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ORIGINAL ARTICLE

# The multiple roles of sexological organisations



E. Almås<sup>a,b,\*</sup>, E.E.P. Benestad<sup>a,b</sup>, W.L. Gianotten<sup>c</sup>,  
L. Perelman<sup>d</sup>, K. Wylie<sup>e</sup>

<sup>a</sup> Department of Psychosocial Health, University of Agder, Grimstad, Norway

<sup>b</sup> Research Group in Sexology (RESEX), Faculty for Health and Sports Sciences, University of Agder, Grimstad, Norway

<sup>c</sup> University Medical Centre, Utrecht, the Netherlands

<sup>d</sup> Mexican Federation of Sexuality Education and Sexology (FEMESS), Mexico City, Mexico

<sup>e</sup> Former president for the European Federation for Sexology and the World Association for Sexual Health, Sheffield, UK

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Complementation of work

**Summary** The research question behind this article is to analyse how missions and goals for sexological organisations on various levels are described and how they can complement each other. The missions and goals of global (WAS), regional (EFS), and national organisations in Europe are described and analysed by their statutes and bylaws. The results show that organisations on all levels are occupied with sexual health and rights, sexuality education, professional education, and standards of ethics. In addition, there seems to be a division of work between the various levels of organisations: Global organisations: Network of regional federations, sexual health promotion within international organisations such as the WHO and the UN, organising congresses for presenting new research and activist work (within non-governmental organisations-NGOs) and influencing national governments. Regional organisations: Network of national organisations, harmonisation of educational programmes, organisation of regional congresses for presenting new research and new treatment methods, development of projects between different countries. National organisations: Recruitment of members, education, supervision, professional support and development, organising national conferences and meetings, influencing politicians and health & education planners.

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\* Corresponding author. Faculty of Health and Sport Sciences, The Psychology project, University of Agder, Service Box 422, 4604 Kristiansand, Norway.

E-mail address: [elsa.almas@uia.no](mailto:elsa.almas@uia.no) (E. Almås).

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## Introduction

### The beginning of sexology

Sexology as a professional field gradually developed through the works of scholars like Pasqual Penta, Iwan Bloch, Havelock Ellis, Richard von Krafft-Ebing, Karl Heinrich Ulrichs, Magnus Hirschfeld and Albert Moll. In 1897, Magnus Hirschfeld founded the *Scientific Humanitarian Committee*, the world's first gay rights organisation. In 1902, the *German Society for the Fight against Venereal Diseases* was founded in Berlin. In 1913, the first *Medical Society for Sexology and Eugenics* and the *International Society for Sex Research* were founded, both in Berlin.

Sexology as a concept denotes the scientific study of all aspects of sexuality, clinical practice, theory, sexuality education, and professional training. The word *sexology* was first used by Elisabeth Willard in her book *Sexology as the Philosophy of Life* published in Chicago in 1867 but was first used about sexual science (*Sexualwissenschaft*) by Iwan Bloch in 1907 (Haerberle and Gindorf, 1992).

In 1921, acting on a sexological basis, Magnus Hirschfeld organised the first International Meeting for Sexual Reform in Berlin (Dose, 2003). In 1926, Albert Moll organised the first International Congress for Sex Research in Berlin, which was soon followed in 1930 by a second congress in London. In 1928, Magnus Hirschfeld, supported by the Danish physician Jonathan von Leunbach, organised a congress in Copenhagen and founded the World League for Sexual Reform. Additional congresses of the League were held in London (1929), Vienna (1930) and Brno (1932). On May 6, 1933, a Nazi goon squad plundered Hirschfeld's Institute for Sexology in Berlin, resulting in it being closed by the authorities. Four days later, the library was publicly burned. Many sexologists lost their opportunity to work because they were Jewish and had to flee into exile (Bauer, 2017; Haerberle and Gindorf, 1992).

Parallel in time to the formation of the aforementioned sexological organisations, the League of Nations was set up in 1919. The United Nations (UN) was founded in 1945, and the World Health Organisation (WHO) was founded in 1948. Organisations promoting women's rights came about by the turn of the twentieth century. Emmeline Pankhurst, together with her daughters Christabel and Sylvia, formed the Women's Social and Political Union (WSPU) in Manchester, UK in 1903. The motivation for founding these organisations was to prevent wars, fight against discrimination and support human rights.

### Modern sexology

Sexological organisations were gradually reestablished through the late 1900s.

