



It's my body:

calls to ChildLine Scotland about sexual health and wellbeing

The last decade has seen increasing efforts by central and local government to target sexual health services and initiatives at young people in order to improve their sexual health. However, for Scotland's Sexual Health Strategy and associated initiatives to be effectively implemented, more information is needed about children and young people's own views, concerns and experiences regarding their sexual health and well-being.

This briefing reports on a research study funded by the Scottish Executive and carried out by the Centre for Research on Families and Relationships (CRFR) and ChildLine Scotland to explore over 14,000 calls made to the helpline in this area. Calls to ChildLine Scotland about sexual health and well-being issues, including sexual abuse, have increased steadily over the years and are the primary reason for calling in over a quarter of all calls. These calls reflect children's own agendas, supporting an approach which treats children and young people as competent reporters on their own lives.

Key points

- Children and young people aged 5 to 18 expressed a wide range of concerns about their sexual health and wellbeing, exhibiting differing levels of knowledge and experience
- Concerns varied enormously from seeking explanation and clarification about 'normal' development and sexual terminology to seeking support and advice on pregnancy, relationships, sexual identity and sexual abuse
- Concerns about STIs were notably rare, relative to concerns about relationships, development, pregnancy, abuse and sexuality
- The ways in which children and young people communicated about their sexual abuse experiences varied in terms of the language used and the style of disclosure
- Children and young people described a range of barriers to disclosing sexual abuse, including a fear they would not be believed
- Disclosing pregnancy to parents was, for many, a greater concern than the pregnancy itself and was often related to other problems in the family
- Relationships with peers, whether sexual or non-sexual, are extremely significant in the lives of children and young people. Sexual or 'romantic' relationships and emotions, whether heterosexual or same-sex, are experienced by young people with a similar level of personal significance to those experienced by adults
- Children and young people described various concerns about relationships, including unfaithful partners, pressure to have sex, partner abuse and how to end relationships
- Children and young people drew extensively on support from peers as a source of help and support during times of sexual crisis, except regarding anxieties about same-sex attraction, which most young people anticipated would provoke a negative reaction from peers

Study aims and methodology

The study examined, qualitatively and quantitatively, two years (2003 and 2004) of calls logged on the ChildLine Scotland database and conducted a detailed, thematic, content analysis of a sample of the more extensive archived records, written by counsellors at the time of the call. 14,244 records were extracted that featured one of five sexual health issues as the main problem: 'facts of life', sexual abuse, pregnancy, relationships and sexuality. Quantitative analysis was conducted on the 10,716 of these cases which featured individual young people who were identified by a unique case reference number and might have made multiple calls. Three quarters of callers were female; ages ranged from 5-18 years; the mean age of callers was 13.5 (13.9 for boys, 13.4 for girls). Analyses focussed on the nature, range and content of expressed concerns; gender and age differences; and callers' strategies and sources of support.

Children and Young People's Concerns in Rank Order (Highest to Lowest) 2003 and 2004 inclusive

Rank	Concern	No of cases	% of total cases
1	'Facts of life'	4507	42
2	Sexual abuse	3021	28
3	Pregnancy	2015	19
4	Relationships	932	9
5	Sexuality	524	5
	Total	10,716	100

Note. As a small number of cases had more than one main problem the percentage of cases sums to more than 100 and the sum of the number of cases will be more than the total number.

Findings

'Facts of life'

Many calls involved seeking explanation or advice about puberty and development. Some children and young people indicated it was difficult to talk to friends or parents, that they had a poor relationship with parents, or that they didn't have anyone to talk to. The key themes were: explanation, is this 'normal', peer comparison, and peer exclusion/inclusion. A substantial number of calls were from girls asking about starting, preparing for and dealing with their period. Calls asking for explanations came mostly from 8 to 13 years.

At every age children and young people used the ChildLine service to obtain definitions of terms of a sexual nature. Peer communication was the most common way that callers indicated having heard terms, although terminology heard from partners in the context of a request to perform or participate in a sexual act of some kind was also asked about, predominantly by females.

