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Perspective Chapter: Where Angels Fear to Tread – Anxieties over Researching Child Sexuality Must Be Overcome

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Abstract

Anxieties over encountering disapproval, rather than *bona fide* ethical concerns, have inhibited research so profoundly that child sexual development is still poorly understood even after over a century of theorising. This is despite growing awareness of the need for evidence-based and effective relationships and sex education (RSE) to promote healthy relationships, and also intense concern over child sexual abuse (CSA), not least because many clinical and forensic interventions have failed through being poorly informed and misconceived—notably as regards the sexuality of the children most at risk. This chapter will examine the professional codes that pertain to ethical research in respect of children's rights as research participants, along with the risk and potential benefits of such research. Sexual health, in contrast with developmental normativity, will be identified as a new research paradigm, and its ethical implications will be discussed.

Keywords: children, children's sexuality, research with children, ethics, ethics codes

1. Introduction

There is no *Journal of Child Sexuality*, nor anything like it covering the field [1]. It is an absence that tellingly reflects a decades-long consensus among sexuality researchers: child sexuality is an under-researched area. It is a shortcoming all the more striking in relation to the literature on child sexual abuse (CSA) and its prevention, which is immense [2, 3].

The implications for the health and well-being both of children and the adults they become could hardly be more profound. Among the consequences of failure to identity and explore relevant research questions—and to promote public understanding of established knowledge—is that public policy is poorly informed as to the proper content of RSE. The consequences include personal tragedy: children whose behaviour is neither abnormal nor unhealthy are being branded and stigmatised as sex offenders, sometimes before their teens and even at a single-digit age [4].

This is the background against which the research ethics in question will be reappraised in this chapter. Are the ethical codes that govern such research unrealistically

and harmfully restrictive? Or is it that research is not neglected by and large on account of formal standards that are too restrictive, but because there is reluctance on the part of a range of gatekeepers—from institutional review boards (IRBs) to parents and teachers—to allow research that meets the proper standards to be carried out? And might those gatekeepers include researchers themselves, wary as many must be of tackling such a “sensitive” line of work?

The reasons for the sensitivity are by no means obvious, even though they run deep. The idea that children are “innocent” and naturally asexual has been with us at least since the Enlightenment [5, 6] and has become entrenched to such a degree that it is challenged by researchers only at considerable reputational jeopardy [7, 8]. Yet even as the taboo has become ever more enforced for more than two hundred years, its dubious grounding in reality was implicitly understood long before modern research methods emerged in the social sciences. If childhood sexuality did not exist, why was there a prolonged and ferocious campaign, begun in the eighteenth century [9] and never quite extinguished, to suppress childhood masturbation? If children were truly thought to be asexual, how could it be that Freud’s theory of childhood sexuality brought us a concept, the Oedipus Complex, that has entered the language and been intensely debated ever since? The question entails its own answer to the extent that a related Freudian concept, the “latency period”, asserted the quiescence of childhood sexual expression in the mid-childhood years [10].

The “latency” idea could be thought of as an uneasy compromise, one which enables the reluctant acknowledgement of children’s sexual feelings while providing a rationale for their suppression on the basis that any sexual awakening of the child during “latency” must be the result of adult corruption—a fear currently given names such as “grooming” and “sexualisation” [6]. It is a framing that has led to research being biased towards the negative to a degree that has created a hostile environment against healthy, loving intimacy and the social learning needed for its development in childhood. While protecting children against sexual abuse is of paramount importance, it is increasingly recognised in the scientific research community that a culture dominated by the fear of abuse is one in which iatrogenic effects are likely to be generated [11–15].

These themes will be touched upon further in this chapter, in the course of exploring the ways in which research has been approached to date (largely through studies attempting to distinguish normative from aberrant child sexuality), why some important newer research initiatives require fresh ethical consideration, and the relationship between well conducted research and public policy. It will help to begin with some working definitions.

