

Swindon Borough Council Relationships and Sex Education (RSE) Programme 2022



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Introduction

Voice of the Young Person from the Young People's RSE Poll 2019¹

For the second year in a row, the Sex Education Forum commissioned Censuswide to carry out a poll of 1000 young people aged 16 and 17 years old.

In total 1000 young people participated in the survey, including 371 males, 671 females, 6 preferred not to say and 6 other. Participants were either 16 years old (453 individuals) or 17 years old (547 individuals).

Just over a fifth (21%) indicated that they are eligible for free school meals. 8% of respondents stated that they have a disability and 10% that they have a special educational need.

The survey ran between 28 October 2019 and 6 November 2019 and covered all 9 geographical regions in England.

Respondents were asked about a range of topic areas. For each topic, the question was –

At school, did you learn everything you needed to about the following?

The response choices were 'yes' to the question and 'did you learn all you needed to about...'; 'no' to the question 'did you learn all you needed to about...' or 'I didn't learn about this at all'.

Sexual pleasure and FGM were the two topics young people were least likely to have learnt anything about. Cyberbullying and bullying are the two topics that were most likely to have been covered.

- Less than 6 in 10 young people learnt all they needed to at school about healthy relationships, abusive relationships, grooming and how to get help if you were sexually abused or assaulted.
- 18% of young people learnt nothing about LGBT+ issues at school, and a further 28% said they had not learnt all that they needed to about LGBT+ issues.
- The topics where respondents were least likely to say they had learnt all they needed to at school were sexual pleasure, pornography and FGM.
- Nearly 1 in 5 (19%) young people had not learnt the medically correct names for genitalia from parents/carers, compared to just 1 in 20 (5%) who had not learnt this at school.
- Condoms, contraception and STIs are topics missed out by around a fifth of parents/carers compared with 1 in 20 respondents not learning about these topics at school.
- 9% of young people had not learnt anything about puberty from their parents/carers.

Topics **not learnt about** at school at all:

- 31% had not learnt about pleasure
- 29% had not learnt about FGM
- 24% had not learnt about pornography
- 19% had not learnt how to recognise when someone is being groomed for sexual exploitation
- 18% had not learnt how to tell if a relationship is abusive
- 18% had not learnt about Lesbian, Gay, Bisexual and Trans gender (LGBT+) issues
- 16% had not learnt about how to get help if you were sexually abused or assaulted
- 13% had not learnt about fertility
- 14% had not learnt how to access local sexual health services
- 11% had not learnt about HIV

¹Young People's RSE Poll 2019, Sex Education Forum 2019, <https://www.sexeducationforum.org.uk/resources/evidence/young-peoples-rse-poll-2019>

- 11% had not learnt about pregnancy options (including abortion)
- 10% had not learnt about gender equality
- 8% had not learnt about giving and getting sexual consent
- 6% had not learnt about STIs at all
- 5% had not learnt the medically correct names for genitalia
- 4% had not learnt about condoms and contraception
- 3% had not learnt about puberty at all
- 3% had not learnt about bullying at all
- 3% had not learnt about cyberbullying at all.



The support for statutory Relationships and Sex Education is overwhelming

Young people, parents, schools, health professionals and MPs all support statutory RSE

Young people who receive effective Relationships and Sex Education are...



- More likely to report sexual abuse
- More likely to delay first sex until they are ready
- More likely that first sex is consensual
- More likely to use contraception and condoms
- Less likely to have an unplanned pregnancy or sexually transmitted infection.

The top 3 preferred sources about sex for young people are...



School



Parents



Health professionals

Questions Young People Need to Know the Answers to by the End of Key Stage 3²

Relationships

- What makes a relationship happy or unhappy?
- Why do relationships change during adolescence?
- How can I cope with changing relationships with my family and friends?
- Why do people get married or have a civil partnership?
- What can I do about family and friendship break-up?
- What are the qualities I should look for in a partner?
- Should everyone have a boyfriend or girlfriend at my age?
- At what age is it legal to have sex? At what age is it legal to get married/or have a civil partnership?
- How do I know when I am ready to have sex/be intimate with my boyfriend/girlfriend?
- Do males and females have different expectations in relationships?
- What does it mean to be gay, lesbian, bisexual, pansexual, asexual or trans?
- What is acceptable touching and behaviour amongst my peers?
- What is the difference between sexual attraction and love?
- How will I know if I am in love?
- Is it normal to be attracted or in love with someone of the same sex? Does this mean I am gay or lesbian?
- What is the difference between gender expression and sexual orientation?
- Do you have to have sex to show someone you love them?
- What should I do if I feel I am being pressured into having sex?
- Is everybody doing it?
- In my community being a teenage parent is acceptable. Is this wrong?
- My religion says that being gay or having sex before is marriage is wrong. What should I think?

Personal Skills

- Does drinking alcohol or using drugs affect my decisions about behaviour?
- What are the best websites on relationships and sex for young people?
- How can I find out about local contraception and sexual health services, and what should I expect from them?
- Can I see a nurse or doctor in private?

Human Development

- Am I normal? What is normal for my age? If I am a late developer, will I catch up?
- Why do the media show so many pictures of thin/muscly/perfect celebrities? Should we all look like this?
- People say our hormones are raging during adolescence. What effect do they have on the body?
- How do hormones affect boys and girls differently?
- What is the menstrual cycle and how does it affect fertility?

² Adapted from Curriculum Design Tool for RSE, Sex Education Forum 2018

- Why do boys get erections?
- What is menopause? When does it happen in a woman's life and do men go through it too?
- What is happening to my body when I get sexually excited?
- What is an orgasm and how can I have one?
- Do males and females experience orgasm in the same way?
- What are normal bodily fluids secreted from penis and vagina?

Sexual Health³

- What is safer sex?
- Should everyone who is sexually active carry condoms?
- What infections/infestations can be caught from having sex? What are the symptoms? What is the impact on your health?
- What is HIV and AIDS? How do you get it? Is it always through sex?
- How do women get pregnant and how does the baby develop?
- Does sex always lead to pregnancy? How can conception be prevented?
- Are there ways of enjoying sex that don't risk pregnancy or infection?
- What are the different methods of contraception? Are some easier to use than others?
- When should emergency contraception be used?
- Who should be responsible for contraception/safer sex in a relationship?
- If someone is on the pill, why do they have to use a condom as well?

Society and Culture

- At what age is it legal to have sex? At what age is it legal to get married/or have a civil partnership?
- In my community being a teenage parent is acceptable. Is this wrong?
- My religion says that being gay or having sex before is marriage is wrong. What should I think?

Being Safe and Media⁴

- What sorts of boundaries are appropriate in friendships with peers and others in a digital context?
- Is it always right to keep secrets if they might mean someone isn't safe?
- What is the differences between appropriate and inappropriate or unsafe physical, and other contact?
- How do I respond safely and appropriately to adults I may encounter that I do not know online?
- How do I to ask for advice or help for myself and for others? How would I report concerns of abuse?
- Where can I get advice from? e.g. family, school and/or other sources.
- Why do some people sometimes behave differently online, including by pretending to be someone they are not?
- How can someone show respect for others online, including when we are anonymous?
- What kind of rules would keep me safe online? How do I recognise risks, harmful content, and contact? How to report them?

³Maintained schools are also required to teach the national curriculum for science. At Key Stage 3 and 4 this includes teaching about reproduction in humans, for example the structure and function of the male and female reproductive systems, menstrual cycles, gametes, fertilisation, gestation, birth and HIV/AIDS. There continues to be no right to withdrawal from any part of the national curriculum.", *Relationships Education, Relationships and Sex Education (RSE) and Health Education: Guidance for governing bodies, proprietors, head teachers, principals, senior leadership, teachers*, Draft consultation, Department of Education. Pg.23. July 2018

⁴Adapted from *Relationships Education, Relationships and Sex Education (RSE) and Health Education: Guidance for governing bodies, proprietors, head teachers, principals, senior leadership, teachers*, Draft consultation, Department of Education. July 2018

Questions Young People Need to Know the Answers to by the End of Key Stage 4⁵

Relationships

- What should I expect of my partner in a sexual relationship?
- What can I do to make a sexual relationship more enjoyable?
- Do people try to control or exploit one another through sexual relationships? How can I recognise when this might be happening and respond to it?
- What is the most effective way to resist pressure from friends or partner to do things I don't want to do?
- How can I help a friend in an abusive relationship?
- What is homophobia, biphobia and transphobia what effect does it have on people and what can I do if I or a friend experiences it?
- What are my personal values about gender roles and gender equality?
- What is most important to me in my relationships with friends, family and sexual partner?
- What are the causes of conflict in young people's relationships with friends, family and peers and how can we deal with it?
- What communication skills would help me in my relationships?
- How are bodily appearance, self-esteem and behaviour linked?
- How can I recognise depression and mental health problems linked to poor self-esteem?
- When is the right time to become a parent?
- What responsibilities do parents have and what skills do they need?
- How can young people cope with family break-up, divorce and bereavement and who can provide support?
- What are the challenges of being a single parent? What help is available to single parents?

Personal Skills

- Should I be responsible for contraception in a relationship? Can I negotiate this with my partner or should I trust them?
- I know that alcohol and drugs may affect sexual choices and behaviour. How can I reduce the risks from this?
- What is the best way to challenge bullying and prejudice?
- What are the causes of conflict in young people's relationships with friends, family and peers and how can we deal with it?
- What communication skills would help me in my relationships?
- How can I actively communicate and recognise consent from others, including sexual consent, and how and when consent can be withdrawn (on and offline)?
- I'd like to talk to my parents or a trusted adult about sex and relationships. What is the best way to go about this?
- How can I cope with strong feelings such as anger, sadness, desire and love?
- What are the biggest influences on me and my friends' sexual behaviour and health?
- How do my feelings about my body affect my self-esteem and my relationship with others?
- What is the full range of services, help and information available to me, where can I find out about them and how can I make the most of these services?

⁵ Adapted from *Curriculum Design Tool for RSE, Sex Education Forum 2018*

Sexual Health⁶

- What are the different types of contraception, their advantages and disadvantages, and how can I choose between them?
- Are all methods of contraception also protection against sexually transmitted infections (STIs), including HIV? What are the risks of different sexual activities?
- Should I be responsible for contraception in a relationship? Can I negotiate this with my partner or should I trust them?
- I know that alcohol and drugs may affect sexual choices and behaviour. How can I reduce the risks from this?
- How do I use a condom and does it affect sexual performance?
- If someone gets pregnant, what choices do they have and what influences these choices?