The *Society for the Scientific Study of Sexuality* (SSSS) is the oldest currently existing sexological organisation. It was founded as an international organisation in the USA in 1957, and it is dedicated to the advancement of knowledge about sexuality.

*Deutsche Gesellschaft für Sozialwissenschaftliche Sexualforschung* (DGSS) was founded in 1971 as an organisation that did not focus solely on traditional sexological fields, such as biology, physiology, and medicine, but also on social

sciences, psychology, and ethnology while embracing educational, legal, and historical aspects (Gindorf, 2004).

The *International Academy for Sex Research* (IASR) was founded in 1973 and held its first annual meeting at the State University of New York in 1975. Its mission was to promote the ambitious standards of sexuality research by fostering interdisciplinary communication and collaboration by disseminating research through its annual meetings and its publication of the journal *Archives of Sexual Behavior*. Its aim was to achieve and preserve a truly multidisciplinary and international membership and to increase the importance of and respect for sexuality as a fundamental aspect of an individual's life (Miami, 2020; Zucker, 2002).

In the 1970s, society in general, especially in the Western world, became more open about issues concerning sexuality. The sexual revolution influenced our lives in many ways, most importantly by advocating for sex positivity (Hekma & Miami, 2014). The organisation of an experts meeting by the WHO in Geneva in 1974 resulted in a technical report that recommended the training of health professionals in human sexuality (WHO, 1975).

In October 1978, the World Association for Sexology (WAS) was established at the Third International Congress of Medical Sexology in Rome. WAS is an umbrella organisation, based upon five regional federations:

The *African Federation for Sexual health and Rights* (AFSR) was conceptualised in 2002 as a platform to meet the goals of the *African Congress of Sexual Health and Rights* in 2004. It could not transition into a membership organisation; however, the federation has received expressions of interest for membership from over 40 organisations from Africa and beyond. The Federation has a steering committee with sub-regional representation but still no member societies.

The *Asia-Oceania Federation for Sexology* (AOFS) was founded in 1990 in Hong Kong, formally registered in 1992, and since 2003 has included Australia and other Oceania countries. It has 5 members organisations: The Society for Australian Sexologists, Hong Kong Sex Education Association, Council of Sex Education and Parenthood International (CSEPI), Indonesian Society for Sexology, and the Korean Association for Sexology.

The *North American Federation of Sexuality Organisations* (NAFSO) was formed in 2002 as a federation of organisations devoted to the promotion of sexual science, sexual health, and sexual rights. We have been informed that, by September 2021, the federation has no member organisations.

The *Latin American Federation of Societies of Sexology and Sexuality Education* (FLASSES) was founded in 1980 and has 17 members from Argentina, Brazil, Ecuador, Spain, Miami, Mexico, Paraguay, Peru, Puerto Rico, the Dominican Republic, and Uruguay.

The *European Federation for Sexology* (EFS) was founded in 1988, formally established in 1991, and has (as of September 2021) 53 member organisations from Austria, Belgium, Bulgaria, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Israel, Italy, the Netherlands, Norway, Poland, Portugal, Romania, Russia, Slovenia, Spain, Sweden, Switzerland, Turkey, and the UK. Additionally, there is an affiliated (out of region) society: Tunisian Society of Clinical Sexology.

The foremost basis for sexological organisations today is their human capital. Members of sexological organisations may be motivated by individual experiences or by their clients' stories. For some, the motivation is academic—they have the urge to understand and produce new knowledge about human sexuality. For others, the motivation is to convey knowledge to all those who need it to aid in improving lives and establishing healthy sexuality in society. Others want to develop clinical practices wherein sexuality is included as an integral part of dealing with their clients' challenges. Others wish to develop activist capacities to advocate the promotion of sexual health and rights.

Clients may present a wide range of problems. As sexology has developed as a professional field, different subspecialties have also been advanced. At the EFS congress in Limassol, Cyprus in 2002, Dutch sexologist Woet Gianotten suggested the following sub-specialties: *common sexology* (sexual dysfunctions), *gender sexology*, *orientation sexology*, *paraphilic sexology*, *forensic sexology*, *medical sexology*, *rehabilitation sexology*, and *oncosexology* (Gianotten, 2003).