2. Working definitions

2.1 Child

In the biosocial sciences a child is usually defined as a person between birth and puberty, or between infancy and puberty. The focus in this chapter will be on the latter, sometimes referred to as “middle childhood”, as this period involves those problems for research methods and ethics that stand in most urgent need of discussion and resolution. This stage of childhood is often but inaccurately considered an asexual interlude, a “latency period”, ahead of the biological onset of puberty, the latter being a physiological development which includes the beginning of the longer, socially constructed, stage known as adolescence [16].

2.2 Childhood

An extended period of pre-reproductive juvenility has evolved in humans. As evolutionary development psychologist Marco Del Giudice has noted, in social mammals and primates juvenility is a phase of intense learning, often accomplished through play, in which youngsters practice adult behavioural patterns and acquire social skills [17]. For this chapter, the significance of childhood as an evolutionary phenomenon is its learning function. In modern society the emphasis has often been on academic learning to the exclusion of acquiring social and sexual experience and skills, despite the fact that “learning by doing” is known to be highly effective. The wisdom or otherwise of this modern emphasis will be addressed.

Notwithstanding the evolutionary view of childhood, childhood is often posited as a social construction rather than an empirical concept—and with good reason. Immense cultural variations in the framing of childhoods with regard to age of consent and marriage “challenge the application of standardised ethics protocols and instead mandate the application of ethical reasoning to seeking solutions for conflicts between universal rights and local norms and practices” [18].

2.3 Consent/informed consent/assent

The inability of children and minor adolescents to consent to sexual activity with another person is strongly established in modern jurisdictions. But it is important to bear in mind that this does not disqualify them from volunteering to take part in scientific research, as will be seen below with regard to vaccination. However, the main focus in this chapter will be on ethical issues affecting social science research in fields such as psychology and sociology, rather than on biomedical work. This is because the former are apparently more likely to encounter ethics-based objections (even after formal IRB approval has been granted), and hence are more in need of discussion. A widely used standard, which will be accepted here, is the ethics code of the American Psychological Association (APA). It allows for substitute (typically parental) consent in the case of children and others who are legally incapable of giving informed consent, albeit their personal assent should be sought [19].

2.4 Problematic sexual behaviour

A widely used definition describes children with “problematic sexual behaviour” (PSB) as “children ages 12 and younger who initiate behaviours involving sexual body parts (i.e., genitals, anus, buttocks, or breasts) that are developmentally inappropriate or potentially harmful to themselves or others.” [20]. The fact that some children behave sexually in ways that are socially unacceptable is not disputed here. However, the PSB concept is itself problematic, as will be discussed. The terminology is also confusing. A significant body of literature refers to PSB, but at least one important recent text prefers SPB (“sexual behaviour problems”) [21, 22].

2.5 Science/scientific research

The social sciences encompass considerable divisions of opinion as to the methodology required in order to qualify as “scientific” investigation. A range of disciplines engage in research for which a plausible claim can be made that the theoretical basis and the methods deployed are sufficiently rigorous to pass muster. The approach

taken in this chapter will be as inclusive as possible, in accordance with the book's overall objective of promoting ethical research conduct—a *desideratum* across all disciplines, regardless of the specific theory and methodology deployed. Research regarded as scientific will be taken to include a wide range of systematic, scholarly, empirical investigations, ranging from biosciences to psychologically and socially orientated studies using such techniques as written surveys, interviews, and focus groups.

2.6 Sexual health

The World Health Organisation (WHO) has declared that sexual rights are a requirement for sexual health; they are assigned to “all persons”, not only adults: “Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences” [23].

2.7 Sexualisation

The term sexualisation is often used to refer to the impact of the media on pre-adolescent children, especially girls. It has been defined as having one or more of the following characteristics: evaluating a person exclusively by their sexual appeal, equating physical attractiveness to sexual attractiveness, treating a person as a sexual object, and/or inappropriately imposing sexuality upon another person [24]. While recognising that the term is in widespread use with more or less the meaning(s) given above, it will be discussed in this chapter mainly in the context of its use in relation to such behaviours as parental nudity in the family home. As such, the applicability of the term will be contested.