Society and Culture

- What are my rights as a young person to information, sexual health services and confidentiality?
- If someone gets pregnant, what choices do they have and what influences these choices?
- What are the laws on sexual offences?
- What are some of the key signs of sexual exploitation and what is the definition?
- What forms of pornography are illegal?
- What protection does the law offer in protecting against discrimination on the grounds of gender and sexual orientation?
- Do peer norms impact on the use of condoms and contraceptives?
- What do different cultures and religions believe about relationships and sex?
- What is the impact of culture and law in determining what is considered acceptable and unacceptable sexual behaviour in society and how has this changed over time?
- Pornography is easy to access on the internet. Does it show what real sexual relationships are like/should be like?
- Why do people stereotype gays and lesbians/male, females, non-binary and trans/and stigmatise people with STIs such as HIV?
- What are gender norms and attitudes to gender equality in different cultures?
- What are my personal values about gender roles and gender equality?
- What is the impact of the media on self-esteem and expectations about our bodies, relationships and sex?
- How can negative messages from our peers, the media and society be challenged?
- Does pornography present particular values in relation to power, gender and sexual behaviour?

⁶ "Maintained schools are also required to teach the national curriculum for science. At Key Stage 3 and 4 this includes teaching about reproduction in humans, for example the structure and function of the male and female reproductive systems, menstrual cycles, gametes, fertilisation, gestation, birth and HIV/AIDS. There continues to be no right to withdrawal from any part of the national curriculum." *Relationships Education, Relationships and Sex Education (RSE) and Health Education: Guidance for governing bodies, proprietors, head teachers, principals, senior leadership, teachers.* Draft Consultation, Department of Education. Pg.23. July 2018

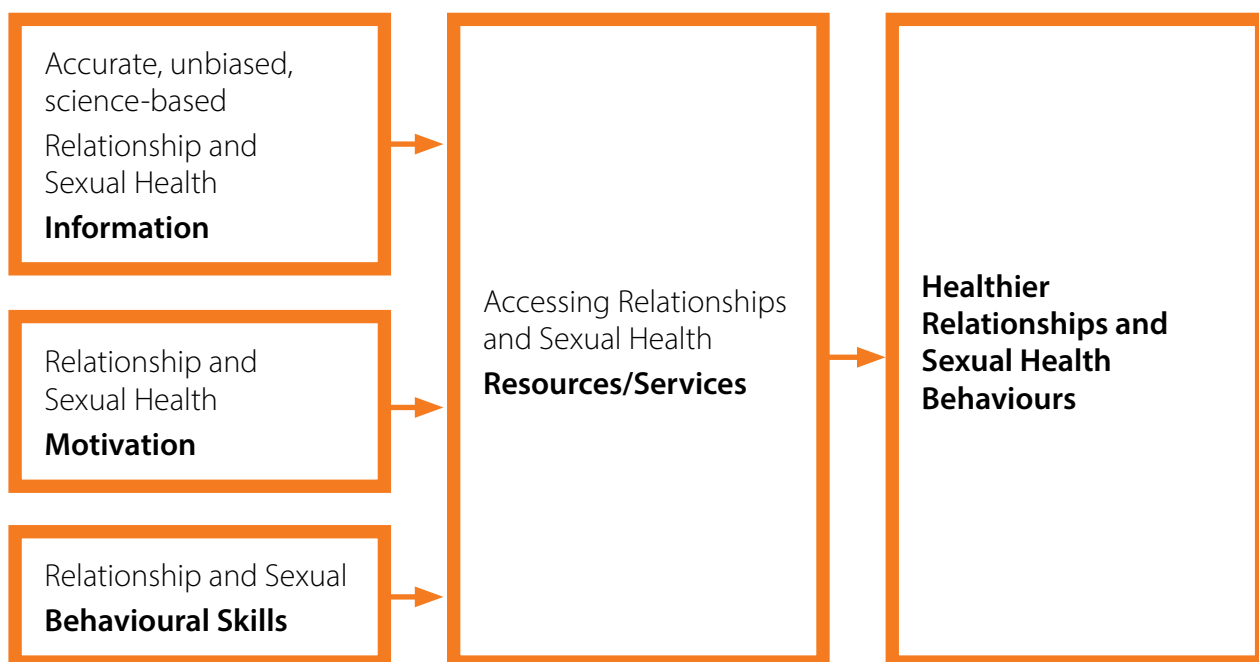
Being Safe and Media⁷

- What is the impact of the media on self-esteem and expectations about our bodies, relationships and sex?
- How can negative messages from our peers, the media and society be challenged?
- How do I critically consider online friendships and sources of information including the risks associated with people I've have never met?
- How is information and data shared and used online?
- What are the laws relating to, sexual consent, sexual exploitation, abuse, grooming, coercion, harassment and domestic abuse?
- How can I actively communicate and recognise consent from others, including sexual consent, and how and when consent can be withdrawn (on and offline)?
- What are my rights, responsibilities and opportunities online and offline?
- What are the online risks, regarding any material I provide to another? How difficult is removing potentially compromising material placed online? What do I do about non-consensual sharing of my images or other material?
- What is the impact of viewing harmful content?
- Does explicit material present particular values in relation to power, gender, and sexual behaviour?
- What do I do and where do I get support to report material or manage issues online?

Educational and Behaviour Theory

IMB MODEL: (Information, Motivation, Behavioural Skills)

The IMB model, addresses health-related behaviour in a way that is comprehensive and clear and that can be applied to and across different cultures. It focuses largely on the *information* (the 'what'), the *motivation* (the 'why'), and the *behavioural skills* (the 'how') that can be used to target risky behaviour. For example, if a young [person] knows that using condoms properly may prevent the spread of HIV, [they] may be motivated to use them but [they] may not have the behavioural skills to properly use a condom.⁸



⁷ Relationships Education, Relationships and Sex Education (RSE) and Health Education: Guidance for governing bodies, proprietors, head teachers, principals, senior leadership, teachers. Draft Consultation, Department of Education. July 2018

⁸ Peer Education: Training of the Trainers Manual by the UN Interagency Group on Young Peoples Health Development and Protection in Europe and Central Asia Sub-Committee on Peer Education. p15

RSE Objectives⁹

Relationships

- Families
- Self
- Friendship
- Peer Pressure
- Love
- Romantic Relationships and Dating
- Abuse
- Sexual Harassment, Assault and Violence
- Sexual/ Romantic Orientation
- Marriage and Life Time Commitments
- Sexual Pleasure
- Raising Children
- Bullying

Increased awareness:

- there are different types of committed, stable relationships
- how these relationships might contribute to human happiness and their importance for bringing up children
- what marriage and civil partnerships are, including their legal status
- why marriage is an important relationship choice for many couples and why it must be freely entered into
- of the characteristics and legal status of other types of long-term relationships
- of the roles and responsibilities of parents with respect to the raising of children
- as to how to determine whether peers, adults or sources of information are trustworthy, judge when a family, friend, intimate or other relationships is unsafe (and to recognise this in others' relationships); and, how to seek help or advice, including reporting concerns about others, if needed
- the characteristics of positive and healthy friendships (both on and offline) including: trust, respect, honesty, boundaries, privacy, consent, and the management of conflict, reconciliation, and ending relationships. This includes different (non-sexual) types of relationship
- that there are a range of strategies for identifying and managing sexual pressure, including understanding peer pressure, resisting pressure, and not pressurising others
- how to recognise the characteristics and positive aspects of healthy one-to-one intimate relationships, which include mutual respect, consent, loyalty, trust, shared interests and outlook, sex and friendship
- how stereotypes, in particular stereotypes based on sex, gender, race, religion, sexual orientation or disability, can cause damage (e.g. how they might normalise non-consensual behaviour or encourage prejudice)

⁹ Relationships Education, Relationships and Sex Education (RSE) and Health Education: Guidance for governing bodies, proprietors, head teachers, principals, senior leadership, teachers, Draft consultation, Department of Education. July 2018

	<ul style="list-style-type: none"> • that in school and in wider society they can expect to be treated with respect by others, and that in turn they should show due tolerance and respect to others and others’ beliefs, including people in positions of authority • about different types of bullying (including cyberbullying), the impact of bullying, responsibilities of bystanders to report bullying and how and where to get help. Some types of behaviour within relationships are criminal, including violent behaviour and coercive control • what constitutes sexual harassment and sexual violence and why these are always unacceptable • the legal rights and responsibilities regarding equality (particularly with reference to the protected characteristics as defined in the Equality Act 2010) and that everyone is unique and equal.
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<p>Personal Skills</p> <ul style="list-style-type: none"> - Managing Emotions - Decision making - Communication - Assertiveness - Negotiation and Consent - The impact of drugs and alcohol on decision making, communication, assertiveness and negotiation 	<p>Increased awareness:</p> <ul style="list-style-type: none"> • how to talk about their emotions accurately and sensitively, using appropriate vocabulary • that happiness is linked to being connected to others • how to recognise the early signs of mental wellbeing issue • common types of mental ill health (e.g. anxiety and depression) • how to critically evaluate when something they do or are involved in, has a positive or negative effect on their own or others’ mental health • the benefits of physical exercise, time outdoors, community participation and voluntary and service-based activities on mental wellbeing and happiness • the positive associations between physical activity and promotion of mental wellbeing, including as an approach to combat stress • the importance of sufficient good quality sleep for good health and how a lack of sleep can affect weight, mood and ability to learn
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	<p>Increased awareness:</p> <ul style="list-style-type: none"> • how people can actively communicate and recognise consent from others, including sexual consent, and how and when consent can be withdrawn (on and offline) • how the use of alcohol and drugs can lead to risky sexual behavior • to get further advice, including how and where to access confidential sexual and reproductive health advice and treatment.
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<p>Human Development</p> <ul style="list-style-type: none"> - Reproductive and Sexual Anatomy and Physiology - Puberty - Reproduction and Fetal Development - Body Image and Somatotypes - Gender Identities 	<p>Increased awareness:</p> <ul style="list-style-type: none"> • key facts about puberty and the changing adolescent body • the main changes which take place in males and females, and the implications for emotional and physical health <p>* Maintained schools are also required to teach the national curriculum for science. At Key Stage 3 and 4 this includes teaching about reproduction in humans, for example the structure and function of the male and female reproductive systems, menstrual cycles, gametes, fertilisation, gestation, birth, and HIV/AIDS. There continues to be no right to withdrawal from any part of the national curriculum.</p>
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<p>Sexual Health</p> <ul style="list-style-type: none"> - Reproductive Health and Preventative Exams - Contraception - STIs, HIV and AIDS - Delay - Pregnancy and Miscarriages - Pregnancy Options 	<p>Increased awareness:</p> <ul style="list-style-type: none"> • that all aspects of health can be affected by choices they make in sex and relationships, positively or negatively, e.g. physical, emotional, mental, sexual and reproductive health and wellbeing • the facts about reproductive health, including fertility and the potential impact of lifestyle on fertility for all genders • that they have a choice to delay sex or to enjoy intimacy without sex • the facts about the full range of contraceptive choices and options available • the facts around pregnancy including miscarriage • that there are choices in relation to pregnancy (with medically and legally accurate, impartial information on all options, including parenting the baby, adoption, abortion and where to get further help)
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	<ul style="list-style-type: none"> • how the different sexually transmitted infections (STIs), including HIV/AIDS, are transmitted, how risk can be reduced through safer sex (including through condom use) and the importance of and facts about testing • the prevalence of some STIs , the impact they can have on those who contract them and key facts about treatment • the benefits of regular self-examination (including screening and immunisation).
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<p>Society and Culture</p> <ul style="list-style-type: none"> - Sex and the Law - Diversity and Equality - Female Genital Mutilation - Forced Marriage - Honour Based Violence - Stereotypes 	<p>Increased awareness:</p> <ul style="list-style-type: none"> • the concepts of, and laws relating to, sexual consent, sexual exploitation, harmful sexual behaviour, abuse, grooming, coercion, harassment and domestic abuse and how these can affect current and future relationships • laws regarding: <ul style="list-style-type: none"> • marriage and civil partnerships • consent, including the age of consent • violence against women and girls • online behaviours including image and information sharing (including sexting, youth-produced sexual imagery, nudes, indecent images of children, etc.) • pornography • abortion • sexuality • gender identity • substance misuse • the supply and possession of illegal substances • violence and exploitation • exploitation • hate crime.
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Being Safe and Media

