discharge, lichen sclerosus, diaper rash, pinworms, or eczema may be interpreted as sexual behavior. A careful history and physical examination are essential. In a very young child, videotaping the behavior will help the clinician in making a diagnosis.

Comments: Before the 20th century, masturbation was thought to be secondary to a neuropsychiatric disorder. We have come a long way since then in understanding that masturbation is a normal demonstration of sexual exploration commonly seen in preschool-age children. However, it can still be a challenging topic to discuss with parents. Although there is no specific evidence base concerning masturbation, survey studies and the use of the Child Sexual Behavior Inventory have provided observational information about prevalence rates and norms. Masturbation includes stereotyped positioning and pressure on the genitalia, which may result in an altered breathing pattern, can be variable in duration, and stops with distraction. Studies have shown that parents with higher educational levels, who are more likely to co-sleep with their children, exhibit family nudity, and view masturbation as normal are more likely to report these behaviors and discuss them openly. Hence, it is important to discuss routinely with parents who do not fit these demographic characteristics that these behaviors are common, or when parents bring up concerns indirectly, because they may have hidden worries. Some parents may misinterpret these behaviors as signs of enhanced sexuality or suggestions that the child has been abused. Anticipatory guidance is essential to reassure parents regarding the normality of masturbation based on the age and specific behaviors that are demonstrated.

Janet Serwint, MD
Consulting Editor, In Brief
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