

## 20. The Sexual Health of Children

### The Sexual Health of Children in Finland

Sexual health means an important part of the well-being of a human being: the capability to enjoy one's own body, the ability to seek human contacts and experience pleasure from closeness, the skills necessary to give pleasure to someone else, and adequate preparation for a partnership and parenting.

In childhood this includes the following:

- Creating the foundations for one's entire sexual self-image and sexual development
- Learning about one's own genitals and developing an understanding of the genitals as a natural part of everyone's body
- Realising that sexual life is part of human life

The purpose is to acquire a readiness for tenderness, closeness, communication and the pursuit of pleasure, skills which are later also needed in reproduction. Childhood experiences form the basis of an individual's sexual potential.

The goal of evolution in individual development for most people is to acquire the necessary skills for procreation and care of the young. Sexuality is a vital and strong drive influencing human behaviour. Childhood is the time for practising how to approach others, how to maintain human relationships, and how to give and receive tenderness and care. At the same time, during the whole development period, a child can learn about the pleasures associated with his or her body. Human interaction on the psychological, physical, and social level is vitally important for the human being in all stages of his or her life. Equally important is the experience that one has been accepted by someone as a friend or potential partner. The ability to give affection and care develops through satisfying experiences.

Sexual development takes place in all societies and for all individuals. Different societies at different historical periods have taken very different attitudes towards this development process and children's sexuality. Theories formulated about psychosexual development (for instance, Freud's psychoanalytic view) reflect their specific era and societal values. All adults and especially parents are sex educators, irrespective of whether they acknowledge this role. In Finland a relatively open developmental environment is provided for children. Children usually are able to proceed along the way of their sexual maturation

at their own pace, to ask questions and get answers, and to have sexual experiences appropriate for their stage of development. There are only a few groups in Finland where an anxious and restrictive attitude towards the sexual development of the child exists, or where a child's sexuality is viewed as bad or dangerous. This negative way of thinking is steadily decreasing, however. Sexuality is usually regarded as a natural developmental area of the child, as part of the child's health and as different from adult sexuality (see e.g. Huttunen 1999).

Very early childhood events can determine adult sexuality. The child can experience his or her own body as either a source of positive feelings or negative feelings. The pursuit of pleasure can be closely associated with shame and danger or it can be an exciting joyful discovery. These experiences depend to a large extent on the actions and reactions of the parents and other adults in a variety of situations. The child also learns by experience whether the consequence of closeness is abuse or tenderness.

Moments of joy and insults are remembered for a long time and may affect a person's entire life, although the significance of later events is also great (Kontula and Haavio-Mannila 1995).

The adult should provide a safe environment for sexual development and a model not only for closeness and tenderness but also for limits. The adult needs to help a child understand the rules of proper behaviour. The younger the child, the fewer inhibitions he or she will have in approaching other people. This may be considered problematic by the parents and other adults. If the child is masturbating, the adult should guide the child to do this only in privacy. The adult must also tell the child that no one is allowed to violate his or her right to bodily self-determination.

Traditionally and especially since the 1960s, children in Finland have been given possibilities for privacy and avoiding inappropriate control. In rural communities there has not been time to constantly watch over children nor has it been considered necessary. The fact that children examine and get satisfaction from touching their own bodies has generally been considered part of the child's normal development. Nowadays this is considered a positive activity that strengthens sexual health.

For many generations the sauna culture has provided an excellent opportunity for Finnish families to discuss sexual matters. Going to the sauna together provides the child a natural opportunity to examine the details of various parts of the body and to ask questions that might occur in this situation. It also can reinforce two important messages: (1) one should not be ashamed of nudity or the human body, not even nudity between genders and generations and (2) being together naked is an area of sexuality under the control of people themselves, instead of being something dangerous or driven by uncontrollable instincts. The sauna experience supports sexual health in many ways because it can strengthen self-esteem, body image and identity, self-control, and a

sense of belonging and closeness to the group of one's sauna companions. On the other hand, the natural embarrassment of a young teenager later often causes the young person to go to the sauna alone or together with his or her peers.

## Areas of the sexual health of children

Supporting a child's sexuality is possible when sexuality is widely understood as part of growing up and coping in society. What early developmental processes increase children's ability to enjoy their sexuality in an all-inclusive way and in all stages of the life cycle without subordinating or hurting other people? To answer this question I present five images in which the child's thoughts about the value of his or her own body and possibilities for achieving personal goals become focussed. Development in areas related to these images has a strong impact upon the later sexual health of the individual.

### Body-image

Starting with birth, if not earlier, children construct through their own experiences images of themselves. A positive body-image is constructed in an all-inclusive way, through sensations of touch, hearing, balance, taste and smell. Skin contacts with the baby, rocking, stroking, joyful voices and baby talk convey the positive message that the baby is good and accepted, that people enjoy his/her company and think in a positive way about him/her. During feeding the baby obtains oral satisfaction, skin contacts, eye contacts and moments of play which are also important for many mothers, even in a sexual way. The needs of bottle-fed babies can be satisfied equally well by the above activities, and the baby can also be tended by the father or another adult. In this way a baby acquires basic experiences of enjoying its own body and mutually enjoyable relationships. In these moments a baby acquires the skill and permission to love. The baby experiences love by and giving pleasure to another human being. If a child has experienced violence and insults directed at his/her body, the child's positive body image can be seriously damaged, and sometimes such experiences lead the person to hurt or objectify his/her body as an older child or adult.

### Image of sexuality

During each stage of psychosexual development the child becomes interested in new areas of sexuality. In early childhood, this interest is expressed by an uninhibited curiosity. Internalising the meaning of sexuality begins early. Attitudes towards the child's curiosity and various parts and functions of the body as well as how they are talked about and how the child is touched reveal whether bodily functions connected with the genitals are viewed as natural, understandable and controllable. The child also learns whether sexual expression and affection are openly displayed and how important these displays are in the life of those around them. The importance of experiences during

various age periods depend on the quality of the child's own developmental endeavours.

If a child's sexual interests expressed by questions, touching one's own body, and attempts at approaching close family members or friends are harshly punished, the child's image of sexuality will be associated with something that is forbidden and dangerous. However, because the sex drive remains and gets stronger with age, this is likely to cause internal conflict and suffering. An image of sexuality that has been influenced by pressures to avoid sexual expression can lead an adolescent to think that sexual activity is expected to take place but not expected to give any pleasure.