- Youth Produced Sexual Images /Sexting
- Pornography
- Grooming
- Data Sharing
- Removing Compromising Material
- Sharing and Viewing Indecent Images
- Harmful Sexual Behaviour

Increased awareness:

- their rights, responsibilities and opportunities online, including that the same expectations of behaviour apply online and offline
- about online risks, including that any material someone provides to another has the potential to be shared online and the difficulty of removing potentially compromising material placed online
- not to provide material to others that they would not want shared further and not to share personal material which is sent to them
- what to do and where to get support to report material or manage issues online
- how to identify harmful behaviours online (including bullying, abuse or harassment) and how to report, or get support, if they have been affected by those behaviours
- the impact of viewing harmful content
- that specifically sexually explicit material often presents a distorted picture of sexual behaviours, can damage the way people see themselves in relation to others and negatively affect how they behave towards sexual partners
- that sharing and viewing indecent images of children (including those created by children) is against the law
- how information and data is generated, collected, shared and used online
- the similarities and differences between the online world and the physical world, including: the impact of unhealthy or obsessive comparison with others online through setting unrealistic expectations for body image, how people may curate a specific image of their life online, over-reliance on online relationships (including social media), how advertising and information is targeted at them and how to be a discerning consumer of information online.

Year 7

Key Stage 3, Y7 – Lesson: Positive About Me

Time: 20 min

Learning Outcomes:

- Participants will identify and practice discussing positive characteristics of themselves.
- Participants will recognise when they use negative self-talk and practice turning it into positive self-talk.

Resources Required for Lesson:

Quality Cards
Paper
Pens
Box

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

Place the Quality Cards containing a positive quality on tables around the room. You may need multiples of the cards depending on the size of the group.

- 1 Ask participants to go round the room and to pick up at least 5 cards they feel are true for themselves. Suggest they do this without talking to other people or using non-verbal gestures to communicate to others.
- 2 Ask participants to choose one card and to share with the group by saying "I am..." and name the quality.
- 3 Ask participants if there were any cards they wanted for themselves, but others took it before they could get to it? Without naming who or the circumstance, when they were seeing others choose their cards, were they being judgemental (e.g. He chose the card that said 'I'm a good dancer'. I've seen him dance and he is a horrible dancer.)?
- 4 Did anyone find it difficult to choose 5 cards that they felt were true for them? What makes it difficult to choose 5 for yourself? Could you choose 5 cards for your best friend? If I had asked you to pick out cards of things that you feel are wrong about you, or things you'd like to change (too tall, too short, too dumb, too fat, too skinny etc.), would it have been easier to find 5?
- 5 Ask participants if they can tell the group what 'self-talk' is.

What is self-talk? Self-talk is how we talk to ourselves in our heads. It is like a running commentary on what is going on and what we think about it in order to make sense of the world.

- What we say to ourselves effects how we feel about ourselves.
- Everyone self-talks; it is normal. Most of the time we don't even notice we are doing it.
- The problem can arise if our self-talk is negative which in turn can make us feel lousy or can effect what we do.

Self-talk might be something simple, like reminding ourselves of the way to the shops or it could be something more negative like telling ourselves how useless we are.

- 6 Ask each person to write a negative statement someone has said about them and fold it up and put it in a box.
- 7 After shaking up the box, ask participants to randomly draw one of the negative comments out of the box and try to turn it into a positive bit of self-talk.
- 8 Positive self-talk solutions can then be written on a large sheet of flipchart and displayed where everyone can see them.

Discussion:

- 1 Ask, "Why do people think I suggested doing the first stage – picking the cards – without speaking?"

This usually leads participants to discuss their anxieties about being seen by others choosing qualities, feeling self-conscious and worried others would be critical of their choice. So at this stage in the exercise, they might be likely to laugh with others about their choice, put themselves down or collude in someone else doing this. Doing this part quietly lessens the possibility of this happening – and also encourages people to concentrate on what is going on for themselves rather than getting caught up in conversations or jokes to lessen their anxiety about what they are doing.

- Self-talk is important because most of us are talking silently to ourselves for much of the time. What we are saying can affect how we feel about ourselves and what we do. Negative self-talk can slowly wear away at our self-esteem until we believe everything we are saying to ourselves. You might want to ask the participants if they are aware of this silent talking and what sort of things they think they say.
- Encourage a discussion about the sort of things they might say and what effect this might have on their lives.
- Developing positive self-talk is a first step to having a defence against peer pressure.

**Good at
drawing**

Creative

**Try to
understand
other's feelings**

Gentle

Team player

**Good
dancer**

Fun

Kind

Good cook

Forgiving

Musical

**Open
minded**

Fit

**I stick up for
my beliefs**

Funny

**You can
count on me**

Stubborn

**Easy to get
on with**

**I think
before I do
something**

Spontaneous

**I stick up
for other
people**

**A proper
laugh**

**Good
listener**

Brave

I work hard

Responsible

Honest

Romantic

Sporty

Flirty

**Good at
solving
problems**

Relaxed

**I have lots
of ideas**

Smart

**Not afraid
to try new
things**

Loving

**I say
“thank you”,
often**

**A good
singer**

Competitive

**A positive
person**

Assertive

Cooperative

Trusting

Trustworthy

Helpful

Determined

Understanding

Supportive

**Good at
handling
money**

**Good at
talking to
new people**

**Good at
handling
stress**

Enthusiastic

Adventurous

Patient

Confident

**Good at
Maths**

Cautious

**Good at
writing**

Thoughtful

Good skater

Loyal

**Look after
myself well**

Reliable

Quiet

**Warm
hearted**

Affectionate

**Good
swimmer**

Likeable

**Even
tempered**

Considerate

Responsible

Happy

**Think
clearly**

Fearless

**I have a
nice smile**

**I give people
compliments**

Key Stage 3, Y7 – Lesson: Family Privileges and Responsibilities Time: 30 min

Learning Outcomes:

- Participants will identify the privileges and responsibilities of family membership.

Resources Required for Lesson:

Flip chart
Markers
sticky tac

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

- 1 Discuss what the term 'give and take' means.
- 2 Explain that 'give and take' is a key part of any relationship, including family relationships.
- 3 Ask participants to think of a number from 1 to 10 to show at what level they 'give' as members of their families. Then ask for a second number from 1 to 10 to indicate what they 'take' or get from their families. Number 1 represents nothing and 10 represents a great amount.
- 4 Write 'privileges' at the top of one piece of flipchart paper and 'responsibilities' on another sheet of flipchart paper. Point out that in families, members have certain privileges – or things they receive, or 'take', because they are members of the family. Members also have certain responsibilities – things they must give to the family.
- 5 Ask the group to write on the flipchart paper all of the privileges a person might enjoy in their family. When the group has finished, point out that while many young people enjoy the privileges listed, in some families and situations, adults are not able to provide young people with all these things.
- 6 Look over the list for examples of the privileges offered by the group. Some ideas might include:

Housing	Safety from harm
Food	Ties to family history
Clothing	Financial support (allowance)
Companionship	Emotional support
Opportunity to get an education	Opportunity for relationships outside the family
Medical care	Dental Care
Family trips	Transportation.
- 7 Repeat the process focussing on 'responsibilities' they bear as members of their family. Some ideas might include:

Looking out for all other family members' welfare	Taking care of young, old or sick family members
Doing chores	Protecting family belongings
Sharing	Contributing to family resources by earning money for self or family.

Point out that not all young people in every family have all these responsibilities, but many do. If these are not the responsibility of a teenage member of the family, other family members must bear them.

Discussion:

- How fairly are privileges divided up in your family?
- Who seems to have the most privileges? Why do you think that is so?
- How fairly are responsibilities divided up in your family?
- Who seems to have the most responsibilities? Why do you think that is?
- Are there responsibilities that you feel are too big for young people to handle? If so, which and why?
- How would those lists be different if you were a Young Carer?
- Would the lists be different if you were living with Foster Carers?
- Researchers have found that, in general, teenagers have a lot of free time. Should young people have more responsibilities in their family? In your family?
- Would you give up a privilege for less responsibility in your family? Which privileges? What responsibilities would you like to give up? Who would take those responsibilities?
- Would you be willing to take more responsibility for more privileges? What privileges would you like to earn?
- If you were a parent/carer, how would you change things?

Key Stage 3, Y7 – Lesson: Relationship Graffiti Wall

Time: 45 min

Learning Outcomes:

- Participants will identify the qualities of positive and negative friendships.
- Participants will identify to whom they could speak if they have an unhealthy relationship.
- Participants will describe strategies for dealing with challenges in friendships.

Resources Required for Lesson:

Flip chart
Markers
Sticky tac
Sticky notes
Pens

Adapted from Rising Above

<https://campaignresources.phe.gov.uk/schools/topics/rise-above/overview#relationships>

Option: watch <https://youtu.be/88DIPQ2Wleg> (2:51)

NOTE: This video includes a swear word. Please watch before to assess suitability.