Sexological organisations have become more specialised as the field of sexology has become more complex. Currently, there exist sexological organisations aimed at focused work in subspecialties, such as the *World Professional Association for Transgender Health* (WPATH), *International Society for Sexual Medicine* (ISSM), *International Society for the Study of Women's Sexual Health* (ISSWSH), *International Association for the Study of Sexuality, Culture & Society* (IASSCS), and the *International Planned Parenthood Federation* (IPPF). WAS and its members still represent the overall approach to sexological work, including all specialities.

In 2005, WAS changed its name (but not its acronym) from the World Association for Sexology to the World Association for Sexual Health. WAS then began a tradition of developing declarations: of sexual health (2008), sexual rights (2014), sexual pleasure (2021); hopefully, it will soon develop a declaration of sexual justice. These statements are important and useful tools in influencing politicians and the general public in the fight for better sexual health, sexual rights, sexuality as a way of communicating love and giving and receiving pleasure, and sexual justice for all - for some, it is a faint future dream, while for others, this goal is more attainable.

## Function of sexological organisations at different levels

Sexological organisations can be regarded as networks that help to unite different forces of engagement into synergistic processes that arise primarily out of the diversity of professions and actors creating a milieu wherein each individual member can find inspiration and support.

To find information about the mission and goals of organisations, the statutes of organisations on various levels were studied based on their own presentation of their mission and goals. This study is based on the *World Association for Sexual Health* (WAS), the five regional federations of WAS, and a sample of European member organisations. We invited 20 European societies to take part as representatives of the

**Table 1** In short, the mission and goals for WAS are to.

Promote sexual health and rights
Advance sexology through knowledge and research, sexuality education, and clinical care and services
Promote professionalism, scientific and ethical standards
Encourage international cooperation and coordination

national level, and 8 European societies responded. For the purposes of our research, we have attained a valid representation of three levels.

## Mission and goals for global organisations, example WAS

Global organisations have a significant role in developing contacts with organisations such as the WHO, the UN, and national governments. Throughout its lifespan, the *World Association for Sexual Health* (WAS) has promoted and advocated for sexual health and sexual rights throughout and across the world by advancing sexology, science-based sexuality knowledge, research, comprehensive sexuality education, and clinical care and services. The purpose of the WAS is to advance international cooperation in the field of sexology by coordinating the activities designed to increase research and knowledge in sexology, including sexuality education, sexual health and the alleviation of sexual suffering, and the recognition and fulfilment of sexual rights throughout the world. The mission of WAS is conducted through:

- promoting sexual rights for all;
- developing the field of sexuality, sexual health, and sexology;
- facilitating the dissemination and exchange of information, ideas, and experiences;
- promoting scientific and ethical standards for educating professionals and others working in the area;
- establishing and keeping good working relationships with international agencies, organisations, and societies (Table 1).

## Missions and goals for regional organisations, represented by federations of WAS

The *African Federation for Sexual Health and Rights* (AFSHR)'s primary mandate is to advance sexual health and rights on the Africa continent through knowledge management, specifically by convening the Africa Conference on Sexual Health and Rights.

The Federation works to break the culture of silence on sex, promote sexual health as a human right, and advocate for policies that promote sexual rights and health, including the provision of comprehensive sexuality education.

The Asia-Oceania Federation for Sexology (AOF'S)'s primary aims are to:

- to promote the exchange of knowledge about sexual health and the management of sexual dysfunctions throughout Asia and the Oceania region;

- to set up and support the highest standards of ethics in clinical practice in the field of sexology in the Asia and the Oceania region;
- to create a collaborative supportive network for professionals working in sexology in the Asia and the Oceania region;
- to supply continuing education to sexologists in the region through bi-annual conferences.

The *North American Federation of Sexological Organisation* (NAFSO) is a coalition of not-for-profit organisations devoted to the promotion of sexual science, sexual health, and sexual rights. The NAFSO was created to advance cooperation, collaboration, communication, and coordination among sexual health, research, education, and advocacy organisations in The United States, Canada, Mexico, and the Caribbean. It also intends to foster international cooperation between the NAFSO and other sexological federations, become a regional federation of the *World Association for Sexual Health* (WAS), promote educational programs and research leading to increased knowledge for professionals in sexology related disciplines, and advocate for correct and comprehensive sexual health information in the public domain.

Federación Latino Americana de Sociedades de Sexología y Educación Sexual (FLASSES), was established with the following goals in mind:

- to join the efforts of the member societies in advancing sexology and sexuality education in each Latin American country;
- to facilitate the exchange and the communication among the members and the international organisations;
- to promote development and founding of sexological societies;
- to maintain the academic, scientific and professional status of different sexological professions;
- to create a forum to share information about scientific research and publications relating to sexology;
- to organize a congress every two years;
- to support the development of sexuality education in all levels.