2.8 Sexuality

A broad definition is required because the questions to which research methods and ethics relate (such as interviews with children about their understandings of sexual relationships) involve far more than sexuality narrowly conceived in biological terms, focused on such matters as the reproductive system, heredity and hormones. The following definition will play its part: “Sexuality refers to a person's identity, orientation to others, relationships, patterns of particular behaviours in pursuit of pleasure and the acts that comprise them” [6]. In this chapter, attention to social issues will not preclude some focus where necessary on the evidence relating to the biological nature of prepubertal child sexuality.

3. Children's “normal” sexuality and sexual “development”

The scientific literature on child sexuality amounts to a substantial corpus. Its inadequacy lies less in the volume of work done (although this is slight in relation to the social significance of the subject) than in the narrowness of its scope and methods—constraints that reflect concerns over potential controversies, especially over the ethics of particular research techniques. The focus has been largely on “normal sexual development” in childhood. This has been predicated on the not unreasonable view that only by understanding which, if any, childhood sexual behaviours are prevalent

(unexceptional, or normal) and accepted (normative) in any particular culture, and which could perhaps even be considered natural to children everywhere, would it be possible to identify other behaviours as abnormal, “deviant” (statistically and perhaps morally), and “problematic” [25–27].

The difficulty with this approach is twofold. Firstly, cultures vary greatly as to sexual behaviours that are considered normal and acceptable. If, as this chapter proposes, research should be interested in healthy outcomes, current social practices may need to be regarded critically. In any particular country, or administration, the question might reasonably be asked, are child sexuality and RSE better handled elsewhere?

Secondly, the foundational concept of “sexual development” has been probed and found wanting. The editors of the *Cambridge Handbook of Sexual Development: Childhood and Adolescence* found no consensus as to what it means [21]. It will help, before approaching the ethics of research into child sexuality, to briefly review the current state of knowledge on behaviours that are regarded as normative, why the “development” concept is problematic, and what the present situation implies for future research needs.

The existing evidence on child sexuality has been synthesised recently from a developmental systems perspective [2]. Whereas traditional developmental theory is focused on the individual child’s “natural” sexual development, seen as a linear unfolding of their growing personal physical, psychological and sexual capacities, the systems approach is more about children within their social cultures. Systems thinking has gained traction in the scientific world far beyond the field of child sexuality [28]. It is an approach that goes beyond the personal, enabling a resolution of the long-running “nature-nurture” debate, asserting that both factors play a role in life-span development. It sees development as involving interacting biological, psychological, and social processes [2].

This wider approach has implications in terms of extending the potential scope of research, such that new methods need to be engaged, with perhaps hitherto relatively unconsidered ethical implications. For example, instead of studying how people reach the “endpoint” of having sexual intercourse through a sequence of developmental milestones, Gu Li suggests that researchers should examine a full spectrum of sexual behaviours at all developmental periods, “not only because a mere touch by a close friend can trigger adult-like sexual arousal and feelings in children and young adolescents... but also because these sexual activities do not always follow the linear order from kissing to coitus over time [2].

Following his theoretical overview of the developmental systems approach, Li reviews the evidence relating to solitary sexual behaviour in children (including masturbation to orgasm), partnered behaviour, sexual desire and sexual orientation. Some professionals continue to voice scepticism over prepubertal children’s capacity for orgasm but there have been many self-report and observational studies in confirmation [29–33].

Li identifies some of the research implications of his findings [2]:

...few retrospective studies have investigated the intensity or the content of sexual fantasies in childhood, let alone studies taking children’s perspectives. Missing these pieces of information prohibits researchers from revealing the interactions between biological, psychological, and social systems in shaping children’s sexual desire, or the association between early sexual desire and later sexuality development. For example, does the sex of partners in children’s sexual fantasies predict their sexual orientation

in adulthood? And is this relation magnified by the salience of children's sexual fantasies?

Also, research from other species may be relevant, especially primates. Li cites findings from studies of rhesus monkeys that “raise the possibility that peer interactions in childhood, either with the same sex or the other sex, may be *essential* for the development of later sexual behaviours” (my emphasis). As a firmly evidence-based possibility, this is a radical suggestion that positively demands further investigation. If it turns out to be right, a lot of negatively-orientated current RSE could be wrong [2].