The best environment for growing up is one where a child can openly talk about sexuality, closeness and all kinds of enjoyments of life without embarrassment and in which sexuality is an ever-present, natural part of human life and growth. In such an environment, sexuality can become a refreshing resource of life.

### **The image of gender roles**

A child makes conclusions about society's attitude towards each gender at an early age, for example, about whether the people in their surroundings consider it a fine thing to be a girl who will grow up to become a woman or to be a boy who will grow up to be a man (see also Mäenpää and Siimes 1995).

Children first compare the satisfaction and life control of their father and mother, their parents' mutual respect or the lack of it and also think about the treatment of themselves and their siblings. At times children prefer to seek the company of same gender-friends to get support for their gender identity, and acquire knowledge, understanding and acceptance. The closest friends are of great importance. A child may even wonder about his or her own sexual orientation and the possibility of having homosexual leanings. Children talk among themselves about gender-related models, rights and duties, for example in jokes, and reach conclusions about how they should act in their roles now and in the future.

### **The image of one's importance in the social community**

The social development of children is of great importance for their sexuality. Getting support, encouragement and trust, and spending enjoyable and fun times together with others give the child experiences of successful and joyous interactions with others. Through these experiences a child develops the courage to make contacts, take initiatives, and enter into a relationship. The feeling of being accepted in the community is also closely connected with developing a positive identity. An individual with a strong positive identity is better prepared to enter into a sexual relationship, to express his or her wishes, to consider the needs of a partner, and to avoid undue dependence on or restricting one's partner. Individuals with good social experiences will have the skills for

a relationship which include mutual respect, and also will have the confidence that a long-term relationship is possible. The experience of feeling unfit as a member of the community may cause withdrawal and contact problems in adolescence.

## Images of the degree of self-control

Protecting one's body from abuse and taking control of one's sexuality as a child depend on one's surroundings, and a child needs help and protection to achieve these goals. In a culture where incest and child abuse are strongly condemned it is important to let the child know this. It is also important to talk about the protection of intimacy from the point of view of respect and to avoid connecting intimacy with shame. Children should be told that there are personal areas of the body over which they have control. In addition, children should be encouraged at an early stage to wash these areas and otherwise take care of them by themselves. Children should be taught that these parts of their body are private, and that they themselves can decide who, where and when someone can look at or touch these parts.

Children have the right to defend their private territory and demand that this right is not violated: if somebody's closeness feels unpleasant, the child has the right to withdraw. A child's bed, for example, should be considered private territory, and a child should be able to prevent others from entering this private space. It is also advisable for adults to maintain their private territory. Children should not touch the genitals of their parents or see them making love, although talking about sexuality is appropriate. Children should be encouraged to sleep in their own beds, because both children and their parents have the right to the privacy of their own beds. Playing doctor among children is allowed but pressurising and compelling other children for such play are not allowed even among children.

## Sexual Abuse

Children will not demand their right to protect themselves from abuse unless they have been given information about this topic; therefore, uninformed children are vulnerable to abuse and often do not know how to ask for help. Educating children about their right to protect their bodies from unwanted touching can help to protect them from sexual abuse. Children who feel they are valuable individuals and who have been informed about their rights will find it easier to recognise danger and talk about it. A child who has experienced pleasant tenderness without sexual demands will find it easier to avoid embarrassing conflicting situations.

Lack of sexual boundaries means that the child sees, hears, or experiences things which do not promote a positive sexual development. Children may see, for instance, porno videos, adult intercourse or masturbation. Also, school-age children ought to wash their genitals themselves.

Children should be taught the social norms about sexuality at an early age. For instance, a child needs to be taught that scratching one's bottom or touching one's genitals are not done in front of other people. This conveys a behavioural norm which helps the child cope better in society. In teaching appropriate behaviour, an adult must not give the impression that touching one's genitals is wrong but simply that this activity is done in private. Adults need to be careful not to promote negative views of sexuality that will later provoke feelings of guilt.

Sexual violation involves the distortion of the child's body image by words or deeds through humiliation, excessive control or intrusiveness. In such a case a child may feel submissive and consider him/herself a passive object. For the child, sexuality becomes an area difficult to understand or to control. These situations involving violations contribute to feelings of low self esteem for the child. In addition, violated children's feelings of helplessness and low self esteem encourage children to view themselves as legitimate objects of abuse. Such abuse also damages a child's overall sense of self control.

A false suspicion of sexual abuse is also a violation of the child's sexuality. Investigations of abuse which are improperly carried out may violate a child's sexuality even if they are necessary. If a child has to undergo, for instance, a painful and involuntary gynaecological examination, or if s/he is pressured to confess or to give statements or if the trauma is repeatedly brought to the child's attention without the necessary psychological support, then such experiences can impact negatively upon his/her sexuality.

A child may sometimes become an object of abuse without an adult actually intending such a violation. Not so long ago, spanking was a common form of punishment in Finland. This often meant that the child was bent over in an adult's lap and hit on the bare buttocks. This action is now considered a form of sexual violation. All kinds of spanking have been prohibited in Finland. Similarly, various examinations by a physician, such as examination of the testes or the anus or catheterising should always be carefully and tactfully performed and their necessity should always be carefully considered.

The vocabulary describing sexuality often includes value-loaded hidden meanings. Certain words may have negative connotations such as the Finnish term for the vulva "häpy" (derived from the word "häpeä" [shame]) or the Swedish term "springan" (meaning "cleavage") or the most common Finnish swear word "vittu" [vagina]. In the same way the term "regret pills" is a moralising and labelling way to refer to post-coital contraceptive pills. On the other hand, there are examples of words generally felt to have positive connotations, such as "rakastella" ("making love") and the terms used by children themselves for the vulva and the penis ("pimppi" and "pippeli"). These words clearly sound nice, child-like and joyful. Talking about sexuality inappropriately by providing too detailed or too private information or by making disparaging remarks about gender or sexual orientation to a child who is not mature, willing to hear, or able to understand, is also sexual violation.

