## Adolescent Sexual Development

<table>
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<tr>
<th>STAGE</th>
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| Early Adolescence | • Puberty as a hallmark. Beginning of extreme growth of height/weight lasting 2-4 years.  
• Concern with body changes and privacy. Faster growth of extremities affecting coordination. Breast and genital enlargement in response to an increase in hormones.  
• Same-sex friends and group activities.  
• Concrete thinking. Beginning to explore new ability to think abstractly. Indecisiveness and lack of understanding.  
• Exploring music, hair and clothes. Media influence high.  
• Sexual fantasies are common and may serve as a source of guilt.  
• Masturbation begins during this period and may be accompanied by guilt.  
• Sexual activities are usually nonphysical. Early adolescents are often highly content with nonsexual interactions, such as telephone calls to peers.  
• Gay, lesbian and bisexual youth may feel differently without knowing why.  
• Menstruation begins for many females. | • Effective communication tools for these teens must be very specific.  
• Use health education materials that emphasize style rather than tables, graphs and wordy explanations.  
• Focus on issues that most concern this age group (weight gain, acne, physical changes).  
• Foster development of positive identity. |
| Middle Adolescence | • Extremely concerned with appearance and one’s body.  
• Experimentation with relationships and sexual behaviors.  
• More emphasis on physical contact  
• Movement towards defining sexual identity, often accompanied by identity confusion.  
• Increased abstract thinking ability.  
• Full physical maturation is attained.  
• Dating and making out (petting) are common and casual relationships with both noncoital and coital contacts are prevalent.  
• Sexual behaviors do not always match sexual identity.  
• Denial of consequences of sexual behavior is typical. Improving with age.  
• Often risk takers view themselves as invincible. | • Healthcare provided in an authoritative manner might incite rebellious behavior at this age.  
• Teens must identify with the healthcare message to ensure compliance and success.  
• Illness may be used to avoid emotional or social problems.  
• Peer counseling, if carefully selected, can be effective with this age group.  
• Focusing on prevention and harm reduction is key during this stage.  
• Avoid making assumptions about sexual orientation and activities. Be sure to ask specific questions.  
• Be aware of the confusion sexual orientation may cause and help to provide gay and lesbian youth with role models and support systems. |
| Late Adolescence | • Body image and gender role definition nearly secured.  
• Attainment of abstract thinking.  
• Greater intimacy skills.  
• Sexual orientation nearly secured.  
• Concern for the future.  
• Sexual behavior becomes more expressive. | • More abstract reasoning allows for more traditional counseling approaches, including consequences for decisions. |