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

- 1 Put pieces of flip chart paper up around the room with the following headings:
 - Good friends do... (how do they add to your life?)
 - Good friends don't... (what do good friends avoid doing?)
 - The most important qualities of a friend are...
 - Conflicts that can arise in friendship include...
- 2 Divide the class into 4 groups. Assign one group to each piece of paper as a starting point.
- 3 Give the groups one minute to write their answers in response to the heading on the paper in front of them. At the end of the minute, have each group rotate to the right to find a new piece of flipchart paper with a new heading. Ask groups to add their comments under each heading. Repeat the process until each group has commented on each piece of paper.
- 4 Discuss:
 - What do people agree on and why?
 - What did people disagree on and why?
 - Why do some people have different expectations of what a 'good friend' means?
 - Are there similarities in these qualities to positive sibling relationships?
 - In what ways might our expectations of friendships change over time?

5 Give each pupil a piece of sticky note. Introduce the concept of Deal Breakers.

“A Deal Breaker is any behaviour that is so hurtful that you need to end the relationship so that you can be happy, healthy and respected.”

Discuss with the class the list they created on the piece of paper with the heading *Good friends don't... (what do good friends avoid doing?)*. Ask the participants, what are the top three things that would be Deal Breakers for them? They can then write it confidentially on the piece of sticky note.

These are the things that they personally will not tolerate in their relationships with friends, family or people they might want to date.

6 Discuss to whom they could speak if they or a friend, were in a relationship/friendship with someone that was behaving in the ways listed on the *Good friends don't... (what do good friends avoid doing?)* list.

Notes to Teacher/Leader:

If students can't think of characteristics, you might suggest they consider where they would categorise the following:

Braggs a lot	Asks if you want a hug or to talk if you are having a bad day	Makes all the decisions
Wants to be in control of everything	Always thinks you're wrong	Threatens to hit or hurt you
Tells you that you are fat, weak, stupid etc.	Criticises what you wear and what you do	Says mean things about your other friends.
Likes to embarrass you in front of others.	Wants to spend ALL their free time with you.	Gets jealous easily.
Thinks it is Ok for you to have your own ideas.	Is rich	Becomes angry easily.
Can make each other laugh.	You trust each other.	Is kind to people.
Understand that you both make mistakes sometimes.	Has lots of friends and many people like them.	Likes some of the same things as you.
Is honest	Uploads embarrassing images of you.	As an act of revenge, they start a rumour about someone on social media
Apologises when they have hurt your feelings	Shares photos or video of themselves or others having sex or their naked genitals, breasts or buttocks.	Via social media (Snapchat/Instagram), they tell everyone about an argument you are having
Always has time to listen	Would go to the doctor/clinic with you	Making sure that you have alcohol or drugs if you want them before you go to a party.
Has the guts to tell you when you are wrong	Would warn you if you were in danger	Keeps in constant contact

Thinks about what you want; not just what they want	You feel comfortable to introduce them to your other friends and family	Can look after you and protect you
Shows you affection	Sticks up for you in an argument/fight	Trust them enough to talk about things that make you feel worried, sad, hurt, or embarrassed.

Key Stage 3, Y7 – Lesson: Decision Making and Negotiating Time: 60 min

Learning Outcomes:

- Participants will explore the concept of decision-making considering the consequences and likelihood of outcomes.
- Participants will identify the material, emotional and relational consequences of decisions.
- Practise negotiation as an alternative to lying and arguing.

Resources Required for Lesson:

Consequences vs. Likelihood Chart

Negotiating Your Life Handout

Adapted from <https://www.actioncanadashr.org/> *Beyond the Basics*

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

We all make thousands of decisions everyday (e.g. what to eat, what to wear, when to cross the road). Some are automatic (e.g. looking at mobile when it rings because you've gotten a text/message), some take longer to consider (e.g. go to college or get a job/apprenticeship).

- 1 Introduce the definitions of Consequence, Likelihood, Material Consequences, Emotional Consequences, and Relational Consequences.

Consequence: the possible outcome of a decision.

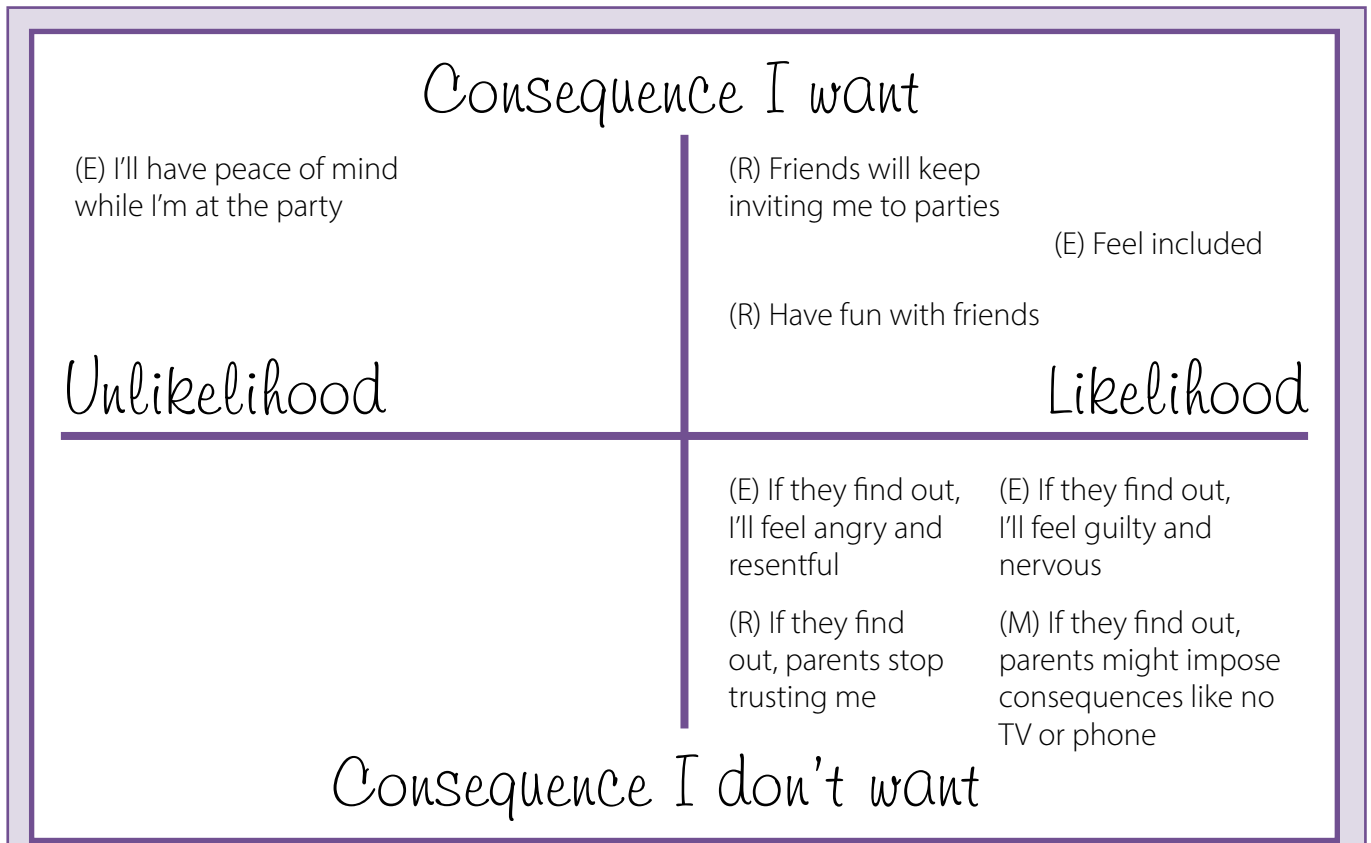
Likelihood: the chances of a consequence happening.

Material Consequences: what will happen to things, places, people, bodies.

Emotional Consequences: how it will feel immediately or later.

Relational Consequences: what will happen to your relationships.

- 2 Have participants draw out the Consequences vs. Likelihood Chart.
- 3 Ask participants to choose a challenging decision from their own lives and plot it on the chart.



e.g. The decision is whether or not to I am going to lie to my parents/careers about going to a party.

(M) = Material Consequences

(E) = Consequences

(R) = Relational Consequence

4 Explain what Negotiating is.

What is Negotiating? When people negotiate a situation it is because they have different opinions about a topic and each side tries to come to an agreement. Negotiating involves knowing what you think about something and still being willing to listen to and talk about a different point of view. The end goal is for both people to have a compromise that they are happy about.

How do you negotiate you boundaries with a partner/friend?

- Know what you are willing to compromise on and what you need to stand firm on based on your values and beliefs before you have the conversation.
- Be honest about your choice and why you feel the way you do; you do not need to justify yourself, but it may help the other person understand more clearly.
- Listen to your partner/friend.
- Do not interrupt.
- Talk about the practical aspects of the issue (how you are going to avoid being in tempting situations, what you can do to be safe and healthy, as well as, who can they talk to get help.
- Make a decision that both of you can feel excited about.
- Follow through with your plan of action.
- Be open to talking about this issue again if you or your partner/friend's feelings change.
- Be sure that the decision made is one that you can live with that reflects your values and beliefs.

What if you can't come to an agreement?

You need to think about whether you really want to have a friendship or more serious relationship with someone that is not going to respect your values, decisions and what is important for you. No one said this would be easy. Part of becoming an adult is dealing with difficult situations and making sure that in the end you have not compromised yourself. You've need to consider if you have been fair and you made the best choice for yourself and your future.

5 Ask participants to form groups of 3 or 4 and pick one of the following scenarios then fill out the boxes on the following page, *Negotiating Your Life*.

- You want to go to your friend's party but your parents/carers are worried that young people at the party will get out of hand.
- You are at a party. You have to be home soon. Your friend, who is very shy, wants you to stay another hour.
- You have been dating someone for 2 weeks. You want to make it official on your social media account. The person you are dating does not want their ex to find out just yet.

6 Once the Negotiating Your Life page is completed, have participants act out a negotiation in their group according to their worksheet.

7 Did you come up with any solutions that were not obvious at first?

8 What do you think it would take for others to take you seriously in negotiation?

Discussion:

The purpose of this exercise is not to shame anyone for lying or arguing. The purpose is to develop skills to effectively communicate needs and wants. Learning decision-making, negotiation skills and risk assessment is challenging life-long work and not all adults have figured it out or do a good job at role modelling these skills.