The *European Federation for Sexology* (EFS) aims to encourage the following:

- the coordination of European associations, societies, and members working in the field of sexology;
- the study, coordination, and development of sexology education, including professional training programmes in this domain, according to the directives of WHO (RT 574) which deal with the role of the trainer, the consultant, and the therapist, as well as the sensitization of all professional groups that are concerned by human sexuality;
- encourage research projects at the European level in the domain of sexology;
- encourage and/or realise the organisation of scientific meetings in this domain.

To realize these aims, the Federation should organise several types of meetings in various countries and prepare the scientific sessions and cooperate both at regional and

**Table 2** Summary of the mission and goals of regional sexological organisations.

Exchange knowledge in the region
Develop ethical standards and professionalism
Promote sexual health and rights
Promote research and science
Promote professional education
Promote sexuality education
Organise congresses
Cooperate, collaborate, communicate, and coordinate within the region

international level alongside existing associations and/or groups with similar goals.

The mission and goals of the regional organisations include some of the same goals as the WAS; however, more focus was placed on the development of sexuality education, professional teaching programs, and practical collaboration between countries (Table 2).

### Missions and goals for national organisations, represented by members of EFS

8 national European societies were included:

- College of Sexual and Relationship Therapists (COSRT) (UK);
- Danish Association for Clinical Sexology (DACCS);
- Dutch Scientific Society for Sexology (INVVS);
- Estonian Academic Society of Sexology (EASS);
- Finnish Association for Sexology (FIAS);
- Icelandic Sexology Association (KYNIS);
- Norwegian Society for Clinical Sexology (NSCS);
- Swedish Association for Sexology (SAS).

The aims and objectives of each organisation vary in detail with respect to their missions. For example, the objectives of the *Finnish Association for Sexology* (FIAS) are described as follows:

- the association has a purpose to act comprehensively to develop sexology in Finland and to promote by its activities, sexual rights, and sexual health;
- in implementing its purpose, the association creates and maintains contacts with international organisations and experts in the field, provides statements, acts as an opinion-leader, initiator, and publicist in issues that associate to sexual policies and sexual culture, collects information of the research in the field, and promotes research; plans, organizes and coordinates education in the field, produces related materials and promotes cooperation and networking between professionals who work on sexual issues.

On a national level, the focus becomes practical, focusing on the training and certification of professionals, cooperation, and supervision (Table 3).

**Table 3** Summary of the missions and goals of national organisations.

The promotion of sexual health and rights
The dissemination of sexological knowledge and sexuality education
Sensitivity to cultural, gender and sexual diversity
The promotion of studies and research
Professional training, supervision, and accreditation
The promotion of sensitivity to professional ethics
The creation of national registers of sexologists
The organization of congresses, seminars, workshops, courses
Interdisciplinary contact

### Analysis of the objectives

The statutes of the organisations show that different organisations on various levels have both similar and different objectives. Sexological organisations on all levels share the same *goal* of:

- promoting sexual health and rights.

Then there are different *means* to obtain these goals. Sexological organisations are engaged in the following:

- promotion of ethical standards;
- recruiting new members, including individuals, societies, institutes, activist organisations, and other interest groups. Promoting the development and founding of sexological societies;
- promoting and encouraging development of professional training, guidelines for professional practice, and the accreditation of training programs. Conveying and exchanging clinical experience;
- promoting and encouraging studies and research in all areas of sexology – biological/physical, psychological, and social/cultural;
- organizing congresses, seminars, and webinars to exchange knowledge and research and encourage the discussion and development of both scientific and clinical knowledge;
- disseminating information on sexuality.

### Promote sexual health and rights

The overall executive goal on all levels is to *promote sexual health and rights*. Historically this aim has changed and has taken new forms. The WAS was founded as a society for medical sexology that focuses mainly on sexual health by treating sexual problems, which are often described as dysfunctions. Lately, the WAS has stated that its goal is to safeguard sexual rights, which is a more social issue. The Declaration for Sexual Pleasure focuses on sexuality as a broader phenomenon than can be described by reproduction, and the right to pleasure adds to the formulation of reproductive rights. The way organisations work with these issues differs because of their proximity or distance to the

object of work; for example, if they work with clients or politicians.