4. “Problematic” and healthy child sexual behaviour

Clinical psychologist Brian Allen notes that the current “gold standard” measure for the assessment of whether a child is exhibiting a significant PSB utilises normative data that are over 30 years old [34]. This is the Child Sexual Behaviour Inventory [35]. Its 38 items include “Touches sex (private) parts when at home”, “Tries to look at people when they are nude or undressing”, “Talks about sexual acts”, “Talks flirtatiously”, and “Is very interested in the opposite sex”. If such acts are to be considered “problematic”, one has to ask what sexual behaviours would not be a cause for concern?

Allen recognises the problem, especially as regards rapidly changing perceptions of certain behaviours. The inventory also includes these items: “Dresses like the opposite sex”, and “Talks about wanting to be the opposite sex”, thereby flagging up transgender behaviour as problematic. With considerable understatement, Allen says this would be “considered objectionable in contemporary practice”.

Despite this appreciation of current sensitivities, or perhaps because of them, Allen acknowledges it may be developmentally common for four-year-old children to play “doctor” activities, in which “each child exhibits their genitals and potentially touches the genitals of the other”. However, he adds in passing that such activities are “certainly in need of correction”. But why? This is not explained. The wide range of such contestable issues is underscored by further points in Allen’s paper. Parental nudity within the family home, for instance, including such activities as co-showering with a parent, is cited as “sexualising”, and “significantly increased the risk of a child displaying PSB”. Such behaviour would be considered uncontroversial in much of Europe (where a number of countries have a long-standing naturist tradition) and other parts of the world, with little apparent public anxiety over any “sexualised” (or merely sexual) behaviours the child might display in a household with a relaxed body culture, such as open masturbation at home [36]. Not so, it seems, in the USA, where much of the PSB research has been conducted. Allen makes this point himself, saying in the Discussion section:

...it is unclear whether such findings might be replicated in other countries where sexual topics are considered less taboo. This issue deserves focused consideration and examination. Given the relevance of this point for understanding PSB from a social learning perspective, the results of such cross-cultural findings may directly inform treatment efforts [34].

When normative child sexuality is problematised on a dubious basis the ramifications can be profound. A social and political atmosphere in which zero scope

is offered for the legitimate expression of children's social sexuality has become increasingly and damagingly entrenched since the beginnings of PSB research in the 1980s, with dire legal consequences for children. In the UK, for the first time in the country's history, all sexual activity between minors below the age of consent (16), including kissing, was rendered illegal and subject to the criminal law under the Sexual Offences Act 2003. Roughly one third of registered sex offenders in the US and UK are minors [37, 38]. In the US, children as young as six have been identified and branded as sex offenders, with stigmatising effects often leading to decades of needless trauma [39].

There should be no difficulty in agreeing that coercive sexual behaviours at any age are unacceptable, even when the aggressor is a toddler. However, the sensible response to such behaviour will be one that is tempered by the wisdom that becomes available through well theorised research and sound evidence. Based on a health-orientated approach rather than a norm-driven one, current indications (endorsed by WHO policy), are that greater sex-positivity is required.

Indeed, it may be hypothesised that fear, embarrassment, denial, and hostility towards sexual expression in childhood are driven by an overly refined "civilised" view. An analogy is to be found in the excessive refinement of ultra-processed modern foodstuffs, which are known to be less nutritious and healthy than the paleo-diet of the hunter-gatherer (largely gatherer) scenarios in which we evolved. This possibility has been endorsed via the evolutionary study of childhood. In his treatise *The Evolution of Childhood*, neuroscientist Melvin Konner felt able to conclude that:

...there may now be some discordance between our socialisation patterns and children's biological preparedness, analogous to the proven discordance between our diets and activity and what is healthy given the genomes we evolved.... Socialisation responds to subsistence ecology; it is designed not just to produce certain kinds of adults but for the convenience of adults, the efficiency of economic activity, and the enhancement of parental reproductive success. These purposes may depart from the best interests of the child [40].