Sexual exploitation creates a distortion of sexual norms in the victim. Sexual contact with a child arising from adult sexual needs is especially psychologically harmful for a child. In such a case the child experiences sexuality as demanding and one-sided. This kind of sexuality may satisfy a child's needs for closeness and safety but leaves no space for a child's sexual interest to emerge gradually at her/his own pace. Typically the child becomes saturated with experiences s/he would like to postpone. Children are not ready to have sexual experiences with a partner who is not at their same developmental stage. Children with distorted norms are also more likely to experience future violations of their limits and to violate other peoples' personal boundaries. An abused child feels that being close to another human being is not safe or without ulterior motives. Sexual experiences cause more pain than satisfaction and only offer the child a temporary feeling of closeness. In general, the development of a child's personality is easily damaged by unwanted sexual contact with an adult.

A child who grows up in an atmosphere without psychological and physical respect and tender closeness is particularly prone to sexual abuse. If a child experiences closeness only in connection with sexual abuse, s/he often grows up to expect and seek abuse. Experiences of sexual violence can turn one's whole sexuality into something cruel and oppressing and may channel someone's sexual arousal to become dependent on violence.

Determination of sexual abuse is very difficult for various reasons. It can be a stressful and heavy experience for the investigator, even traumatising. Therefore many people avoid the whole matter.

The criminal investigation ought to be done by the police. Health and social authorities often do not have the capacity, training, or appropriate motive to look for a suspect because their primary aim is to help the child. It is also problematic from the point of view of the child and her/his family if the party looking for evidence and providing support services to the child are the same. It does not guarantee an impartial investigation and reduces time available to help the child.

It is very difficult to prove sexual abuse of a child. The less the victim is able to seek help and defend his/her rights and the more the victim is in a dependent and submissive position, the easier it is for the perpetrator not to be identified and punished. It is easy to silence children by threatening that if they talk about the abuse, something bad will happen to them, their parents, or their family. It is known that there are children who have suffered long-term systematic abuse (Hobbs and Wynne 1996) but who will not tell the truth about their abuse under any circumstances. When a child's basic trust is extremely weak and even adults closest to her/him at times behave in a sadistic way, a child will not trust even friendly casual contacts. In many cases children simply are incapable of talking about their abuse.

Children psychologically understand their helplessness and total dependence on their parents. The easier a child can be abused, the more a child is susceptible to abuse. The smaller, the more ignorant and isolated a child is, the easier a target the child is for the perpetrator. Children tend to demonstrate solidarity and loyalty to their family regardless of what their parents are like.

Estimating the frequency of child abuse is made more problematic by the difficulties of the investigation of sexual abuse described above, the limited skills and inability to communicate of some children, and functional or dissociative memory disturbances caused by the trauma of sexual abuse. It is also difficult to compare the results of published studies due to investigations of different age groups and different definitions of abuse. The findings of two major child abuse studies in Finland are contained in the reports "Experiences of Child Abuse and Violence" (Sariola 1990) and "Faith, Hope and Battering" (Heiskanen and Piispa 1998). Currently it is estimated that about 7-36% of girls and 3-29% are being abused (Finkelhor 1994; Fergusson, Lynskey and Horwood 1996; Garrasco; Atabaki and Paradise 1999). The cases coming to the attention of authorities in Finland are being followed by STAKES (National Research and Development Centre for Welfare and Health). According to the latest statistics, cases of suspected abuse have increased four-fold in 15 years, now being 778 per year. The reason for this increase might be that people have been more willing to report suspicions (STAKES 45/2000)

## Supporting sexual health at various ages

### Baby age

A little baby is totally dependent on other people and builds his/her world view with all senses, continuously from cumulative experience. A baby is the visible evidence of the sexual love between his/her parents. Babies start to build an image of their (sexual) bodies and the importance of closeness and contact very early. Holding in the arms and rhythmical rocking pacify a restless baby; gentle talk and eye contact communicate that the baby is valuable. The baby itself tries to touch everything with its hands and mouth. Fetuses even touch their genitals. Strong and confident touching, cheerful encounters, abundant closeness and skin and eye contact give a baby a safe and rich beginning and a good foundation for healthy sexuality. Baby massage (repeated systematic whole body massaging) and dialogical baby dance (mutual anticipation between the dancing partners) are good examples of how to support the sexual health of a baby. (Määttänen 1999).

The sensations of the mother connected with breast feeding range from pleasant and wonderful to disgusting and indifferent. Some may even experience strong sexual satisfaction when the baby sucks. Sexual sensations of this kind do not constitute sexual



abuse of the child. Nature has only given some people this additional pleasure. There is no reason to be afraid or ashamed of sexual feelings while nursing. By talking with other mothers one learns about other people's experiences and this knowledge may relieve feelings of anxiety or guilt. There is no need to make breast feeding a problem. An anxious, tense mother is a worse alternative than milk substitutes, and a mother who bottle feeds her baby can still provide plenty of skin and eye contact.

## Toddler and pre-school age

Sexuality in the toddler and pre-school age (up to age 6) is an active discovery of new areas. Children should learn to feel accepted by others, to feel safe and secure and to enjoy the closeness of others.

A healthy development is rich interaction based on giving and receiving tenderness. The parents have a unique opportunity to offer the child wonderful experiences of warmth and togetherness, from which the child can later draw resources for its sexuality. Exhibiting one's own body, the need to be admired, and an enormous curiosity about other people's bodies are typical for the toddler and pre-school age child. The method called Theraplay is a good example of how to promote the sexual health of the child at the toddler and pre-school age (Jernberg and Booth 1999).

A child of the toddler and pre-school age will be eager to enlarge his/her experiences outside the home by engaging in hobbies or getting to know neighbours or children in day care centre. Children may compare some parts of their bodies and how they function. Children in the toddler and pre-school age are ready to start to take control of their sexuality and reflect on attitudes with peers and compete with them. Boys may compare the size of their penises, whose father has the biggest penis, and whose mother has the largest breasts. Children know exactly to which gender group they belong and what it means. They openly discuss everything in the presence of adults if allowed, but they don't want to tell everything to their parents. They already feel sexuality is a personal matter but, on the other hand, children can also be afraid of being accused of exaggerating and colouring matters. Children often do not want to make a distinction between truth and imagination. A little boy may want to become pregnant, and a little girl may want to have a penis. Age peers are likely to be the ones who best understand why such thoughts are appealing.