The next goal for WAS is the development of a Declaration for Sexual Justice for all concerned parties. The rationale behind the work for sexual justice is that justice also is an unavoidable condition for universal sexual health.

Thus, sexological organisations, and organisations established to promote and work for sexual health, sexual rights, sexual pleasure, and sexual justice must use different means to engage and educate people all over the world to obtain these goals.

Promoting sexual rights and sexual justice must, to a considerable extent, be based on political work. Global organisations must lend international credibility to work on regional and national levels through the knowledge and experience developed by the input from colleagues from all over the world, based on different political, economic, educational, and moral premises.

In Europe, much work has been done through the European Union concerning the right to a self-decided legal gender, same-sex partnership and marriage, and the acknowledgement of a third gender option on official documents. In South America, there is presently a campaign to support the right to safe abortion. Securing access to abortion has also become a challenge in European countries such as Poland and Hungary. In Asian countries, important work is underway that seeks to establish social and political rights for gay, lesbian and transsexual people and other individuals who express their gender diversity and non-conformity.

Violence against women is also a fundamental problem in many countries, and still needs to be fought against in most countries and on many levels, both in families and in society.

In Africa, affordable medication for the HIV-positive part of the population is now a possibility that advocates have been fighting for.

On a national level sexual health and rights can be improved by supporting activism through interest groups working for the LGBT community, campaigns to de-pathologize sexual turn-on patterns, promote sexual and reproductive health and rights, and preventing gender-based violence. On a national level, it is also important to closely follow the political situation in each country, react to the violation of sexual rights, and point towards the necessity for health care concerning sex and gender problems.

### Ethical standards

The promotion of ethical standards may not differ so much in their content across various levels of sexological organisations; however, the practical work that goes into their implementation may differ.

Global organisations need to be aware of ethical standards on a superior level. By having to embrace larger differences in politics, variant standards of moral and religious demands in different regions in the world, these ethical standards will have to be more general in their formulations. On a global level, ethics will be linked to general recommendations for sexual health and rights and how these are viewed in relation to human health and rights.

For the regional organisations, the task may be to harmonise ethical rules and guidelines between national organisations and maintain awareness of political issues on a regional level.

The most important task for the national organisations is to secure the ethical standards of practice for every sexological practitioner, researcher, educator, and activist. Organisations are connected to individual members, and they may have consulting or supervising roles.

### Recruitment of members

The basis for all organisational work is the recruitment of members. Members are invaluable resources as they appreciate the problems and challenges that need to be dealt with in different areas of society, whether they work in hospitals, schools, interest organisations, as teachers or researchers, in NGOs, or in health care. Everyone who might choose to engage in the fight for sexual health, may have different motives, skills, and resources to add to the organisation. For many, the first step is to become a member of a national society. Then, one may find colleagues and a forum to work, learn, and educate oneself. As a member of a national society, individuals will automatically be a member of a regional federation (EFS in Europe) and of WAS. Individuals can also become a direct member of EFS and WAS.

The members are the basis for organisational work in all areas and on all levels; in return, they require knowledge from other areas of the world, other fields, and other organisations. This exchange of knowledge and experience is the driving force behind the entire system of sexological organisations.

Organisational work also includes the construction of strong and structured organisations based on legal and financial dimensions. This will give more credibility and visibility to organisations as legal and official partners of governments and international organisations such as the WHO or the UN.

### Professional education in sexology

Professional education in sexology is based on research on sexuality as well as research in relevant adjoining scientific areas such as biology, physiology, medicine, psychology, sociology, cultural studies, anthropology, theology, and others that are of importance for those who address sexual issues.

In 1975, the WHO recommended the training of health professionals in human sexuality. The development of training programs can hardly be described as having been explosive; however, these programs have gradually developed in many countries, although they are still lacking in the most basic education programs for healthcare professionals. The development of professional education in sexology must be based on initiatives in each country. In Nordic countries, this was made possible through economic support from the Nordic Council of Ministers, which financed the development of common guidelines for sexological education for all Nordic countries: Denmark, Finland, Norway, and Sweden (Fugl-Meyer et al., 2001). Estonia and Iceland joined the *Nordic Association of Clinical Sexology* (NACS) later.