It has been theorised that fear of child sexuality is attributable to a comparable mismatch between parental best interests and children's. Adults may need children's "innocence" more than children do [41]. It is not clear why it is a state that must be protected. As a constituting factor in the social construction of childhood, it is an essentialist belief and not an empirically proven reality [3]. Fear is often rationalised by the incontestable fact that sexuality is complicated, along with the less well supported, but deeply felt, belief that children should be shielded from learning about it—an approach that becomes ever less viable in an age of omnipresent sexual discourse and imagery.

5. Ethics codes

Children's rights in relation to research ethics were extensively reviewed quite recently with reference to current and future issues, albeit without a specific focus on child sexuality [18]. Attention was drawn to the United Nations Convention on the Rights of the Child [42], which highlights the need to respect children's autonomy and agency while also recognising the need for protection and support. It was suggested that, for researchers, this meant particular care needed to be taken to ensure that children

are fully involved in “consenting processes”, and that this might involve difficult ethical decision-making where local norms and values run counter to a rights-based approach. It was noted that a rights-based approach also mandated a need to avoid excluding children from research that concerned them and to ensure that their voices are heard.

The present chapter recognises the need for clarity as to research that should never be undertaken, in line with the 1947 Nuremberg Code that followed atrocities in Nazi concentration camps, including appalling medical experiments on children as well as adults [43]. Likewise, in the US, the 1978 Belmont Report followed the disclosure of the scandalous Tuskegee Syphilis Study, and has remained a key reference for research ethics [44, 45].

However, research with an unavoidable risk factor is still conducted on young children without apparent controversy either in the medical world or the wider public, notably in the field of vaccination (if we discount opposition from a substantial minority who oppose vaccination at any age). When children as young as six were recruited for the clinical trial of a Covid vaccine they were described as “volunteers” in media coverage [46]. Concerns over the ability of such young children to give informed consent (and the propriety of parents giving it on their behalf) appeared to have been set aside in the public mind; their individual rights were tacitly trumped by the public good.

Against a background of striking medical and other scientific triumphs, modern codes of research ethics have become permissive to a degree that might surprise the general public. Scope is allowed for procedures to be undertaken that involve some risk, provided the risks are minimised, and justified by potential benefits. This applies to research involving children as well as adults. UK Research and Innovation (UKRI), for instance, under the auspices of the Economic and Social Research Council (ESRC), a government agency, has an ethics code with a section on “Research with children and young people” that addresses the question of risk and harm but adds, more positively, that researchers “should also consider the ethics implications of silencing and excluding children from research about their views, experiences and participation”, saying, “Researchers should not assume that children are necessarily vulnerable and incapable of providing consent because of their age” [47]. The code directs that every effort should be made to deal with consent through dialogue with both children and their parents (or legal equivalent). But parental consent is not always deemed necessary:

Researchers should consider whether mature children can confirm consent without adult approval; for example, there may be circumstances where seeking consent from parents could jeopardise the research (for instance, in research into teenage sexuality or alcohol use). In such circumstances, researchers will need to regard the potential risk to the participants of the research as a priority [47].

To the extent that the UK code is representative, or at least is widely seen internationally as setting respected standards, it would thus appear at first glance that conscientious researchers of child sexuality need have little to worry about. The practical reality is very different.

6. Ethics in practice

6.1 Checkpoints

Two of the most important checkpoints at which research projects are likely to encounter ethical roadblocks are, initially, formal ethical consideration by an IRB;

and then, further along the road, barriers policed by a whole range of potential gatekeepers. The issues raised may have only a tangential connection with ethics. A brief examination of two research projects are offered here, aimed at illustrating some of the problems that may be encountered.

6.2 Institutional review

Brian Mustanski, who has advised government agencies and served as a member of his own institution's IRB, has documented in detail his frustrations with obtaining IRB approval for research with LGBT adolescents; the proposal ought to have been ethically uncontroversial, he argues, when properly considered in the light of the detailed rules and regulations in force, and against the principles set out in the Belmont Report. He contends that within the US, the IRB system is struggling with "mission creep"—an expanding mission that extends far beyond assessments of risk-benefit ratios. Also, as science becomes increasingly specialised, it becomes less likely that any given IRB will have a member with relevant expertise. In sensitive areas such as sexuality research, this creates the potential for individual values to threaten academic freedom and the quality of research.