Playing doctor is typical sex play in childhood. Sexual interest toward other children is satisfied also by playing home, chasing or wrestling games. Some have already had masturbation experiences (Kontula and Haavio-Mannila 1995). Curiosity is equally directed toward both genders. Children may stay with their friends overnight and the children get acquainted with multiple sources of information. In a study from 1975, between 20 and 30 percent of respondents reported that they had played doctor in childhood. In reality playing doctor may have been more common (Virtanen 1975). In

the Finnish KISS study in 1987, 40% of respondents aged 13 to 17 reported playing doctor at least once, and the experiences were equally common for girls and boys (Kontula 1987). In playing doctor children may be satisfied by only taking off trousers or underpants and peeping or they might do actual examinations of the other one's genitals with their fingers. Usually a small group participates in this type of play and visiting the "doctor" is a public occasion. Sometimes the "doctor" does the examination under the bed covering. Actual coital play seems to be much less common in Finnish culture than playing doctor (Mäenpää and Siimes 1995).

In day-care centres events related to sexuality occur at regular intervals. Some children have seen a porn video and one may blurt out while eating at the table that s/he, at least, is not going to suck anybody's penis as an adult. Another may bring a package of condoms and distribute them to his/her friends. Another child may fondle or play with his/her genitals in public. Boys may compete to see whose pee flies the farthest or ask girls to show their genitals. The personnel of the day care centre need to be prepared to deal with these kind of situations and to develop skills to handle them in a way that is open and supports the child's development. Today some training about children's sexuality is being arranged for the personnel of day care centres (e.g., the Rovaniemi Polytechnic of Health and Social Affairs has organised a course called "the challenges of women's sexuality" from 1999).

Talking about sexuality interests children in the toddler and pre-school age. For example, Joensuu (1994) has written about this. It is good to give names and brief explanations for private parts of the body to children at home. A girl can be told, in the words used by children themselves, that she has a vulva, vagina, labia, clitoris and a pee hole, baby hole and an excrement hole. In addition, in their tummies girls have a little home for a baby or womb, where a real baby can one day live. A little duct leads to the womb from both the baby hole and the ovaries where the baby seeds or ova are grown. A boy can be told that he has a penis, which has a glans, a foreskin, and a pee hole, from which the baby seeds come when he matures. In addition, boys have the scrotum and testicles, which later produce spermatozoa, and an excrement hole.

Reproduction can be explained in the following way: To make the baby grow in the baby's home in the mother's tummy, seeds are needed from both the man and the woman. When these seeds meet in the baby's home, they are fused and the baby begins to grow. The father's seed or the spermatozoon gets into the mother's body via the baby hole in intercourse.

Intercourse means that a man and a woman want to be together, very close to each other and finally one inside the other. In intercourse a man's erect penis is in the moist baby hole of a woman. The man and the woman move in intercourse, caress each other and it feels good. Therefore it is also called making love, and the man and the woman do it even when they don't want to have a baby. After a while semen with a lot of

spermatozoa is ejected from the penis inside the woman. Once a month a woman has a seed of her own or an ovum. If a man and a woman have intercourse during that time, the woman may become pregnant. The baby grows in the woman's womb for nine months and when ready, the baby is born through the baby hole.

**Menstruation:** If there is no baby in the woman's womb, there is some bleeding from the baby hole for a few days per month. Usually it does not hurt.

**Ejaculation:** Some sperm may be ejaculated from a man's penis even if he is not having intercourse, for instance during the night or when he touches himself. Even that is not dangerous and does not hurt. The human body produces new sperm all the time in the same way it produces blood and neither is depleted.

When one learns as a child to consider signs of growing up as natural, they are easier to deal with in adolescence. Then it is natural to talk about them. The family might even celebrate puberty by holding a small menstruation or ejaculation party for the youngster. The celebration would signal that development is a good thing and something to be proud of. One should also always remember to talk about enjoyment connected with ejaculation, for a positive attitude helps a boy accept the changes during puberty. Menstruation in itself is not a source of pleasure, but girls also have a right to hear about their possibilities to enjoy sexuality.

## **6-9 year-old children**

When children reach school age, the culture of their own gender is accentuated: girls have girl things and boys have boy things. Both are eager for admiration from adults and acceptance from their peers. A child accumulates experiences which show whether both genders are equally valued in the family and the community and learns what kind of gender role norms prevail. There is a discussion in the scientific community about whether the differences in behaviour are caused more by biology or the social environment. The reality is probably some combination of both nature and nurture. There are large differences among individuals within each gender.

The beginning of school means that children enter a new world of gender role education through their interactions with a heterogeneous group of children and its culture.

In the beginning of school a girl often wants to associate with another girl, to form a quite intensive pair. She often develops an especially "feminine" form of verbal communication and taking care of her looks. The boys usually try to enter functional boys' groups, where "masculine" competition, feats and boasting are accentuated. Human anatomy interests children and they are capable of understanding the details connected with reproduction. Sexuality is not anxiety-provoking and a child can be taught about health issues in a very broad context. Children still need a lot of cuddling and tenderness from their parents and occasionally want to sleep next to their parents,

but the sexuality of their parents is no longer of great interest. It is more important for children now to know how other children of the same age act and to imitate them.

Children at this age already play going steady and to being mother and father. A play partner's gender is not important but the same gender is preferable. In earlier times children showed interest in each other by teasing. Now children openly may say they "hang together", but this saying is playful in character and there is not a sexual tone in the relationships (Anttila 1995).

### **10-12 year-old children, early adolescence**

Just when a child has come to a conclusion of how girls and boys, children and adults function, the biological changes of early adolescence muddle up everything. Bodily changes are embarrassing, as well as the changes in the state of mind and stimulation caused by hormones. When children reach early adolescence, they begin to try to answer questions like "Do I want to grow up?", "Is this right?", "Am I gay or lesbian?", "Do others feel the same way?". Sometimes the answers are sought in an asexual, self-sufficient, adventurous identity resembling that of Tom Sawyer's or Pippi Longstocking's. Sometimes there is a need for regression or to emphasise the sexual characteristics of one's own gender in unique ways. During this period children are developing independence and often feel they are primarily individuals and not somebody's child.