Many calls were about body image and appearance; these were heavily dominated by female callers, with

few males expressing these concerns. Main concerns included: weight, stretch marks, cellulite, size of breasts, penis size, spots, body hair and generally feeling unattractive or ugly. Apart from weight, concerns about body image and appearance were not expressed by any callers under the age of 9 years. From as young as 8 years, and through to age 16, callers described being teased by friends and/or peers either for not being developed or for being too developed.

Sexual abuse

Children and young people communicated about their sexual abuse experiences in very different ways. The majority presented their concerns directly, while others were hesitant, taking time to build up to disclosure and sometimes only hinting at sexual abuse. Many described the abuse in detail, using explicit language, but amongst the youngest callers the language was often innocent and euphemistic. There were four different styles of communicating sexual abuse concerns: direct, indirect, explicit and implied. As the age of callers increased, so did the tendency toward an indirect style of communication. These data are particularly important as we know relatively little about how children communicate about these experiences at the time when they are happening to them.

Only a very small percentage of callers talked about abuse by strangers. Callers described multiple strategies used by abusers to force or ensure compliance: 'grooming', 'normalising', blackmail and manipulation. The threat and/or perpetration of additional violence and physical abuse were also often used to ensure compliance and punish resistance. Some callers consistently tried to explain or justify the abuser's behaviour detailing factors such as divorce, separation, bereavement, alcohol and drugs misuse. Callers also detailed impacts on themselves, most commonly emotional such as: fear and worry, feeling annoyed, used, cheap, dirty, degraded, shocked, surprised, terrible, bad, ashamed, disturbed, embarrassed, trapped, worthless, and numb.

All these calls to ChildLine Scotland can be viewed as the child or young person trying to problem solve or cope with their experience. Feelings of shame and embarrassment might also have been lessened by communicating about abuse over the phone, where face-to-face communication might be more threatening. Many callers, usually females, said they had disclosed the sexual abuse to someone, usually their mother. Sometimes support and action was taken to address the abuse, but one third of the callers who had disclosed abuse said they had not been believed. Although almost all callers wanted the abuse to stop, complex reasons for non-disclosure included: feeling responsible for the abuse; caring for the abuser; fear of breaking-up their family or parents' relationship; upsetting others; causing trouble and not being believed.

Pregnancy

Many young people who called ChildLine Scotland stated that they knew themselves, or a female partner, to be pregnant. Approximately a third of those whose

pregnancy was confirmed indicated that they had been seen by a health professional. However, large numbers of callers said they had done a test (presumably a home pregnancy test) which was positive. Very large numbers of young women and a proportionately large number of young men stated that they thought that they or their girlfriend was pregnant, or that they were worried about the possibility of pregnancy, but a test had not been done, often because of fear or lack of knowledge.

In addition to detailing physical changes and symptoms, the major reason given by a large proportion of callers for thinking that they were pregnant was having had unprotected sex. Whilst a minority described having unprotected sex at a party and/or when they had been drinking, most callers indicated they had had sex with their partner, suggesting this had been an ongoing facet of this relationship. Fear and worry were regularly described, as were confusion, conflicting feelings about the pregnancy and the need to know more about options (identified by most) of abortion, adoption or keeping the baby.

Most young people indicated having told someone that they were, or were concerned about being, pregnant. Disclosure was strongly tied to relationships with peers, partners, parents, and other relatives and fear about reactions. The ratio of callers who had not yet told their parents they were or might be pregnant, to those who had, was approximately 3:1, suggesting that telling parents was, for many, a greater concern than the pregnancy itself and was often related to other problems in the family. Many young people calling ChildLine Scotland were reporting problems about support from parents (perhaps leading to the need for the call). However, many others were receiving support from parents or a variety of other relatives. A major source of support, both emotional and practical, for young women concerned about pregnancy came from their friends; very few male callers, though, described support from their peers.