Researchers might avoid conducting research with this population, he says, because of anticipated or actual experiences with difficulties in obtaining IRB approval. Mustanski brings to attention IRB reluctance to approve research with youth aged 16 and 17 without seeking parental consent. He notes that he had heard repeatedly from researchers who had planned to start their sample at age 18 because of the expectation that they could not get approval for waivers of parental consent for younger participants. While youth of this age are not the focus of this chapter, the issue of children's, as opposed to parental, consent also arises at younger ages.

Mustanski presented data demonstrating that requiring parental consent for LGBT youth under age 18 would probably alter the study outcome. Also, it was shown that requiring participants to disclose their sexual orientation to their parents as a condition for research participation could increase risk: parental abuse, rejection, and neglect have been documented as a result of disclosure for some youth. Few LGBT youth reported positive attitudes towards involving their parents in the research process. Around 90% of participants said they were "very comfortable" or "comfortable" with the research; at most 3% described themselves as "very uncomfortable" [48].

6.3 Other gatekeepers

The research in this study by Anna Sparrman investigated methods for gaining access to a research field in a project examining views of sexuality held by children aged 9–12. The article explores how and by whom the issue of children and sexuality is enacted as sensitive when trying to negotiate access to the research field. A wide range of actors are shown to be involved: institutions, groups of people, individuals, images, and even architecture: the author describes focus work with children that was consigned, in circumstances outside the researcher's control, to a metaphorical goldfish bowl in the Swedish school where the work took place. Instead of being able to conduct their deliberations in private, the focus group children found themselves peered at through the window by classmates who had chosen not to take part. This created turmoil, not least because images of arguably "sexualised" material, such as media advertising of underwear, had been distributed to the group for discussion. One girl covered the pictures with her body, protesting that the outsiders should not

be looking in. The project theme was on the children's views about "representations of love, sex, relationships, and gender in visual media".

This project had received research funding and had been approved by the Swedish Research Council and a regional research ethics committee. But it encountered resistance long before the goldfish bowl debacle, starting with a protracted search to find a municipal education authority that would accept the research. Initially, one municipality refused based on potential upset to parents. As the author put it, they applied their own local ethics: "This indicates how much power was invested in the parents' potential reactions to the subject. Not a word was actually said about the position of the children; it was instead the parents who were treated as needing protection from the research topic" [49].

6.4 Ways forward

As a way forward, the author of case study (1) proposed moving the IRB process of risk/benefit assessment from being entirely subjective to being evidence-based. The author of case study and (2) concluded that ethics is in practice "messy", and will continue to be so, and that the issue of children and sexuality cannot be solved just by using the "right" methods. Some thoughts on how to improve the situation will now be considered.

7. An ethical future for child sexuality research

It is not difficult to see that evidence-based risk assessment could potentially be deployed effectively to demonstrate the ethical nature of research on adolescent sexuality. Showing, as Mustanski did, that adolescent participants themselves were at ease with the project could be persuasive in showing the research would not harm them, especially if, as in that case, parental consent was *not* sought. What about work involving younger children, who are the main focus of this chapter?

Sparrman encountered nine-year-olds who were reluctant to take part in focus group work that engaged with "sexualised" advertising, an unwillingness that reflected concerns expressed by many of their parents. As Stefan Lucke noted, in a paper specifically on sexuality research with children:

Children who are culturally aware that children are supposed to be sexually innocent may strategically negotiate and resist sexual knowledge (e.g., in order not to lose adults' support and protection, or to be seen as the "ideal" child) [3].

This raises a philosophical question. Can children, even if they are capable of thinking "strategically", have authentically individual opinions, distinct from those of their parents or teachers? In which case, why bother to ask their views? Or could there be a case for asking even nine-year-olds about "sexualised advertising" without seeking parental consent, so more of them might feel free to take part in research and give their views independently (as with Mustanski's adolescents)? Or might it be, as Sparrman suggests, that the very act of exploring the social and ethical "messiness" involved in these issues can itself be productively revealing? In any case, are children really so different? We are all social animals. None of us are uninfluenced by our bosses, colleagues, friends, family, the media, etc. But Lucke has framed his observation in agentic terms. Citing research by Deevia Bhana, he continues:

Similarly, they may actively seek such knowledge (e.g., in order to gain status with their peers, or to assert their gender) – thus demonstrating their agency [50, 51].