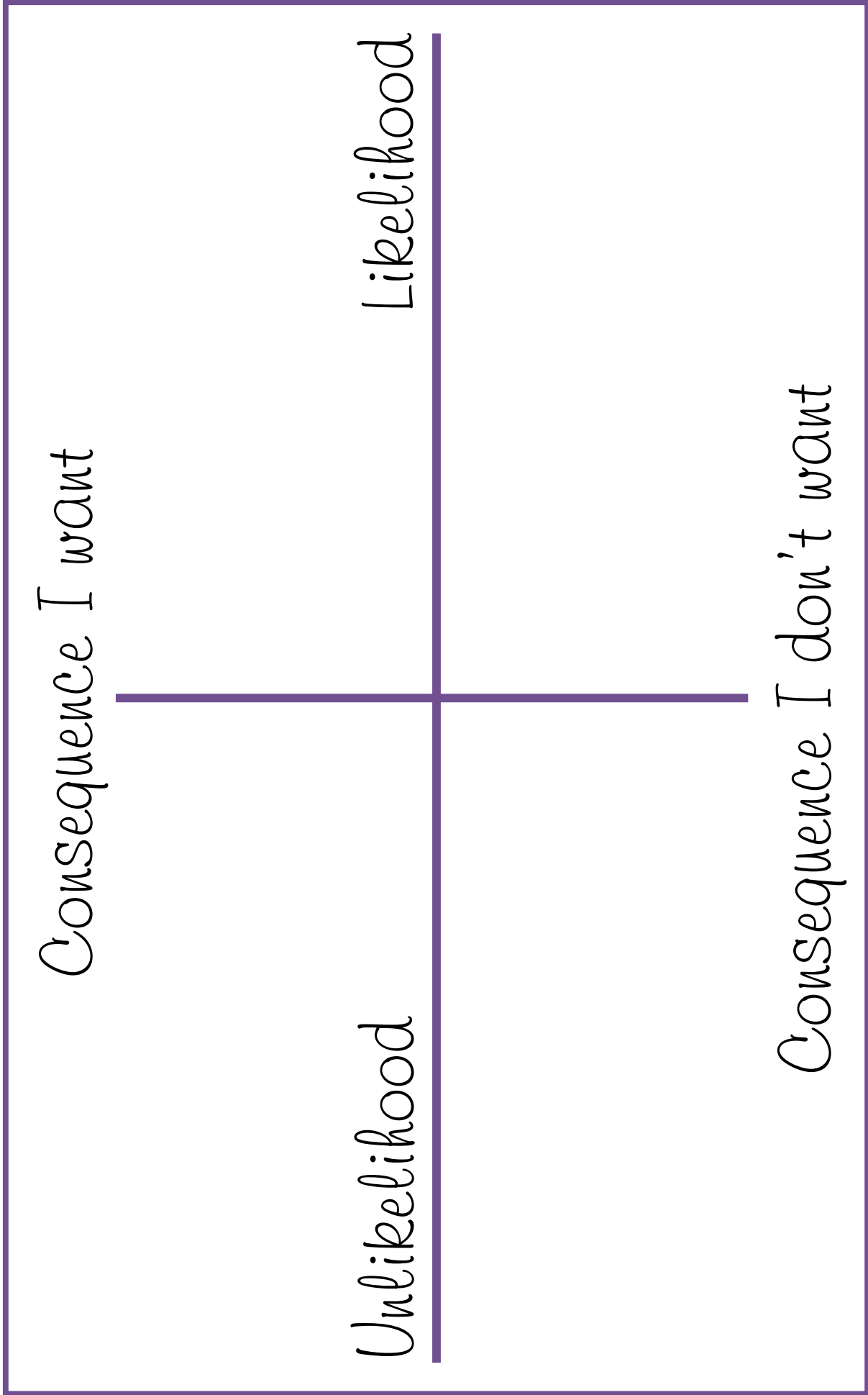
E.g. The decision is whether or not to I am going to lie to my parents/carers about going to a party.

(M) = Material Consequences

(E) = Consequences

(R) = Relational Consequence

Consequence I want	
(E) I'll have peace of mind while I'm at the party Unlikelihood	(R) Friends will keep inviting me to parties (E) Feel included (R) Have fun with friends Likelihood
Consequence I don't want	
	(E) If they find out, I'll feel angry and resentful (R) If they find out, parents stop trusting me (E) If they find out, I'll feel guilty and nervous (M) If they find out, parents might impose consequences like no TV or phone



Negotiating Your Life

You want to go to your friend's party but your parents/carers are worried that the other young people will get out of hand.

<p>What is it you want?</p> <ul style="list-style-type: none"> To go to the party. 	<p>What is it they want?</p> <ul style="list-style-type: none"> For you not to go to the party.
<p>If you get what you want, what needs are fulfilled? Why do you want, what you want?</p> <ul style="list-style-type: none"> Fun Belonging Friendship Independence. 	<p>If they get what they want, what needs are fulfilled? Why do they want, what they want?</p> <ul style="list-style-type: none"> Physical safety Security Responsibility (as a parent/carer).
<p>Complete this sentence: I would like to go to the party because of friendship, fun, independence, and feeling like I belong are important to me.</p>	<p>Complete this sentence: You are saying that you want me not to go to the party because my safety and security, and being a responsible parent/carer are important to you. Is that right?</p>
<p>List as many solutions as you can. Be creative. Don't judge whether something is good or bad just yet.</p> <ul style="list-style-type: none"> Not going to the party Going to the party Going to the party without permission Going with parents/carers to the party Contacting parents/carers every hour from the party Going with a trusted friend to a party Leaving the party very early Having a party at home instead Letting parents/carers talk with the host's parents/carers before the party. 	
<p>Underline or circle the solutions that satisfy at least SOME of each of your needs.</p>	
<p>Can you combine or tweak one or more of these solutions so that it satisfies even more of everyone's needs?</p> <ul style="list-style-type: none"> Arranging for the host's parents/carers to talk with your parents/carers ahead of time Ensuring that adults will be present during the party Contacting parents/carers mid-way through the party Leaving by the agreed time. 	

Negotiating Your Life	
What is it you want?	What is it they want?
If you get what you want, what needs are fulfilled? Why do you want, what you want?	If they get what they want, what needs are fulfilled? Why do they want, what they want?
Complete this sentence: I would like _____ because _____ _____ are important to me.	Complete this sentence: You are saying that you want _____ _____ because _____ _____ are important to you. Is that right?
List as many solutions as you can. Be creative. Don't judge whether something is good or bad just yet.	
Underline or circle the solutions that satisfy at least SOME of each of your needs.	
Can you combine or tweak one or more of these solutions so that it satisfies even more of everyone's needs?	

Key Stage 3, Y7 – Lesson: Who Can I Talk to? Time: 20 min

Learning Outcomes:

- Participants will identify people they can turn to for support.

Resources Required for Lesson:

Who Can I Talk To Handouts

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

- 1 Distribute the Who Can I Talk To? handout. Inform participants that this is an individual activity, and that they will not be required to share their answers.
- 2 Encourage participants to keep this handout to refer to in future situations when they are experiencing stress.
- 3 What helped you decide to whom you could speak?
 - Your relationship with the person
 - How much you trust them
 - How much you think they might know
 - How they will respond to the question.
- 4 How do you approach someone you want to talk to about your concern?
 - Choose the right person to talk to.
 - Find the best time to have the conversation (if you're going to talk to a partner, don't try to have the conversation once you are already engaging in intimate activity).
 - Think about what you want to say before you approach the person.
 - Let them know you are serious and that it is important to you that the conversation remains confidential.
 - Be conscious of all the ways you are communicating verbally and non-verbally (tone of voice, be clear, maintain eye contact, posture is self – assured).

5 Distribute local resources for support about each of these issues.

- School Nurse
- General Practitioner
- Outreach Nurses
- Sexual Health Clinic Staff
- Teacher
- Pastoral Lead
- Parent/Carer/Other family members
- Social Worker, Edge of Care Worker, Family Service Worker
- Youth Engagement Worker
- Substance Misuse Worker
- TAMHS
- CAMHS
- Tavistock and Portman Clinic
- Counsellor
- Spiritual/Faith leader
- Sexual Assault Support Centre
- Police
- Youth Justice Service (YJS).

Who Can I Talk To?

Write down the person you would feel most comfortable talking to about the concerns listed below.

Situation	Who	Why
Having problems in your relationship/friendships		
Getting into an argument with your best friend		
Problems at home with a parent/carer/sibling		
Deciding to become sexually active		
Getting an sexually transmitted infection (STI)		
Becoming pregnant or partner becomes pregnant		
Getting rated by others in the school hallway about your appearance		
Being pressured by your friends to try drugs/alcohol		
Having friend turn on you		
Getting poor grades		
Being pressured to break the law		
Questions about my gender identity		
Questions about my sexual orientation		

Key Stage 3, Y7 – Lesson: Anatomy Construct

Time: 40 min

Learning Outcomes:

- Participants will be able to identify the parts of sexual and reproductive anatomy of people that were assigned the sex of either male or female.

Resources Required for Lesson:

Pear	Banana
2 pieces of strawberry laces	2 almonds
Toilet paper roll	2 walnuts (in shells)
Paperclips	1 long balloon
3 small balloons (water balloon size)	1 large balloon
1 dried pea	4 drinking straws
Cling film (30 cm X 30 cm)	Grains of sand (or sugar)
1 bottle of hand sanitiser	1 raw egg white
1 bottle of white hand lotion	Sticky tac
1 bottle of clear washing up liquid	
1 safe knife	

Option: View Anatomy: Assigned Sex At Birth (Male) (3:07) <https://www.youtube.com/watch?v=G2ciOhidKpg>

Anatomy: Assigned Sex At Birth (Female) (1:52) <https://www.youtube.com/watch?v=j9QgcCK6FKM>

NOTE: Please watch before showing young people to assess suitability for the individuals with whom you will be working

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

- 1 Divide into 2 teams give each team all of the above material.
- 2 As a team, they have 5 minutes to create the internal male reproductive system using the items provided. Warn them that they will need to use the same items for the next part of the game (when they create the female reproductive system). If any of the materials are damaged/unusable, they will have to make do with what they have left. Depending on the knowledge level of the participants, you could provide a list of all the body parts.
- 3 At the end of 5 minutes, a spokesperson from each team has to explain their created model and how it works. Repeat the same process for the female reproductive system.