Insecurity and shame caused by the changes in the body and its awkwardness can be disturbing. Those whose development is slower or faster than the others need extra help. Sexual feelings cause excitement in many kinds of situations, and there is no simple relief for the feelings. When girls begin to develop rounder forms they do not, for instance, want to let boys see them in swimming suits. Boys try to peep at girls and to pinch them. It is important to talk about the right to the privacy of one's own body and how to make and avoid contact. Parents should discuss in detail what the words "whore", "transsexual", "lesbian" or "gay" mean and forbid their use as a form of abuse.

The child already knows quite well that sexuality is not exhibited in public. The interest in peers grows stronger and stronger, and allusions to sexuality become more common in jokes, speech and games. It becomes more and more difficult to seek answers from adults. However, reception of factual information is still possible even though it may feel embarrassing. Books provide many young people a good source of information which can be received at one's own pace, and they do not have to worry about getting excited in the company of a book. Porn videos are used as a source of information by many because there are scarcely any other sources of information about sex techniques available.

Teasing between children may have sexual overtones. The physical development of boys lags about 1-2 years behind that of the girls and they try to look bigger with the help of loose clothes and big words. An excessive macho culture can lead to teasing the

smaller ones: a head may be forced into the toilet, trousers or underpants pulled down, or some other form of humiliation. Some girls feel like giants next to much smaller boys and try to be unnoticeable and away from the centre of attention and only giggle at the boasting of boys. Especially those who are overweight may get the idea to start a diet to become more popular. Eating disorders become more common at this age. Even a very beautiful girl may easily become the target of teasing by others. A faltering self-esteem is very common at this age for both girls and boys and serious long-term damage may occur (see e.g. Aalberg and Siimes 1999).

A physical change from a child to an adolescent occurs during the ages 10 to 13. It is recommended that teachers in schools help their pupils to deal with their feelings and their own development. In this way, sexuality could become a resource in school work, and a culture could be developed where positive sexuality can be openly discussed. In this way it will later also be easier to give information about risks related to sexual behaviour. Children need support in various phases of their development from familiar and reliable adults. Otherwise obtaining information about sexuality is available only from television, videos, friends and leaflets. Already at kindergarten age children receive education from older children, but the quality of this information is questionable. Access to information about natural sexuality, possible to understand and to handle, which is everybody's right in all stages of life, ought to be part of a child's upbringing. According to a study by Maija Nykänen, parents consider the best age for sex education to begin around the age of ten. The vast majority of parents (92%) thought that sex education should be an integral part of the curriculum at the lower level of comprehensive school (ages 7 to 12). (Nykänen 1996.)

The Mannerheim League for Child Welfare carried out a study in 1999 about the role of adults as providers of health information. This survey included 5383 pupils aged 9 to 14 in Espoo, Joensuu and Mynämäki. The most important providers of sex information for children aged 9 to 10 were the mother (16.3%), class supervisor (5.6%), and older brother or sister (4.1%). More than one half (57.9%) had not received sex education from anyone. The most important sources for children aged 11 to 12 years were the school nurse (29.9%), class supervisor (13.8%) and mother (12.5%). Only about one fifth (21.9%) had not received sex education from anyone. These figures show how immediately after the onset of adolescence the rank of the mother drops from first place to the third.

### **Ability to reproduce – the end of childhood?**

Menstruation has started in Finland in 50% of girls by the time they reach 13 and one half of the boys have had their first ejaculation before the age of 14. At the same time there is the period of regression in psychological development (Aalberg and Siimes 1999). Thus a young adolescent may have difficulties acting in sexually responsible

ways. An 11 to 15 year-old may imagine that he/she has the complete authority to make decisions, especially in the area of sexuality, but still needs limits, safety and protection from adults. The adolescent may test his/her charm by childish provocation without understanding the dangers. Adults ought to regard adolescents less than 16 as children and not as potential sex partners and protect these young people from abuse.

Table 1. In which order do various matters interest the child?

When	What interests?	What is taught?	Development of the child
Pre-school age 0 to 6 years	<p><b>The structural differences of a girl and a boy:</b></p> <ul style="list-style-type: none"> <li>- the vulva, vagina and the</li> <li>- baby's home, the penis and the testicles</li> </ul> <p><b>The role of girls and boys as women and men:</b></p> <ul style="list-style-type: none"> <li>- the mother cleans and father goes to work?</li> </ul> <p><b>Fatherhood, motherhood and where do children come from:</b></p> <ul style="list-style-type: none"> <li>- the ovum, spermatozoon, lovemaking, childbirth</li> </ul> <p><b>Structural differences of a girl and a boy:</b></p> <ul style="list-style-type: none"> <li>- erection, fondling, menstruation</li> <li>- what words to use?</li> </ul> <p><b>Accepting and starting to control one's own body</b></p>	<p>Intimacy, words</p> <p>Role expectations, the meaning of the family Emotions, values, closeness</p> <p>Acceptability, rights</p>	<p>Gets acquainted with the body and the surroundings</p> <p>The formation of values and models of sexuality</p>
School starters 7 to 9 years	<p><b>Anatomy, reproduction</b></p> <p><b>Terms associated with sexuality</b></p> <p><b>The right to self-determination, bodily integrity</b></p>	<p>Knowledge and attitudes</p> <p>Words associated with sexuality</p> <p>Course of physical development</p>	<p>Access to information</p> <p>Getting to know the world outside one's family of origin</p>
Pre-adolescents 10 to 12 years	<p><b>The beginning of adolescence</b></p> <p><b>Infatuation, beginning to go steady</b></p> <p><b>Differences between girls and boys</b></p> <p><b>Masturbation, sexual needs</b></p>	<p>Time sequences, normality</p> <p>Making contact, Roles, needs, fantasies, contraception</p>	<p>Adolescence begins</p> <p>Understanding oneself as a future potential partner for age peers</p>

## Sexuality leads from childhood family to a partnership

Sexuality is a strong factor influencing the child's progress towards independence. It directs attention from the sphere of the parental family towards the peer group and a partnership. Characteristics of sexual development are completely different in different age periods, and the existence of same-age friends is important at all stages and facilitates development. Sexual feelings, crushes and thoughts about going steady consume a large

part of the early adolescents' time and energy. If the gradual changes of the mind and the body seem understandable and natural, they will probably not cause problems.

