiators in that they tend to be less conventional and more independent (Crockett et al., 1996; Jessor & Jessor, 1975; Langer, Zimmerman, & Katz, 1995; Resnick et al., 1997; Rosenthal et al., 1991). Unconventionality, usually considered a fairly negative or potentially problematic attribute in psychological literature, may also have positive effects within the sexual domain. In contrast, group differences did not extend to the most general measures of psychosocial well-being, including self-esteem and happiness. This set of findings is consistent with past research that has reported no associations between timing of first sexual intercourse and general measures of well-being (e.g., Crockett et al., 1996; Holowaty et al., 1997). That we found no differences between coitus-inexperienced and coitus-experienced groups on global measures of well-being suggests that all females, regardless of their sexual experiences, are doing equally as well as their peers.

In the current study, females with a history of self-masturbation and noncoital orgasmic responsiveness have higher levels of healthy sexual self-development according to a number of markers. Female adolescents who reported self-masturbation are higher in all aspects of sexual subjectivity, save for sexual body-esteem. Females who reported noncoital orgasmic responsiveness feel more entitled to sexual pleasure through self-masturbation, feel more efficacious in achieving pleasure, and reflect more on the sexual aspects of their life than those who have never experienced a noncoital orgasm. Furthermore, females with noncoital orgasm experience are also less self-silencing in their intimate relationships and more resistant to sexual double standards. These findings suggest that methods for discussing and normalizing these sexual experiences may be important adjuncts in female adolescent sexuality education. To better design such education programs, more research is needed on the influence of self-masturbation and orgasm on sexual health; both the mechanism of this link and the direction of influence between these factors warrant further investigation.

Our study had several limitations that should be noted. First, prospective data is needed to examine directionality of effects and, particularly, to determine whether reciprocal relationships between sexual subjectivity, psychosocial well-being, and sexual experience exist. The importance of untangling cause and effect was shown by Bingham and Crockett's (1996) longitudinal study focusing on the association between poor psychosocial functioning outcomes and early sexual intercourse. They found that the association between these factors was not attributable to the age of onset of sexual intercourse per se but was associated with preexisting patterns of poor psychosocial development. Further research is needed to ascertain whether females with higher levels of sexual subjectivity had higher levels of psychosocial functioning upon making a sexual transition. Another important remaining question is whether the cross-sectional differences between early- and normative-onset groups remain as adolescents progress into young adulthood. The prospective study by Jessor and colleagues (1983) found no systematic group differences on several sex-related experiences. They stated, "It is as if making the transition to nonvirginity, whenever it takes place, results in a rapid *homogenizing* of the newer with the older nonvirgins in the area of sexuality" (p. 617). Hence, timing and experience with sexual behavior may matter to sexual self-development and well-being in adolescence and emerging adulthood, but the influence of experience may fade with age. If so, this would suggest a threshold of

sexual self-development that most females reach during adulthood. A second limitation of our study stems from the exclusive reliance on self-report measures. Shared-method variance could result, and the strength of associations may be overestimated. Yet it is difficult to study sexual behavior without relying primarily on self-report measures.

Finally, sexuality is a complex phenomenon. Understanding unhealthy and healthy sexual development will most likely cut across multiple important domains including achieving the capacity to be self-regulating and autonomous, forming a coherent sense of self (including a sexual identity), and forming and maintaining positive social relationships with others, particularly friendships and romantic relationships. It has been argued that any research that focuses on only one of these aspects must be considered incomplete (Bentler & Peeler, 1979).

While we acknowledge these limitations, important implications of the findings in this study remain. Clearly, the findings support the duality of female sexuality and the importance of acknowledging the dangers and the pleasures associated with it, even during adolescence. Contrary to popular assumptions, our results suggest that those females who experience first sexual intercourse at an earlier age may be developmentally advanced in the arenas of sexual self-conceptions and of romantic and gendered domains, while reporting similar levels of self-esteem and happiness as their same-aged peers. Most often, mainstream health workers conceptualize adolescent sexual health initiatives solely in terms of prevention of problematic outcomes (Satcher, 2001). Our results challenge this standpoint. Sexuality education should also address this duality. For example, sexual education initiatives should include components that present the complexity of these developmental processes and the contextual embeddedness of sexual development by understanding and discussing the potential positive implications of supported sexual and romantic experimentation. Initiatives with these strengths will provide a focus on empowerment and the potential benefits and pleasures of sexuality—only then can programs appropriately use the title “sexuality education.”

It is certain that all young people need sexuality education, but too often this education is inconsistent and only informed by the risks that young people may take and the negative outcomes that may occur, such as lack of condom use, early sexual activity, and increased rates of sexually transmitted infections (STIs). In addition, most sexual education videos may model different sexuality scripts for girls versus boys, including showing females' sexual behavior as unacceptable and dangerous and males' sexual behavior as acceptable and agentic, and

illustrating sexual desire as nonexistent for females but normal for males (Hartley & Drew, 2001). Hence, education programs are often not gender-balanced and not built on an understanding of what is healthy and normal for both female and male young people. These programs may not provide an optimum range of information about feelings and informed choices, how young females and males come to know their own desires and values, and how they cope with their growing sexual awareness and romantic involvements. Sexuality education programs are also generally judged by their ability to reduce problem behaviors and outcomes but are only rarely judged by the parallel ability to promote sexual health—such as the positive outcomes of increased sexual assertiveness and satisfaction with relationships. Knowledge about sexual risk behaviors and programs that present facts and risk information may serve to reduce some problem behaviors and negative outcomes, but they are not able to promote sexual well-being and rewarding relationships. The promotion of sexual well-being and greater global life satisfaction will occur if young people are provided with information about their normal sexual development of thoughts and feelings. How do others their age feel and think about sexuality? How do young people resist societal and school stereotypes about gender and gendered relationships (including direct and indirect pressures to behave, think, or feel in certain ways)? How do they recognize when they do and do not feel desire? How can they reflect on their sexual thoughts, behaviors, and feelings and learn from these reflections? Young people need real examples from others their own age that can serve as successful guides to their future positive romantic and sexual interactions. They also need support from family, friends, and others to undergird their sexual development, and these supporting individuals also require accurate and relevant information so they can provide the needed support. We hope that the current findings will contribute to these future policy directions.

In closing, it is also important to stress that our decision to utilize the five sexual experience groups as a convenient characterization in order to make sense of female differences in sexuality and well-being was not based on a value judgment. We did not assume that early sexual intercourse was “bad” or that being inexperienced or postponing first sexual intercourse until later ages was “best.” This perspective made questions about the positive aspects of adolescent sexuality appropriate. Results revealed a complex picture that challenges some archetypical assumptions about female sexual exploration and supports a new paradigm for future research on adolescent sexual health.

## Acknowledgments

We gratefully acknowledge the many participants who kindly volunteered to participate in this research. We thank Geoffrey Horne for his help in the editing process of this manuscript and Julianne Reardon for her invaluable assistance in the collection of data. A portion of this study was presented at the 2003 Biennial Meeting of the Society for Research on Adolescence, Baltimore, Maryland.

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