Penis = banana or long balloon

Uterus = pear

Testes = walnuts

Ovum = grains of sand/sugar

Vas deferens = strawberry laces

Scrotum = cling film or a balloon

Ovaries = almonds

Bladder = large balloon

Vagina = toilet paper roll

Cowper's gland = small balloon

Cervical mucous = raw egg white

Prostate fluid = white hand lotion

Clitoris = dried pea
Seminal vesicle fluid = clear washing up liquid
Prostate and seminal vesicle = small balloons

Cowper's gland fluid = clear hand sanitizer
Labia lips = pear cut into sections

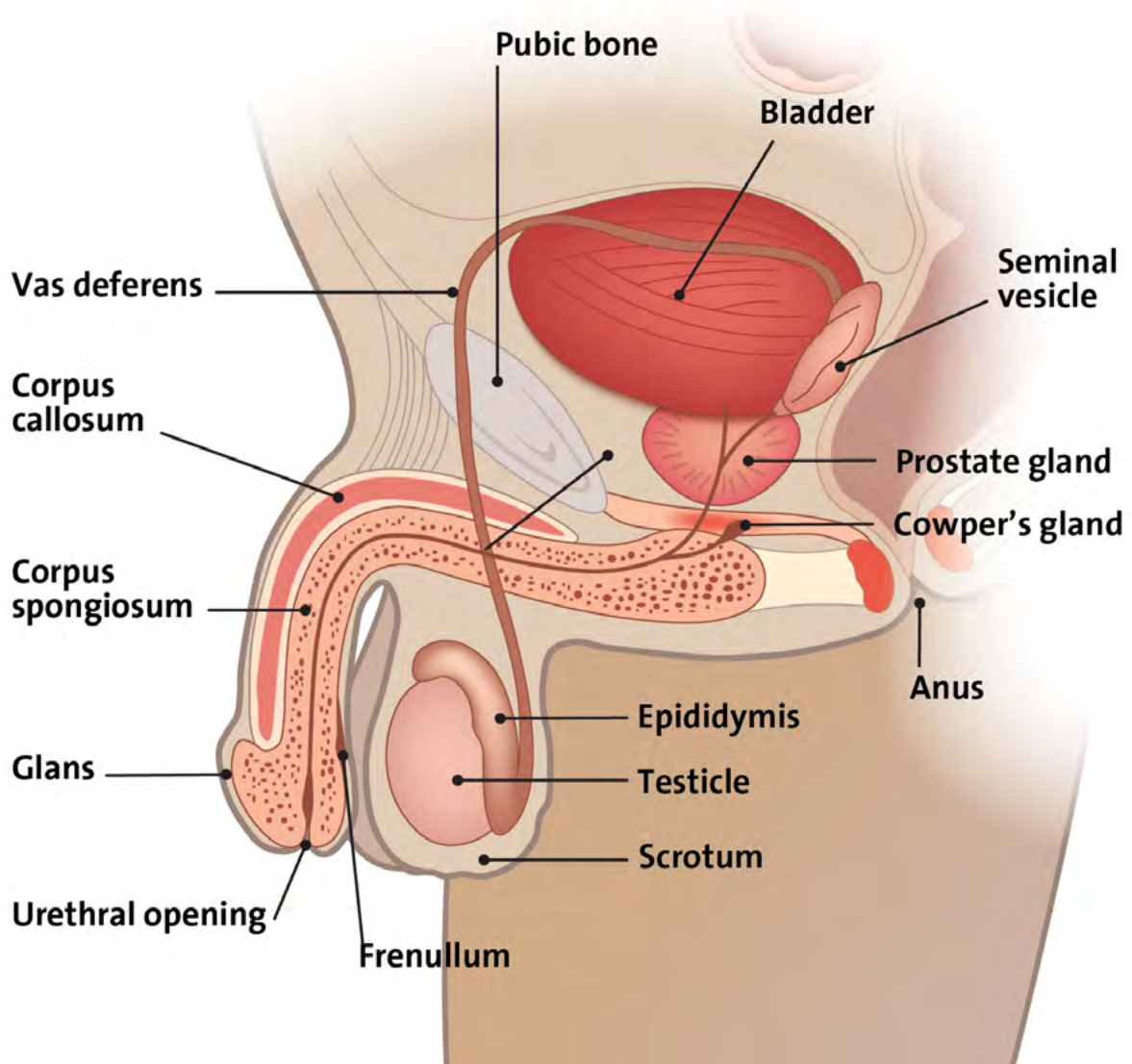
- 4** Following the groups' explanations, review the correct labels and function for each body part including menstruation, creation of sperm, ejaculation and implantation.

Note to Teacher/Leader:

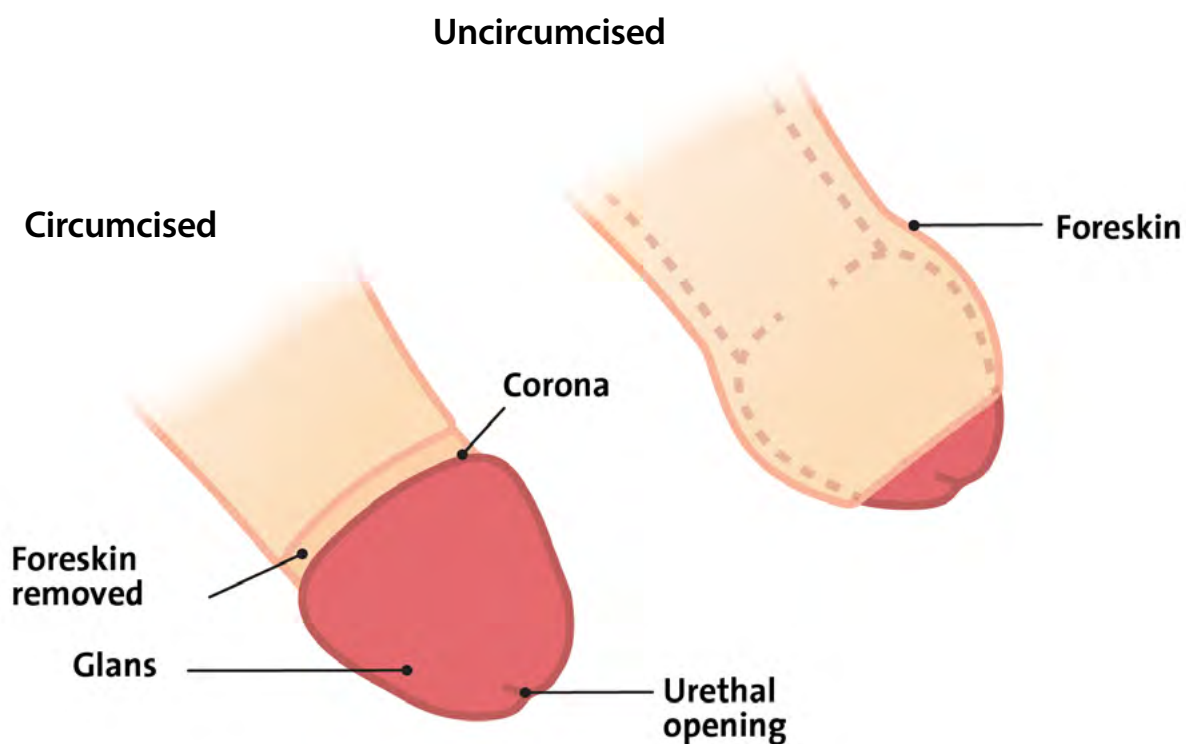
Additional information may be found in the section entitled *Owner's Manual*, within the Appendix.

Please emphasise that everyone's bodies are unique and their genitals may not look like the ones they usually see in text books. Within this section, there are illustrations of the vulvas of people that are Intersex, as well as those that have undergone FGM. Additionally, there are illustrations of penises that vary in size and have a curvature as well.