A baby is totally dependent on its caretakers and one may say "in love" with them. It wants continuous closeness and contact and is afraid of loneliness. In the toddler age around 3-4 years the child usually falls in love with one of the adults in the family: often girls intend to marry their father and boys their mother. The primary parent-child relationship is influenced by the new possessiveness of the child reaching this age: I want and ask to be the only one for you, can I do it?

At the same time the child begins to understand its individuality, he/she often finds the special pleasure coming from touching one's genitals. This touching pleasantly strengthens the child's feeling of "me self". At this stage children should have developed an understanding that their body and sensations are good and their very own. Children should learn to protect themselves from unpleasant touching and to seek help from a safe adult if needed.

When mother and father turn out to be unreachable as partners, a sibling may do as a substitute. The attitude of the people closest to a child determine whether the child finds the tender expression of attraction ridiculous and stupid or positive and worthwhile.

The first attraction with an outsider may be a distant love object such as a teacher, bus driver or a public idol. On the everyday level children show affection to pets, horses they take care of and ride, soft toys, bicycles, motorbikes and computers. An interest in the changes that take place in adolescence is present long before the body changes actually occur. Curiosity is immense. Children like to discuss differences between friendships and romances as well as taking care of themselves and, for instance, their hygiene. Factual information about puberty should be offered to 8 to 9 year-old children for they are very willing to listen.

When the influence of the peer group becomes more important, often a familiar person from this peer group becomes an object of attraction, but first the child does not share this infatuation with anyone. The child gradually comes to grips with the feeling in his/her own mind before having the courage to tell others about it and get feedback. Children expect their friends to give approval and support for their feelings, and nowadays many children have the courage to show their emotions more openly. They examine friendship in a deeper way; the confidence and respect of a friend are an essential part of friendship. One's own sexuality becomes the object of scrutiny: will I become straight or gay/lesbian? The fantasised future partnership and leaving the childhood home in the future are also in their minds.

Children or pre-adolescents often express their feelings to the object of infatuation with a slip of paper or via a messenger. Requited love brings extra happiness. At this point

the child's self-esteem is already so strong that it doesn't decrease too much even if rejected. They do not yet need or want physical interaction at this time but there is a great curiosity toward the biology of sexuality: what happens in sex between adults and why do they do it? Occasionally youngsters strongly distance themselves from the adults of their own family.

The first tentative attempts at courtship are often experienced at the time fertility is reached. Being together is bewildering, even talking can be difficult, but there is a lovely tension in the air, which both parties feel. The adolescent begins to learn about being rejected and rejecting. Information is needed in order for everyone to evaluate his/her own puberty and to be able to take care of his/her sexual health in both physiological and emotional areas. The foundations for sexuality developed before puberty strongly determine the kind of values, moral ideals and ability for sexual enjoyment adolescents have and how they will start their journey toward adulthood. (Korteniemi-Poikela and Cacciatore 2000.)

## Sexual Health Services for Children in Finland

The services of a network of municipal child counselling centres are available throughout Finland. Almost one hundred percent of families use them. In these centres health care nurses and physicians support and guide families and follow a child's development until school age. In principle, the health care professionals in these centres are supposed to support the psychosexual development of children. Experienced workers are able to consider, for instance, a three-year-old child's interests in her/his genitals as a normal phase of development. However, more education and information is needed by a great number of health care professionals in order to answer the questions of the families.

There are 126 municipal family counselling centres in Finland which are municipal units under the jurisdiction of the social welfare authorities, and they specialise in helping families with children in problem situations. They carry out, for instance, psychological assessments and provide treatment, if a child has symptoms that involve sexual issues. They also have some preparation for investigating incest. Municipal child welfare authorities are on duty and take care of the safety of children and are ready to support the family or to take a child into custody if, for example, a child's sexual integrity has been violated in the family. Unfortunately, social welfare authorities have a shortage of resources.

Pre-school child day-care is usually organised by trained personnel in both municipal and private day care centres. There are attempts to develop the training of children's nurses and kindergarten teachers to provide information about a child's sexuality. Fortunately, today most teaching and supervision are of high quality. In the best case, people in day care institutions and parents work together to support each other in



facilitating children's development. The question of the day is whether the personal background of people entering the field of child and youth care ought to be checked, because paedophiles also seek these jobs. Those who support background checking argue that it is necessary for the safety of the children.

The services of school health service are an important part of sexual health services for children. Family members and teachers jointly take care of sexual health education for children. Sex education was a compulsory part of school curricula from the mid-seventies to 1994. In many places sex education reached a very high standard, and it has been continued in many schools in spite of its current voluntary status. Nevertheless, pupils are in very unequal positions with respect to their opportunities to receive sexuality education. In some areas sexual health education has been totally eliminated. The school nurse has traditionally been an important person: she or he is often a sufficiently remote but trusted adult, whose counselling is easy to accept. In addition to giving personal guidance, for instance, the school nurse provides contraception information and has been a source of great expertise in sex education classes. However, the services of school health care have been strongly reduced in recent years, and this has made the situation of children and young people worse.

Child psychiatric units devote a large share of their resources to support the psychological development of the child and also to child psychiatric studies and treatment connected to cases of child sexual abuse. The situation is very problematic because of the lack of specialist physicians. The Association of Child Psychiatrists in Finland is preparing national guidelines for the examination of sexual abuse of children.

Both the police and the hospitals in the Helsinki area have specially trained personnel to investigate sex crimes against children. It would be good to extend this expertise to the personnel throughout whole country. The best practice would be to establish public centres specialising in sexual abuse, where the best possible investigation and treatment of these cases would be available, including a proper amount of trained personnel. Co-operation needs to be improved among authorities in health care, social welfare, the schools, and police. Training within these fields should also be increased.