International guidelines for accreditation can be valuable. One option is a joint international effort to develop

basic professional education in sexology, from bachelor level onward. So far, there are few countries that have bachelor programmes in sexology. Another option is based on the argument that sexology should be an interdisciplinary field that requires contributions from different professions, such as medicine, psychology, nursing, social work, sociology, anthropology, and other relevant fields. In most countries educational programmes in sexology are offered as further education based on different professional educations. Education and accreditation in sexology need, however, not be an either- or, but a both- and!

Regional organisations can strengthen the work of national organisations through joint development of educational programs, offering the best educators in their region, developing guidelines for authorisation, and adding authority to national developments.

Concerning educational programs, Osmo Kontula published an overview of different educational programs in European countries (Kontula, 2011). The programs have been developed separately in each country but can be developed further through the exchange and integration of curricula, teaching methods, and organisation.

### Research

On a global level, meaningful discussion about areas and methods of research can be had. In congresses, research based on positivistic quantitative methods has been the gold standard for scientific reliability, while the validity of clinical relevance has suffered through this tradition. The *American Psychological Association* (APA) published its Guidelines for Best Psychological practice in 2006. Here, three pillars for professional knowledge were described: scientific research (randomised controlled studies as well as single case studies), clinical expertise, and client characteristics (Presidential Task Force on Evidence-Based Practice, 2006). Global organisations, such as the WAS, IASR, SSSS, ISSM, IASSCS, played a role in the development of sexological knowledge through international congresses by circulating the congresses between different regions of the world. This ensures the possibility for researchers from different areas to take part when the congress is situated in their region, and for those who have opportunity to travel, to learn about how sexology is practised in other parts of the world.

Regional and global cooperation is also of utmost importance. It is important to compare the conditions for development of sexual health, sexual rights, sexual pleasure, and sexual justice in different areas of the world. It may also be of importance to share resources, financial and personal competence, and experience between different countries. On a regional level, it is possible to offer expertise when the best researchers and clinicians from a larger area are made available. Models for international cooperation and the exchange of experience can be developed. Regional organisations have a significant role in the development of projects between different countries, promoting sexological research and knowledge, and encouraging scientific exchange and cooperation between professionals.

National organisations are also vital for commenting on and disseminating new knowledge in the field, whether this knowledge is based on national or international sources.

National organisations can be helpful in establishing journals where researchers and practitioners can write and publish in their own language. Knowledge about sexuality is based on cognitive, emotional, spiritual, and behavioural experience, and it is important that this knowledge can be processed in one's native language and in local practice. Generating new knowledge through research and clinical practice is usually performed on a national level; however, international cooperation in the development of research projects, publication, and presentations at international congresses are ongoing and essential.

### Communication through congresses, journals, meetings, and seminars

Communication must be organised on all levels, but the character might differ between national, regional, and global congresses. One important aspect of national communication is that people who speak a non-majority language may have opportunity to develop ideas and formulate them in their own languages. Then, it is crucial that professionals who practice in local hospitals or teach at local universities familiarise themselves with conditions in other areas of the world. We can see from presentations of the different regional federations of WAS that the conditions for work on this level differ across organisations, ranging from federations like the European and the Latin American federations, which have many national member societies, to the African and North American federations, which are organised quite differently for varied reasons. The Nordic countries are privileged by their tradition of gender equality and sex positivity, while African countries may have a stronger focus on sexual rights and justice, as what was experienced at the WAS congress was organized in South Africa in 2021. Finally, North American sexology has strong traditions in research and has the largest number of journals.

### Sexuality education and dissemination of knowledge

Sexuality education must happen locally to reach all individuals who need for knowledge. At the same time, international work (i.e. the work the WAS is doing towards the WHO, PAHO and the UN) is of great importance in influencing national governments and local NGOs to take political action and facilitate sexuality education in schools, societies, social media, and other forms of media. Global organisations can exert influence on a governmental level and keep in contact with international organisations to promote sexual health. The dissemination of and work for implementation of the Declaration of Sexual Health by international organisations and national government is an important aim for the WAS as a global organisation.

On a national level, promotion of sexual health starts with the development of positive attitudes towards sexuality and dissemination of knowledge through sexuality education in kindergarten, schools, and the release of information about sexuality to the general population. Traditionally, governments have been interested in preventing negative consequences of sexual behaviour, such as sexual abuse, unwanted pregnancies, teenage abortions, sexual abuse,

and sexual violence. It is a task for sexologists to develop a general awareness of the importance of sex-positive attitudes in society and help them develop respectful attitudes and behaviour that are based on the principles of sexual health. Finally, national organisations can support actions against laws, regulations, and organisations that disseminate views that can hamper or impair sexual health.