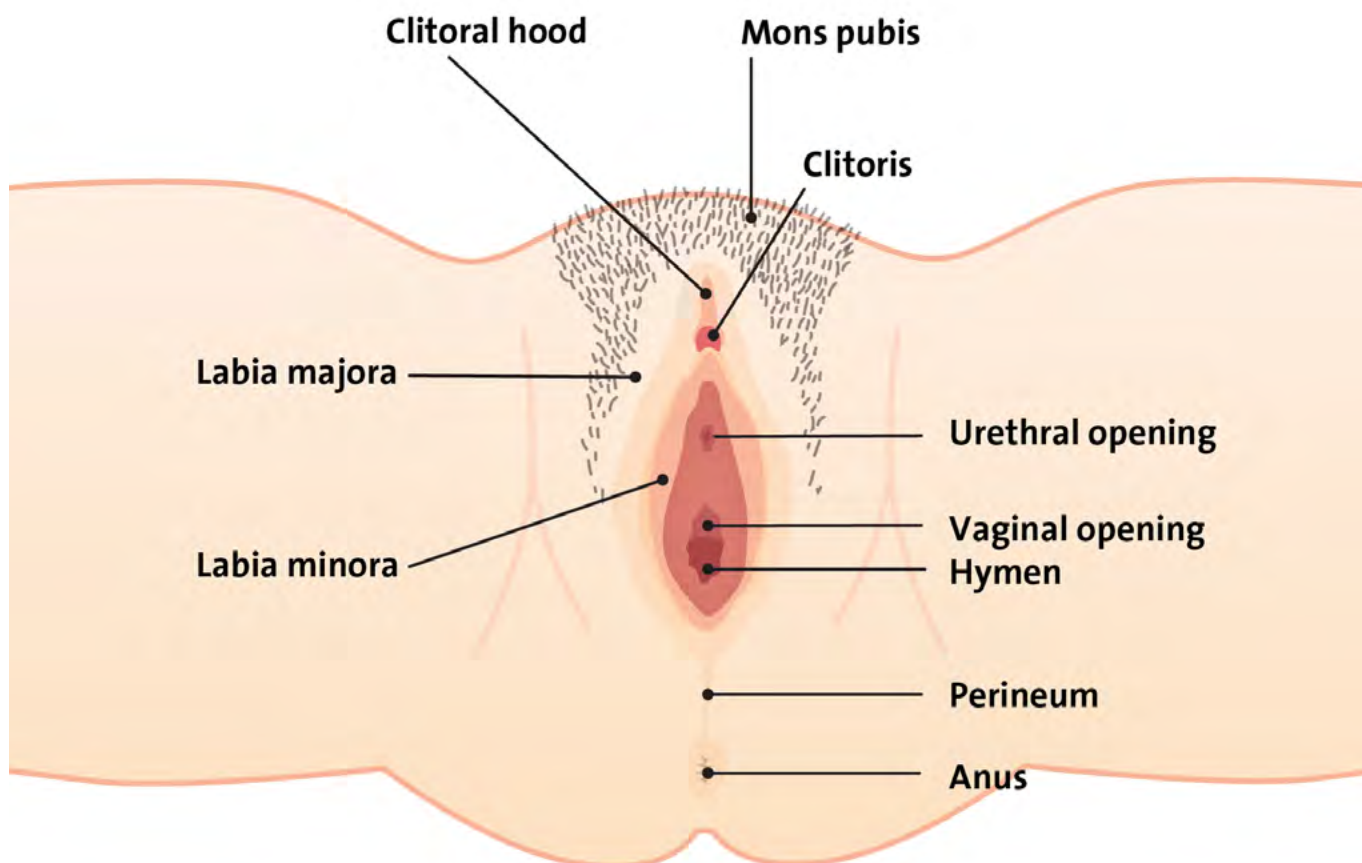
Male Internal Reproductive System



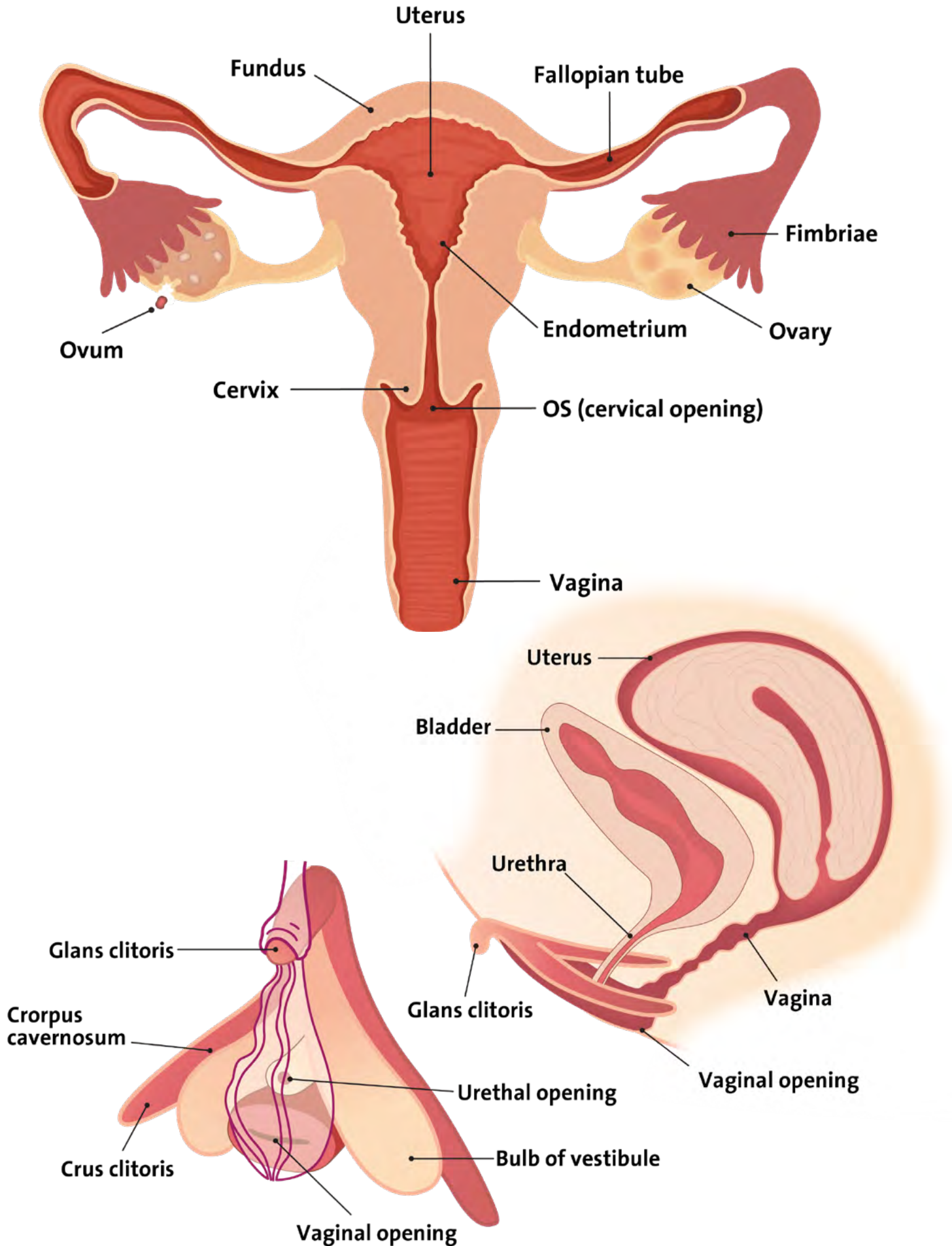
Male External Genitals



Female External Genitals – Vulva



Female Internal Reproductive System



Key Stage 3, Y7 – Lesson: Emotional and Physical Body Changes

Time: 40 min

Learning Outcomes:

- Participants will have an increased awareness of the physical, emotional and social changes that take place during adolescence.

Resources Required for Lesson:

Handout of changes that occur during adolescence

Option: View Girls - Puberty from Rise Above (4:29)

https://players.brightcove.net/4934638104001/default_default/index.html?videoid=5837586372001

View Boys – Puberty Blues from Rise Above (5:01)

https://players.brightcove.net/4934638104001/default_default/index.html?videoid=583759017000

[View Feelings Happen \(5:07\) https://youtu.be/Ocj0gyZwL5Y](https://youtu.be/Ocj0gyZwL5Y)

View Top Signs Boys are Going Through Puberty (3:24) <https://www.youtube.com/watch?v=onggxBVl4qw>

View Puberty and Trans Youth (1:51) <https://www.youtube.com/watch?v=f7VyJKVBt7g>

NOTE: Please watch before showing young people to assess suitability for the individuals with whom you will be working

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

- 1 Give each young person the list below and ask them to tick one or more columns to indicate who is likely to experience each emotional or physical change.
- 2 Once the group has finished, review the responses and explain any misinformation.
- 3 Ask each group to discuss, if they were another gender, which change(s) would they worry about most.
- 4 Ask each group to discuss, if they were another gender, which change (s) would they look forward to most.

Note to Teacher/Leader: Additional information may be found in *Puberty 101* within the Appendix.

Puberty is a time of physical, emotional and social changes that can feel exciting, scary overwhelming and empowering. It is important for participants to get to know what is normal for their own unique bodies.

The term chest tissue can be used interchangeably because this language recognises that trans* or non-binary people may feel negatively towards their breasts.

Throughout the document gender neutral terms will be used when possible. An example, “people with a penis, people who menstruate...” is utilised to describe anatomy and sexual activity in a way that includes non-binary young people. Additionally, the gender neutral use of “their” will be used whenever appropriate.

Below is a list of changes that happen to people during puberty and adolescence. Tick one or more columns to indicate **who** is likely to experience each change.

		Both	Almost every biological male	Some/many biological males	Almost every biological female	Some/many biological females	Neither
1	They become more self-conscious for a while						
2	They get a new kind of perspiration						
3	They have sudden mood changes (happy one minute, down the next)						
4	They begin to ovulate (to release mature ova)						
5	They begin to menstruate (to have periods)						
6	Their shoulders get broader						
7	They start getting more crushes and attractions (maybe first love)						
8	They get hair in their armpits						
9	They get pubic hair (hair around the genitals)						
10	The hair on their arms and legs gets darker and coarser						
11	They get hair on their chests and faces						
12	Their reproductive systems (inside and out) become larger						
13	They feel kind of lonely for a while						
14	They want to be alone more						
15	They begin making sperm						
16	Their faces get longer and thinner						
17	They feel (and show) more concern for others						
18	Their arms and legs grow longer (they get taller)						

		Both	Almost every biological male	Some/many biological males	Almost every biological female	Some/many biological females	Neither
19	Their skin gets thicker and oilier						
20	They begin having nocturnal emissions (wet dreams)						
21	They begin to have new freedoms						
22	Their voices get deeper						
23	They begin to ejaculate (to release semen)						
24	They begin to form deeper, more lasting friendships						
25	They get wisdom teeth						
26	They take on new responsibilities (job, extra-curricular activities, even parenting)						
27	They get more frequent erections						
28	They have some breast development						
29	They get acne (pimples or spots)						
30	They feel sexual feelings and fantasize about sexual things more than before						
31	They may masturbate more often than before						
32	They want to spend more time with friends than before						
33	They think more about their beliefs and become more aware of their spiritual selves						
34	Their hips get broader						
35	They start to think more about the future (to worry, to plan)						
36	They notice some white or clear vaginal discharge						
37	They have more arguments with their parents/carers for a while						
38	They eventually start to feel more self-confident						

Menstruation and Sanitary Products

Biological females were born with all the eggs they will ever have inside of their ovaries. There are hundreds of thousands of them. One egg is called an ovum. Until puberty the eggs are immature. At puberty, hormones make their eggs ripen. Once a month, one of their ovaries starts to make oestrogen and an egg starts to mature. Usually only one egg matures at a time, but sometimes two or more eggs ripen. Their ovaries take turns producing an egg.

When the egg is ripe, it bursts out of the ovary. This is called ovulation. Some girls feel a little twinge when this happens, but most girls don't even notice it. After the egg is released, it travels from the ovary through the fallopian tube to the uterus.

After ovulation, the ovary stops making oestrogen and starts making progesterone. Progesterone tells the lining of the uterus (endometrium) to thicken. The uterus is getting ready for something that may or may not happen. If the egg is not fertilised, the egg breaks down and dissolves within 24 hours.

If the woman has had sex and there are sperm in her body, the egg and the sperm may meet in the fallopian tubes. The fertilised egg (the zygote) will implant in the lining of the uterus. The zygote will need the thick, nourishing lining of the uterus to help it grow. If the egg is not fertilised, there is no need for the nourishing lining, so the uterus gets rid of it. This is called menstruation or "their period". Every month the cycle is repeated. Many girls use an app to track when their period starts and ends. Day one of their period is always the day they notice the blood flow. It's helpful to know when they are expecting their period. If they miss a period, they'll know how long it has been since they last menstruated. Getting to know what is normal for their body is important so that they can more easily/quickly assess when something unusual is happening or requires a visit to their doctor or sexual health clinic. It is common for breast/chest tissue to enlarge and be sore or tender in the week or days leading up to menstruation. It is common for chest tissue to feel different at different points of the cycle.

Getting a period is a normal, healthy thing. Some girls don't notice any emotional changes when they menstruate. However, other girls find their menstrual cycles have as many dips as a roller coaster. They might have a surge of energy just before their period. On the other hand, they might feel tired, bloated, irritable or unhappy and their breasts/chest may be sore and swollen. During their period they may feel no different than they do on other days. They may have cramps, which is a tightening of the uterine muscle deep inside their abdomen. Cramps can feel like an annoying twinge or they can be very painful and they may feel sick to their stomach.