Despite the superficially limited nature of children's agency, it turns out that their active thinking and social engagement are crucial to their growing competence and sexual health. Whereas the traditional developmental model envisages a more or less automatic unfolding of innate physiological properties of "normal" development, especially via puberty, taking agency and social engagement into account (which the "systems" approach does) reveals a much richer picture. Acknowledging and studying this richness holds out the promise of delivering better informed sexual health policy, as expressed through school-based RSE.

This theme of sexual health, and the development of children's sexual competence, is the focus of Lucke's perspective on researching children's sexuality; as such, it implies an ethics in which discovering (through research) the optimal conditions for their health and competence is prioritised over the anxious, negative approach that has prevailed until now, in which children's sexuality is seen as a problem to be eliminated. This takes us to a new paradigm.

8. A new research paradigm and ethical perspective

The agency of children is a constituting factor in a new paradigm of childhood sexuality that has been taking shape through the work of a number of researchers in recent years and which has been most comprehensively articulated by Lucke. He cites Sokol et al. on the development of agency, which refers to more than a person's autonomous control over their actions [52]. It also embraces a sense of what individuals can accomplish themselves, including "ownership" of their actions. It is a concept (and ultimately an ethical perspective) grounded in the findings of Bhana, according to which, children can "actively take part in their sexual development and upbringing, assigning meaning, making decisions, resisting or creating knowledge, and originating sexual experiences" [50, 51].

An important potential of this approach is that as well as being in line with WHO policy (sexual rights for all, not only adults) it encourages open, respectful, non-judgmental communication, and allows for the discussion of relationships in an informed and realistic way, rather than idealised ones that may be counterproductive—one thinks, for instance, of politically mandated abstinence-only sex education for teenagers, which has been associated with higher rates of teen pregnancy and STIs than more sex-positive education linked to contraception advice, albeit the data are complex and interpretations remain contested [53, 54].

Children's sexual agency has rarely been studied, but its importance becomes apparent when attention is paid to sexual and gender minority youth. Now that children and youth are "coming out" (disclosing a non-heterosexual or transgender identity to others) at earlier ages than before, to be able to fully embrace sexual orientation or gender diversity is critical for their mental health [2, 55]. One fruitful future direction, as Lucke notes, could be "to develop educational, social, and psychological interventions to reduce sexual scripts that prescribe fixed gender and sexual norms and to encourage sexual agency in children" [3].

A key part of defining and realising the new paradigm is that sexual science scholars should set out an evidence-based view of what constitutes optimal sexual development and how to achieve it, thereby setting a desirable standard of sexual

well-being for children [3, 56]. For instance, the concept of sexual competence in childhood might embrace masturbation. As Lucke notes, Deborah Tolman hypothesised that prepubertal masturbation in girls might allow them to develop an early sense of sexual agency and embodiment, which would make them more resistant to later patriarchal objectification and potentially lead to a more positively experienced sexuality [3, 57].

An important variable in arriving at consensus would be the theoretical perspective taken. It will be useful to note briefly that two rather different approaches, both of which reject simplistic developmentalism and embrace social complexity, appear potentially capable of converging towards approximate agreement: these are (1) the “life-span” perspective, which focuses on evolutionary sexual strategies and the complexity of bio-cultural feedback interactions; and (2) the longer established but underexplored (with regard to child sexuality) sociological theory of symbolic interactionism, which has given us the concept of “sexual scripting”, theorised as a process through which behaviour, relationships, feelings, and sensations become sexually meaningful for children [2, 58, 59].

A third theoretical perspective should also be mentioned: that of intersectionality. To understand childhood sexuality it is important engage with multiple social dimensions, including age, race, class, and gender, via analysis of how these intersect and potentially influence sexual health outcomes. Another advance would be to evaluate the cultural attitudes of non-Western, non-Anglophone, and “non-coloniser” societies regarding children’s sexuality [3, 60].