Partner relationships

Partner relationships appeared to have great significance for many children and young people; many callers, both female and male, described wanting to have a boyfriend or girlfriend. Many calls were about attraction to a particular person but also about other priorities, such as fitting in with peers who had partners, addressing feelings of being left out or lonely and providing opportunities for sexual experiences. The substantial numbers of calls about attraction were from all age groups and mostly involved talking through strong feelings, though both sexes asked advice about how to act on these. Ending relationships, dealing with hurt and loss and cheating partners were major topics of concern for males as well as females. Pressure to have sex and abuse by partners were issues of concern predominantly for female callers.

Sexuality

The majority of calls about sexuality were from young people who were unsure of their sexual orientation.

Many young people who 'thought' they were, or 'might be', gay, called ChildLine Scotland indicating feelings of uncertainty and ambivalence about their sexual orientation. Few of these calls were from young people under the age of 10, and none were from children under 8 years old. Many young people described themselves as confused about their conflicting feelings, particularly between the sexual feelings and attractions they were experiencing and those that they thought were 'right' or 'normal', i.e. heterosexual. Only a very few callers described feeling comfortable with their sexual orientation; notably, none of these were male. Rather, a strong sense of embarrassment and shame was expressed and implied in many of the calls relating to sexuality and a large proportion of young people stated that they did not want to be gay.

Worries about reactions from peers and parents were central. In contrast to the peer support reported in other areas, very few positive peer experiences were reported by either sex. How to tell parents was a further concern with only a few callers reporting supportive reactions from parents. As was evident from calls across all themes, many young people struggled with the transition through puberty, of which developing sexual feelings was just one aspect. The stigma surrounding sexual orientation, therefore, appeared to add a considerable burden to these concerns, making adolescence all the more difficult to negotiate for these young people.

Conclusion

Callers to ChildLine Scotland bring a considerable spectrum of sexual health and wellbeing concerns to the helpline and communicate in a wide variety of ways about sexual health issues. Relationships with peers, whether sexual or non-sexual, are extremely significant in the lives of children and young people. Concerns about sexual health and wellbeing are often interwoven with their experiences and relationships with peers and partners, what is seen as 'normal' within the peer group and communication about sexual issues within peer settings.

Policy and practice implications

- To meet children and young people's ongoing needs for information, learning and support needs based sex and relationships education must be provided continuously throughout the years in education.
- To alleviate anxieties about being 'abnormal' and promote acceptance of self and others, a discussion-based sexual health curriculum is essential to challenge young people's conceptions of normality.
- Relationships were a central priority for children and young people concerned about their sexual health, in comparison to health concerns which were prioritised by few. Sexual health promotion messages and strategies for reducing STIs must be framed within the context of young people's relationships.
- Children and young people must be provided with a clear understanding of their rights, for example to be safe from harm and to express their own needs, in the context of their sexual health and wellbeing.

- Confidential spaces that enable children and young people to disclose concerns at their own pace and which give consideration to their expressed needs and wishes are essential. This is particularly important since the fear of not being believed appears to be a major barrier to disclosing sexual abuse.
- Young people worried about pregnancy are often primarily concerned about their parents'/ carer's reactions, which may feel risky or unsafe to them. Universal access to confidential services is crucial to allow young people to think through such a major life event.
- Only a very small percentage of calls to CLS about sexual abuse, talk about abuse by strangers. Greater social recognition and associated education is needed concerning abuse perpetrated by those children know and love, including by females, to help children recognise what is happening to them and seek help.
- It is vital that services and interventions address sexually aggressive behaviour by other young people, particularly partner abuse perpetrated by young men against young women.
- Specific attention is required to challenge the stigmas that threaten young people's sexual health and wellbeing, such as that surrounding homosexuality.

About the study

This Scottish Executive funded study was carried out between February 2005 and January 2006. It was conducted by a team from CRFR (Professor Kathryn Backett-Milburn, Dr Sharon Ogilvie-Whyte, Ms Elinor Newall, Dr Frank Popham), and ChildLine Scotland (Ms Anne Houston, Ms Alison Wales). A full copy of the report is available at: <http://www.scotland.gov.uk/Publications/2007/02/13111657/13>

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