Important knowledge about sexuality is also accumulated through clinical work; even if many clinicians are hesitant to write about their experiences or find it difficult to formulate this experience, it is important to channel this vital knowledge. This may be a task for sexological organisations across all levels, as clinicians are important educators in sexological counselling and therapy, and it is important that clinicians also are informed about the latest research in the field of sexology. This is a vital part of the activities of national organisations.

### What is missing?

So, what did we miss? Of course, learning sexology through the statutes of organisations is inefficient, given that statutes are a very limited source of information. It is still interesting to see how much information that can be drawn from this.

We have not, however, found any mention of work to promote sexology as a profession through work positions for sexological counsellors and specialists in clinical sexology. There is wide agreement about better sexuality education; however, none of the organisations point towards the need for political action to encourage schools to prioritise sexuality education.

The PLISSIT-model (Permission, Limited Information, Specific Suggestions, Intensive Therapy) describes how problems related to sexuality and gender can be met on gradually more specialised levels, and it explains how most problems can be met by simple interventions, such as giving permission and limited information (P and LI in the acronym). Counselling and therapy are described as specific suggestions (SS), as well as intensive therapy (IT) (Annon, 1976; Taylor and Davis, 2007). We have the knowledge, we can educate teachers and health care personnel, and we can teach more sexologists; however, this must be fought for in order to receive necessary funding.

### Challenges for the future for sexological organisations

In 2018, the WAS celebrated its 40th anniversary. It is time to look at its accomplishments so far and ascertain strategies should be developed for future work on the national, regional, and global levels. Cultural differences do exist; however, many challenges remain and have more to do with developing globalisation. We know much more about each other's ways of behaving and thinking. In most countries, and in most international regions, there will always be a group that honours and respects the sexual rights that have been developed by global organisations such as IPPF, ILGA, and WAS. There will be a larger group that has not heard about them but would welcome them if they were informed; and there will be smaller or bigger groups who, for different

reasons that may be political, religious, or psychological, would oppose sexual rights as they are formulated. One reason for silencing any talk about sexuality has been the notion that sexual abuse and sexual harassment is present in situations wherein there is an imbalance of power between genders, children and adults, and employers and employees. People in power have been able to abuse and silence those who were dependent on them. As women and young people have gradually been able to move away from abusive family members, more openness developed around incest and sexual abuse. Perhaps the 'Me Too' movement also exhibited some of the same dynamics. It may have become possible to challenge the power positions of those who abuse and harass, and it may be less risky to talk about how sexual behaviour can be performed in respectful and healthy ways as women gain more status and power. Still, it may take generations to repair all the damage that has caused by a lack of knowledge, a lack of a sex-positive culture, and a lack of respect for the fragile qualities of human wishes and needs.

Even if the 'Me Too' movement and the ensuing criticism of male sexual violence can be regarded as a positive correction in society, this movement appears inside a broader historical moment of backlash to the ideas of sexual freedom, sexual liberation, and sexual revolution. This backlash is marked by attacks against reproductive rights and non-marital sexual relations, which were considered parts of the whole UN system of human rights. The first UN conference on Human rights was held in Tehran in May 1968, followed by the Vienna UN conference in 1993, the Cairo IPPD conference in 1994, and the United Nations Fourth World Conference on Women (Beijing, China – September 1995 Action for Equality, Development and Peace) (Giami, 2015).

Through surveys of how sexologists are organised in the European countries, it is shown that professional fields are represented in a variety of ways in different countries, and that this also changes over time. In the early 2000s, medical doctors were the dominant profession in sexology in France and Norway (Giami and de Colomby, 2006); however, the proportion of sexological counsellors who are nurses, social workers, midwives, physiotherapists, and others has increased in many European countries, such as Norway (Almås et al., 2014) and the United Kingdom (Wylie et al., 2004). This may be a result of greater awareness for sexual problems in these groups and because educational programs focusing on sexological counselling attract these groups. It is a challenge for sexological organisations to ensure that sexological competence is present among all groups of health care professionals.

There is a longstanding tradition for the prevention of the negative consequences of sexual behaviour, such as sexually transmitted infections, unwanted pregnancies, teenage abortions, and, to a certain degree, sexual abuse and violence. We can now see the dawning of understanding regarding the importance of sex positivity for public health in general. Politicians are beginning to acknowledge that there is a job that needs to be done.