9. Ethical research methods

A full review of potential research methods and their ethicality is beyond the scope of this chapter. Judging the balance between potential benefits and risks is inevitably a matter of the precise cultural circumstances and sensitivities in each case. But some general observations will be helpful. At the most general level of all, we have seen that the prevailing ethical codes tend towards a permissive approach, subject to important caveats and cautions with regard to minimising risk and respecting the rights and dignity of research participants, including children. However, cultural taboos on research necessitate finding methods that either circumvent unreasonable anxieties or else—more ambitiously—seek to assuage those anxieties through strategies of public education; specific local gatekeepers may be seen as a priority target.

After identifying three important areas for future research on children’s sexuality (arousability and proceptivity; sexual agency and scripts; sexual fluidity), Gu Li turns to “nonintrusive measures” that might be deployed. Analysing adults’ self-recall and caregivers’ reports enables the circumvention of the taboo against directly observing children’s sexual behaviour, but with an increased risk of measurement error. One non-intrusive alternative would be to study pupil dilation, eye movements, or viewing time as indicators of sexual attraction. Photographs, illustrations, or videos of nonnude models could serve as an alternative to showing children sexually explicit material. Or children’s eye movements could be observed in naturalistic settings using wearable eye-tracking glasses, for example, at a swimming pool, where “prolonged eye fixation on one person may indicate sexual interests in that person” [2]. Prior research would be needed to validate such methods.

Another ingenious method used to great effect in recent years has been to analyse existing large-scale studies on topics that may not be focused on child sexuality,

but which nonetheless have rich seams of relevant data embedded in them. One important example is the Finnish Child Victim Survey, a nationally representative population-based sample of sixth and ninth grade schoolchildren (aged mainly 12 and 15) in Finland [61]. Participants were given personal privacy. In an initial survey they answered questions via paper and pencil in a room alone, while in the second two surveys they answered in classrooms on computers by accessing a website. The survey, government sponsored and with the involvement of the country's national police college, covered children's experiences as victims of all sorts of crime, such as theft and violent assault. But on the sexual side they were able to describe their experiences without having to self-label as a "victim". Particularly informative was the fact that the children were asked about their responses to sexual contacts with their peers as well as with people significantly older than themselves, enabling important comparisons to be made. The data, analysed in a paper by Bruce Rind, turned out to be strikingly at odds with what current cultural anxieties would lead us to expect, with huge implications for social policy [62].

10. Conclusion

After concluding that researchers will need to develop or apply new (ethical) methods to observe children's experiences from their own perspectives, Li's final thought is that "the bigger obstacle confronting researchers who wish to study children's sexuality may be the widespread belief of child innocence, but only by investing more efforts and resources into this field can researchers, parents, practitioners, and policy makers begin to challenge this false belief and begin to truly protect children's vulnerability." This chapter concurs with his view, and also commends readers' attention to the "spotlight feature" by Else-Marie Buch Leander that follows it, on children's "doctor games" prior to the age of 12 [2, 63]. Leander highlights the role of early sex play, starting at kindergarten age, as an important rehearsal (in a safe environment) of later sexual behaviour. It is an example of the "learning by doing" referred to earlier in this chapter. She also points to the "rarity" of PSB among children, which does not support the current focus on risk—an emphasis which, as she points out, has been growing since the end of the 1990s, even in the formerly permissive, sex-positive, kindergarten culture of Scandinavia. It is a trend, she feels, to be regretted, and which is in need of reversal. It may be seen a case of over-reaction to legitimate concerns about CSA [2, 63].

Finally, it should be reiterated that the focus of recent research on children's sexual health, rather than a simple (hetero)normative developmental trajectory, is a new research paradigm that has uncovered the need for a number of lines of research on how best to optimise health outcomes. The present situation, in which anxieties over the "sensitivity" of such work is often allowed to obscure its benefits, is positively unethical. It allows unreasonable squeamishness to stand in the way of the sexual health of children and the adults they will become. This chapter has touched upon the search for new methods of ethical (non-intrusive) investigation; but the harder and more vital task will be to bring the IRBs and other gatekeepers on board.

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