Many non-governmental organisations sponsor projects to help children, such as writing booklets for children, patrolling streets and counselling families. The Sexual Health Clinic of the Family Federation of Finland has worked for years to support sexual health services for children. Open House is the name of the project, which has functioned already for 12 years, providing sexual health services free of charge for girls under 18 and boys under 20. People working with children have been trained to deal with the sexuality of children. Models for sex and health education for children have also recently been developed for the lower level of comprehensive school and day care centres. Special emphasis is on developing the child's knowledge and respect for his/her own body and on providing information about sexual rights and bodily integrity. A new kind

of model for sex education has been produced together with the National Board of Education, called *The Nine Steps of Sexuality* (Korteniemi-Poikela and Cacciatore 2000). The Family Federation of Finland has also published the book *Bunny Stories and Other Baby Fairy Tales* (Hovatta 1993) aimed at children and telling where babies come from.

The Mannerheim League for Child Welfare operates a telephone hotline for children and the young. It was founded in 1980 to help people under the age of 22. About 50 000 phone calls are received every year. One per cent of the callers are 7-year-old children or younger, 10% are between the ages of 8 and 10 and 40% between 11 and 13. Of the phone calls dealing with sexuality received in 1998, 15% came from children between 8 and 10 and 30% from children between 11 and 13 years of age (Kajaani-Kurki 1999). This organisation also produces material and sponsors studies about children's sexuality. For example the book entitled *I Discuss Sexuality With the Child* (Joensuu 1994) was published in 1994 and a study about the role of adults as sex educators for children was carried out in 1999 (Kajaani-Kurki 1999).

Another organisation, The Central Union for Child Welfare also sponsors studies about children. One study examined the frequency of child abuse and resulted in the report *The Experiences of Sexual Abuse and Violence of Children* (Sariola 1990).

The Finnish Red Cross operates four shelter homes for children under the age of 19. Children and teenagers can visit or phone these homes to get protection and support. Informing children about these activities, however, is problematic and information needs to be more actively disseminated, for example, on television, in child health centres, day care centres and school, among other places. The personnel of different shelters and mother and child homes are being trained to identify and alleviate children's sexual distress and sexual abuse symptoms.

The SEXPO Foundation's project of sexual growth produced and translated material about children's sexuality.

Skidikantti (Kid's Corner) is a programme developed by Aila Juvonen which has been operating for ten years. In this programme children are taught self-defence skills. Children are taught to cope with different dangerous situations, for instance, how to protect themselves against sexual harassment and how to defend the integrity of their bodies. This education model has spread to many communities and used in their own projects.

The Finnish Evangelic-Lutheran State Church has generally taken a positive attitude toward sexual development and sex education. Valuable counselling is given in confirmation schools.

The Ministry of Social Affairs and Health established a working group in January 1999 to prepare a programme on the prevention of children's commercial abuse. The group

must submit its action plan within one year. Sex crimes against children and adolescents registered by the police have increased in recent years.

A new Criminal Code of Sex Crimes was passed in the beginning of 1999, in which the child's position was improved by making a sex crime against a child a matter of public prosecution instead of the responsibility of a private person. In practice, this change means that whereas earlier the guardian of the child had to press charges before an investigation could start, now investigation automatically begins when the police become aware of the suspicions. However, the law does not include a possibility to intervene in, for instance, a case where a known child molester is preparing his or her actions. Recently, however, a middle-aged man was sentenced because he had made some phone calls to a 15-year old girl asking her for a car ride and to his hotel room.

## What About the Future?

The sexual health of children and adolescents in Finland has been among the best in the world according to most indicators. The traditions, attitudes, and high professional standards of personnel and providers of public health care have ensured high-quality services. The atmosphere for discussion is still open and decisions are based on both reliable information and ethical principles.

In the past few years a change for the worse has become evident. In the beginning of the 1990's an economic recession occurred in Finland, which led to wide cuts in social and health programmes. The reduction of funding has not stopped, even though financial conditions are much better now. Inequity of wealth and resources has increased. Welfare and other supports have decreased particularly for children and adolescents, those who are not able to defend their rights.

The media brings sexualised advertisements and pornography to every home, and tourism makes child prostitution accessible to more people. Communication has become more and more technical, and money has become excessively valued. Sexuality is often regarded as a commodity, as offering business opportunities to make money. Drug use, marginalisation and alcohol have their impact on children. It is not fashionable to work in the upbringing of children, to be present as a female or male role model or to take care of family life. Doing well in work life demands more and more from parents. All this weakens the possibilities for healthy sexuality, development and childhood. Children's psychiatric problems are increasing, but there is not enough personnel to provide examinations and treatment for children.

The promotion of children's sexual health requires adequate financial support by the state, proper research, resources and expertise, and strong public advocacy. To fight against children's sexual abuse, public specialised centres should be founded, where the best possible investigation, treatment and research would be carried out.

Working with children demands sustained efforts and abilities based on both knowledge and sensitivity. More men are needed in the field of education. Fathers have the right to know how important their presence is for the development of their son's and daughter's sexual identity. Children should not be a nuisance in the tightly scheduled everyday life of adults. Instead, they should be enjoyed and considered a special privilege for the attention and time of their parents.

