that the body shape and size of children, being smaller, smoother, and less powerful,[9] triggers memories of their own childhood experiences and is in line with stereotypes of what is sexually attractive to men and some women.

Among men who have poor self esteem and considerable anxieties about their identity and capacities, sexual activities with children may seem easier, with less resistance to overcome, and less chance of rejection and a repetition of earlier humiliation. The child comes to be seen as an object rather than a person, and once sexual activities are initiated they become self reinforcing, addictive, and a continuing reason to repeat abusive activities. A process of arousal, masturbatory activity, the use of pornographic material, the overcoming of guilt, and the targeting and grooming of the child often occurs, followed by repetition and recreation of this cycle.[10] Involvement in an extensive ring, whether inside or outside the family, strengthens the belief that sexual interest in children is a legitimate and appropriate direction for sexual activities.[11]

The distinction made between fixated paedophiles (who have emerged from childhood and adolescence with children as their main sexual object) and regressed paedophiles (who have normal relationships until some stressful event pushes them towards children)[12] may be more apparent than real. Although men who abuse children later on put forward the view that their sexual interest has been triggered by failed relationships, the blocking of sexual outlets, or their child reaching the age and resembling their partner when they met, these may be more rationalisations than reasons. Although these adults may seem to be exclusively interested in a child within their own family circle, they may in fact find children in general sexually arousing.[4] Some may abuse both inside and outside their families, and exploration of their earlier histories may indicate a similar pattern of experiences to those of people who emerge from adolescence with a sexual interest in children. Protective factors may mean that their sexual interest in children emerges only later.

Often sexual interest in children may be extremely strongly denied and alcohol, drugs, or illness may lead to the breaching of previously maintained barriers.[13] The death or illness of a partner or unexpected proximity to a child (for example, through unemployment) may also weaken inhibitions. Factors such as learning or physical disabilities may increase a particular child's vulnerability to abuse.[14] As the recent furore about child-like models in *Vogue* has shown there is no shortage within the media of attractive children to reinforce what are very much denied, but at the same time widely held, views of children as appropriate sexual objects.

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Improving the sexual health of the nation

Time to break the impregnable silence on men and sex

Men are under pressure to be sexually active. Interest in sex is generally high, the threshold of male sexual arousal low, and the expectation that men are having sex universal. Sexual intercourse is, after all, an essential requirement to prove one's masculinity. Surprise and disbelief greet disclosures of sexual inexperience or inactivity. In male conversation sex is a topic for jokes. Disclosure of the ignorance, anxieties, problems, and negative emotions that may be present in a man's personal struggle with his sexuality is strictly taboo.[1]

Sexual activity should be about pleasure and intimacy. Pleasure is the more important factor for men, and dissatisfaction with their sex lives is undoubtedly common. Ignorant that other men are not faring better and driven by the notion that their sex life is missing something, men privately but avidly seek more information and new experiences, both real and in fantasy. The plethora of sex manuals, sex aids, "teaching" videos, and frank pornographic material is sustained by men's search and hope for more excitement and satisfaction. The search for visual and physical stimuli to enhance sex is predominantly a male trait.

Silence in the face of problems, anxieties, and weaknesses is one feature of masculinity. It often seems that masculinity itself, together with the unrealistic role models paraded by the media, conspires to make sexual fulfilment a struggle for many men and mitigates against the successful resolution of problems when they arise. The extent to which the traits of masculinity are derived biologically or by nurture remains an issue of debate,[2] but many are not amenable to radical change.

The performance oriented approach of men, focusing on activities rather than people, is inappropriate when applied to sexual intimacy. Intimacy other than penetration is termed foreplay, implying that the goal of the encounter is penetration. The potential for dissatisfaction with a performance is colossal. Penetration may not be achieved, ejaculation may occur too early or without intense pleasure, and the man's partner may not experience the delights of multiple orgasms. Men's notion of touching and physical contact is often limited to sport and sex. Intimacy without intercourse may engender feelings of failure and discontent.

Characteristics evident in men include aggression, dominance, status seeking, physical strength, competitiveness, and also difficulties in articulating feelings and emotions and a reluctance to disclose weaknesses and personal vulnerabilities.

Such characteristics are not conducive to men developing the necessary knowledge and skills for a fulfilling sex life. How does a young man learn what to do apart from put on a condom and plug in his genitals? Asking others directly for information is an embarrassing admission that he does not know something every man should know. Learning from a potential partner also presents difficulties because men feel under pressure to be the initiators and leaders in sexual activity. Leading in ignorance arouses anxiety and contributes to poor physical performance.