In many countries and areas of the world, sexological organisations are the only entities that take responsibility for sexual health and sexual rights. Most countries have no governmental policies for sexual health or rights, and there are few, if any, institutions that take responsibility for the sexual well-being of people. Even in countries with

liberal regimes, sexual taboos still exist, meaning that sexuality education in schools is still inadequate. In general, communication about sexuality in sex-positive ways remains lackluster.

The role of the national organisations is to establish a network for the development of collaborative thinking, theory, strategy, political influence, the development of services for the public, the organisation of courses, seminars and meetings, and the elaboration of professional codes of ethics and professional identity. National organisations usually have members from a variety of professions that include medicine, psychology, sociology, philosophy, history, law, social work, education, special needs teaching, and others. These members can function in diverse ways — as educators, counsellors, therapists, or researchers (Gianotten, 2003). National organisations can be service providers for its members. Primarily, however, they should be instruments for members in their work as clinical practitioners, researchers, educators, and activists. National organisations are, in many instances, responsible for the professional training of sexologists and for their continuing education. They can manage the conception, organisation, and delivery of courses and degrees that recognize the professional and ethical competence of those who wish to become sexologists. This is, for instance, the case in France, where the sexological societies have overseen an academic diploma, in collaboration with universities since 1983 (Bonierbale and Waynberg, 2007).

In 2005, the name of the WAS was changed from *World Association for Sexology* to *World Association for Sexual Health*, as a response to the need to focus on sexual health and sexual rights in many countries. The president of AFSHR, Uwemedimu Uko Esiet, was quoted saying, 'The word "sexology" does not fly in Africa!' There has thus been a change in direction from research and clinical work towards political work to enhance sexual health and sexual rights. It is essential to influence governments and international organisations to include sexual health and sexual rights in their work and to acknowledge the competence and usefulness of well-trained sexologists.

## Conclusions

To return to the questions at the beginning of this paper: What could be the best way to divide the enormous tasks that we currently face concerning the realisation of sexual health and sexual rights in the world between the various levels of organisations? Instead of attacking all the same tasks on all levels, there should be an optimal allocation of labour between the distinct levels of the organisations, and a business job cover plan should be developed as part of organisational strategy. As evident from the statutes of these organisations, there already exists a division of work. Based on each organisation's statutes, the division of tasks can be summarised as follows.

### Global level

A key role for a global umbrella organisation such as the WAS, should be the streamlining of the joint sexuality-related global organisations, such as ISSM, IASR, WPATH, ISSWSH, IPPF, SSSS, and IASSCS, to work on an international level



for the defence and promotion of sexual rights from governments and international organisations such as the WHO and the UN. The WAS should offer support for both regional and national organisations. Part of the WAS' role could and should be to inform members about other societies and other practices. Another objective is to invite them for their meetings and be invited to theirs. All organisations need to be more transparent with their information and publications to be better known and acknowledged.

### Regional level

Regional organisations work towards the cooperation and harmonisation of educational programs in their region. Regional federations mirror what is happening in the region concerning research, clinical practice, and political and activist work. In Europe, the EU has programs where it is possible to apply for funding for cooperation between universities and other institutions concerning the development of both new treatment methods and joint education programs. Regional cooperation is also a strength for national work, as authorisation that is based on regional cooperation has more authority than a national authorisation alone. Regional and global organisations give credibility to work that is done by national organisations as well as by each practising sexologist.

### National level

National organisations contribute to the work that must be done in international organisations. It is important to recruit individuals who are willing to work and to stimulate enthusiasm and responsibility to have influence (i.e. members should not desire to join merely for the benefits). Courses, seminars, and conferences should be organised to educate and stimulate applicants to sexological organisations. If possible, journals should be published in the national language for all those who do not read the majority languages English, Spanish, French, or Chinese so well. At a national, or local level, congresses might be less focused on the presentation of innovative scientific research and more focused on presenting knowledge that has matured from clinical and educational practice and from activism; thus, they are of value for education and training. In France, the annual Congress of Sexology and Sexual Health is a forum in which clinicians and educators are invited to present the results of their work alongside more science-based research results. National organisations will thus have excellent opportunities to work on the practical implementation of the principles for developing sexual health in each country.

### Disclosure of interest

The authors declare that they have no competing interest. All authors have been or are actively working in sexological organisations.

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