## References

- Aalberg, Veikko and Siimes, Martti A. 1999. Lapsesta aikuiseksi (From a child into an adult). Nemo, Jyväskylä.
- Aigner, Gertrude and Centerwall, Erik. 1999. Lapset ja seksuaalisuus (Children and sexuality). Kirjayhtymä.
- Anttila, A. 1995. Rakkaudesta ne tytötkin ennustaa (Even the girls foretell of love.). *Yliopisto* 2/1995.
- Atabaki S., Paradise J. E. 1999. The medical evaluation of the sexually abused child: Lessons from a decade of research. *Pediatrics* 104: 178-86.
- Carrasco, Mary. 1996. Sexual abuse and rape. In Gellis & Kagan (ed.). *Current Pediatric Therapy*. 15<sup>th</sup> Edition. W. B. Saunders Company. pp 56-8.
- Fergusson, D.M., Lynskey, M.T., Horwood, L.J. 1996. Childhood sexual abuse and psychiatric disorder in young adulthood: I. Prevalence of sexual abuse and factors associated with sexual abuse. *J Am Acad Child Adolesc Psychiatry* 35(10): 1355-64.
- Finkelhor, D. 1994. The international epidemiology of child sexual abuse. *Child Abuse Neglect* 18(5): 409-17.
- Heiskanen, Markku and Piispa, Minna. 1998. Usko, toivo, hakkaus (Faith, hope, battering.). Tilastokeskus, Tasa-arvoasiain neuvottelukunta. Helsinki.
- Hobbs, Christopher J. and Wynne, Jane, M. 1996. *Physical Signs of Child Abuse, a Colour Atlas*. Saunders Company Limited.
- Hovatta, Outi. 1999. Pupunjutu ja muita vauvasatuja (Bunny stories and other baby fairy tales.). Väestöliitto. Painatuskeskus Oy, Helsinki.
- Huttunen, Matti, O. 1999. Ihmiseksi (As a human being). Duodecim kustannus.
- Joensuu, Jyrki. 1994. Keskustelen seksistä lapsen kanssa (I talk about sexuality with the child). Mannerheimin Lastensuojeluliitto.
- Kajaani-Kurki, Kristina, Mannerheimin Lastensuojeluliitto. 1999. Henkilökohtainen tiedonanto (Personal communication, The Mannerheim League for Child Welfare).
- Kontula, Osmo and Haavio-Mannila, Elina. 1995. *Matkalla intohimoon* (On the way to passion). WSOY, Porvoo-Helsinki.
- Kontula, Osmo. 1987. *Nuorten seksi* (Sex of the young and adolescents). Otava, Keuruu.
- Korteniemi-Poikela, Erja and Cacciatore, Raisa. 1999. *Seksuaalisuuden portaat* (The nine steps of sexuality). Opetushallitus, Helsinki.

- Mäenpää, Jorma and Siimes, Martti. 1995. Lasten ja nuorten seksuaalisuus (The sexuality of children and adolescents). In *Seksuaalisuus (Sexuality)*. Kustannus Oy Duodecim, Pieksämäki. pp. 55-68.
- Nykänen, Maija. 1996. Näkemyksiä ala-asteen seksuaaliopetuksesta (Views about sex education at the lower level of comprehensive school). Jyväskylän Yliopisto, Terveystieteen laitoksen julkaisusarja 4/1996.
- Sariola, Heikki. 1990. Lapsen seksuaalisen hyväksikäytön ja väkivallan kokemukset (The sexual abuse of a child and experiences of violence). Lastensuojelun Keskusliitto.
- STAKES 45/2000, <http://www.stakes.fi/tiedotteet/2000/45.htm>
- Virtanen, L. 1975. Lasten lääkäroleikit (Children's doctor plays). *Suomen Lääkärilehti* 30: 1711–15

## Appendix 1. When is a child's sexual behaviour a symptom of a disturbance or a problem?

<p><b>Normal behaviour</b></p> <ul style="list-style-type: none"> <li>• even fetuses have erections, boys touch their penises at all ages to have an erection</li> <li>• the touching of all parts and openings of the body, including the genitals</li> <li>• a delighted, enthusiastic, investigative curiosity about everything connected with sexuality; open, unabashed questions about different body parts, an unabashed wish to get to touch and see other people's bodies and how they function</li> <li>• a proud and bold wish to exhibit one's body, a wish to be the centre of everything</li> <li>• a periodical lack of modesty at least up to the age of 3 to 5</li> </ul>	<p><b>Symptom of what?</b></p> <ul style="list-style-type: none"> <li>• The most common reason for excessive or compulsive masturbation is the child's fear of being left alone in the day care centre, separation anxiety, depression or stress.</li> <li>• A common cause is also a lack of sexual boundaries in the home: the child may have seen sexual activities between the parents, porno videos etc. and is trying to deal on a level of action with what s/he has experienced</li> <li>• Sexual abuse is the least common reason. An indication of this could be, for example, a sudden change in behaviour: the child may become depressed, timid, withdrawn and apprehensive or aggressive towards other children. On the other hand, the child may start to cling to an adult and become afraid of going home. Sometimes the child has symptoms with sexual overtones or the child tells through the means of play what has happened or what s/he is afraid of. The sexual descriptions of the child may be unusually detailed considering the child's age. The child may try to push object into the anus or vagina. Larson (1994).</li> </ul>
<p><b>Symptom</b></p> <ul style="list-style-type: none"> <li>• The child exhibits the sexual areas of her/his body in a compulsive, exaggerated, anxious way, for example, to all visitors</li> <li>• The child touches her/his genitals in a compulsive way and does not listen to advice to do that only in privacy</li> <li>• The child continually talks to adults in an explicitly sexual way, for example, by telling two adults to "fuck each other" and asks very intensively about the sex life of adults. On the other hand it is very common for children to discuss adult sex life among themselves.</li> <li>• The child continually and without any inhibitions touches an adult, for example by squeezing the genitals of an adult, or rubs her/himself against the adult in an unpleasant manner</li> <li>• Forcing or hurting other children in a sexual way, impulsive and aggressive way playing sexual games Avoiding closeness to adults and becoming anxious, for example, when washing or going to bed</li> </ul>	<p><b>What to do if there are suspicions that the child's sexual behaviour deviates from normal?</b></p> <ul style="list-style-type: none"> <li>• The child's activities should be commented on and described, for example, masturbation or playing with one's genitals. The child should be told that picking one's nose or touching private parts should not be done in the presence of others. There is nothing bad in these activities as such but they are supposed to be done in privacy. Limits should be given to the child: if you have difficulties controlling yourself, I will have to intervene. The child should be told what is proper language and behaviour, and let the child clearly know about the rules. (Aila Juvonen: The Kids' Corner programme.)</li> <li>• It is good to discuss the question with the team of the child's day care centre: Have others noticed strange behaviour? Are others worried? It is important for the counsellor that s/he can have the support of the team. To become aware of one's own helplessness is the first step toward understanding the situation. (Aila Juvonen: The Kids' Corner programme.)</li> <li>• Contact the caretaker of the child: Has this kind of behaviour been noticed also at home? Is there a reason for the child to be stressed or anxious about something? If necessary, the support of a family counselling centre is recommended</li> <li>• If talking with the parents or the caretaker of the child doesn't help or the symptoms continue to be alarming, the child should be referred to child welfare authorities.</li> </ul>