The fear and inability to discuss sex frequently continue into longstanding relationships, and intercourse remains something that is done, not discussed. Silence should not imply contentment. How does a man know if he is a good lover or how he compares with her previous partners, or what she likes and dislikes in physical intimacy, without any verbal communication? Unsatisfying routines all too easily become established. The inability of a man to meet his sexual needs in a relationship dulls emotional feelings towards the partner, reduces his interest in sex in that relationship, and enhances his vulnerability to accept sexual stimulation elsewhere. Casual sexual encounters or affairs may be followed by deep self loathing and guilt, which may interfere with subsequent sexual relationships.

Media models are distinctly unhelpful to men struggling with sex. Foreplay is rarely depicted, and penetrative performance is vigorous, enduring, and associated with ecstasy. Women are still all too often portrayed as accessories to be used, the property and playthings of men and "call girls of convenience." Expressions of reluctance to have sex are treated as a social game: resistance is to be overcome with force, and masculinity proved.

What if the genital apparatus does not perform? Self esteem plummets, self anger and self recrimination rage. Intimacy becomes a time of acute anxiety to be avoided. Embarrassment and poor communication skills generally preclude early discussion of difficulties. A powerful conviction develops that something is wrong with the penis, although the core problem is usually cerebral or with the relationship. Help is possible after the problem has been acknowledged and disclosed, although the demand for practitioners with psychosexual skills outstrips the supply.

Recent surveys of lifestyle have provided contemporary data on a few aspects of male sexual behaviour and concur that most men are not highly promiscuous and few are homosexual.[3,4] Sexual health needs viewing in broader terms than the incidence of new sexual partners, sexually transmitted infections, and teenage pregnancy. Improving the sexual health of the nation requires more than condoms. Male-male friendship needs revisiting, to help personal communication skills and the expression of feelings. What is not needed is any "new man," a fantasy image that denies integral facets of masculinity. Unrealistic expectations need allaying by more open communication and the depiction of more realistic male role models. Sex educators need confidence to enlarge their brief from the physiological to include intimacy, psychological factors, and morals. We all hold moral values, and being non-judgmental does not preclude discussion of them. More open discussion on how and why men behave as they do will implicitly involve women and cannot but improve the sexual health of all.

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Psychological consequences of screening for Down's syndrome

Still being given too little attention

The sophistication of screening for Down's syndrome has grown rapidly in the past few years, but the development of any test is only the first step along the road to a clinical service. To meet the objectives of prenatal testing for fetal abnormalities,[1,2] health professionals must ensure that parents make informed decisions about having an initial screening test and any subsequent diagnostic tests and, in a few cases, about whether to keep on with or terminate an affected pregnancy. Moreover, with any screening test there is a particular need to "first do no harm."[3] These requirements have sometimes been overlooked in the recent rush to implement screening programmes for Down's syndrome.

Failure to consider these requirements when implementing other prenatal screening tests has led to uninformed decision making, raised anxiety, and false reassurance.[4] In this week's journal Statham and Green report on the problems encountered by women receiving positive test results (p 174).[5] Similar difficulties have been well documented for over 10 years in women having other prenatal screening tests.[6-10] Sadly, such problems are still encountered, which raises several questions: why do these problems occur; what have been the obstacles to their prevention; and what can be done to overcome them?

Some of the distress that women experience is attributable to positive test results on prenatal screening and to termination because of a fetal abnormality in a wanted pregnancy. Some women receiving false positive screening results remain anxious even after the birth of an unaffected child.[11] Distress is very high in the vast majority receiving a positive diagnosis[8]; of those who undergo termination, at least a quarter are significantly distressed two years later.[12]

Aspects of the care that women receive both at the time of testing and when deciding whether to continue with the pregnancy may affect the level of distress. These include the information given at each stage of screening and the level of emotional support. Despite guidelines on prenatal testing women are not always aware of what tests they have undergone or what the results mean. One reason for this is the paucity of information provided by obstetricians and midwives in offering the tests routinely.[13] Emotional support may be inadequate because some obstetricians and midwives have difficulties in helping parents with the painful decisions that follow a positive test result.[14]

Given our knowledge of the problems for those receiving positive results on prenatal testing for fetal abnormalities, why has so little been done to tackle them? The failure of