When they have a period, they will see a reddish discharge on their underwear or notice a small amount of blood in the toilet water or on the toilet paper. They might get a damp feeling in their underwear. In the first few hours of their period, it is rare to have a gush of menstrual flow that stains their outer clothes.

The discharge they see when they get their period is made up of small amounts of blood and some extra lining in their uterus. It usually starts as a reddish fluid. As their flow increases, it is a brighter red. After a day or so, it becomes a slight brownish discharge. It may seem they are losing a lot of blood and tissue, but the total amount of menstrual flow is about 35ml (2 tablespoons).

To absorb their menstrual flow they can wear a tampon (a tight roll of cotton that fits snugly inside their vagina), sanitary towels, (a piece of absorbent material that attaches to their underwear), or a menstrual cup that is placed inside the vagina. A tampon is for single use and can be used while swimming and have different absorbency levels based on whether they are having a lighter or heavier flow. Depending on the brand you choose, the tampon may be inserted with a cardboard/plastic applicator or they may be inserted by using a finger. All tampons have a string that is attached to the tampon and is used for removal from the vagina. To avoid Toxic Shock Syndrome, tampons should never be in for more than 8 hours. Sanitary towels or menstrual cups could be worn overnight during sleep.



A menstrual cup is made of medical grade silicone, latex or a thermoplastic elastomer, which is placed inside the vagina and collects menstrual fluid. The cup is shaped like a bell and has a stem attached that is used to assist with placing and removing the cup from the vagina. The cup seals against the walls of the vagina. Every 4 – 12 hours the menstrual cup is removed, emptied, rinsed and reinserted into the vagina. After each menstrual period, the cups should be cleaned, boiled for 5 minutes and stored until required for use again the following month. If cleaned and maintained, a menstrual cup can last up to 5 years. The smaller size menstrual cup is recommended for people under 30 years old that have not given birth vaginally or do not have a heavy flow. The larger size is for people over 30, that have given birth vaginally or do have a heavy flow. The average cup can hold 20ml, while a larger cup could hold up to 35 – 40ml. Using a menstrual cup can take practice placing it into the vagina, and not everyone will feel comfortable doing so.

Sanitary towels that are thrown out after each use, come in a variety of shapes, sizes and absorbency as well. Scented towels should be avoided as they may result in irritation of the vulva. Sanitary towels should be changed every 3 – 4 hours depending on the flow. There are also re-usable cloth sanitary towels which need to be washed and used after each use. Re-usable towels are more expensive when they are first purchased, but can be cheaper over the long term. Some people that have periods, also choose to use them because it is better for the environment to produce less paper/plastic waste.



For most girls the length of time between the first day of one period and the first day of the next period is 28 days. Many girls have periods that start between 20 – 35 days apart. The length of a period is different for different girls too. Most periods last 4 days, but it is not unusual for girls to have periods as short as 2 days or as long as 8 days. In the first few years of menstruating, periods may not be regular because their hormones are not into a set rhythm yet. It is common to miss a period if they are very excited or worried about something, or if they are exercising heavily or eating very little. Women who are pregnant usually do not get their periods. Menstruation continues until a woman is about 48 – 55 years old. The end of menstruation is called menopause.

Menopause is when a woman stops having periods and is no longer able to get pregnant naturally. Periods usually start to become less frequent over a few months or years before they stop altogether. Sometimes they can stop suddenly. Menopause is a natural part of ageing that usually occurs, as a woman's oestrogen levels decline.

Menopausal symptoms can begin months or even years before their periods stop and last around 4 years after their last period, although some women experience them for much longer.

Common symptoms of menopause include hot flushes, night sweats, vaginal dryness and discomfort during sex, difficulty sleeping, low mood or anxiety, problems with memory and concentration.

Erections and Making Sperm

Erections happen when a penis fills up with blood and becomes longer and harder and sticks out from the body. Erections can happen for a lots of reasons and can be because of sexual thoughts, they sometimes happen at random times too. Getting erections can be awkward or feel embarrassing at times, particularly if it is at an inconvenient time. It is common for anyone that has a penis to get erections from time to time. Having an erection doesn't mean that ejaculation has to follow. If the person concentrates on other things, the erection will go away on its own.

Wet dreams (nocturnal emissions) happen while sleeping and it's not necessarily in response to physical stimulation or sexual thoughts. It can just be a physiological release of semen while sleeping. If it happens, there is no need to feel embarrassed. Simply change the bed sheets and place them in the laundry.

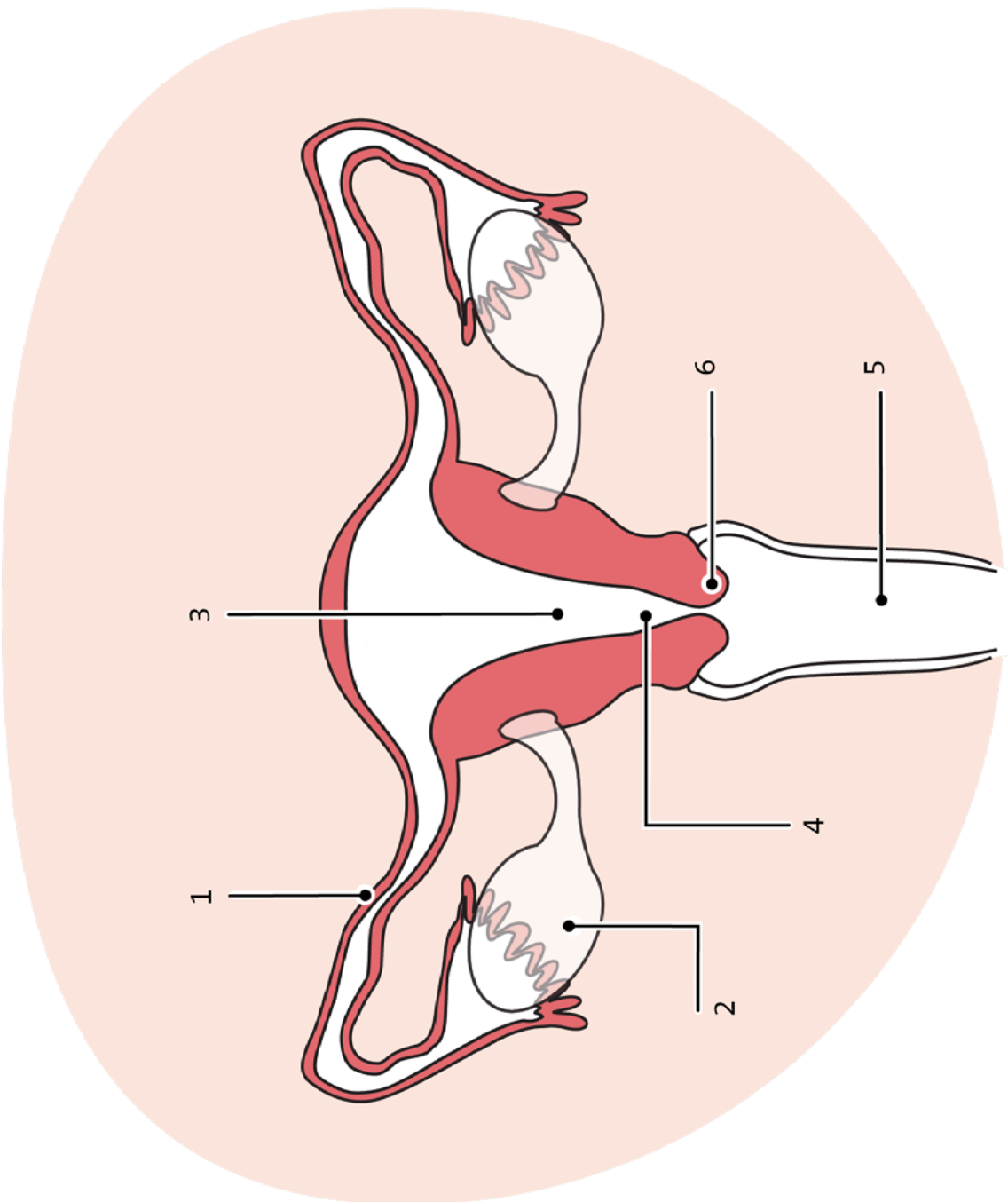
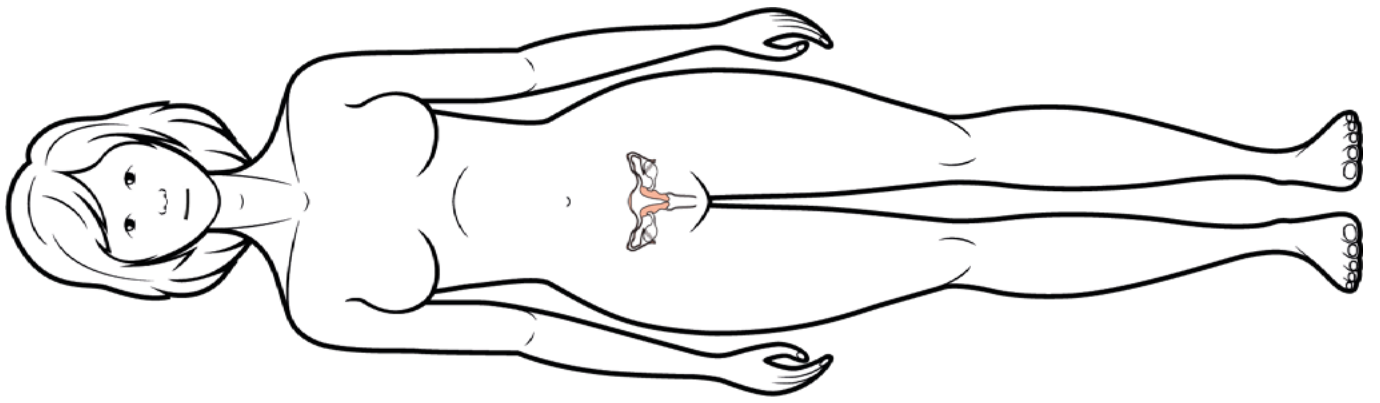
Hormones in the pituitary gland stimulate sperm production in the testicles. The testicles are housed in a sac of skin called the scrotum. A muscle causes their scrotum to retract and pull in closer to their body if they become frightened, cold or sexually aroused. The temperature of the scrotum is a few degrees lower than their overall body temperature (approximately 35°C in the scrotum).

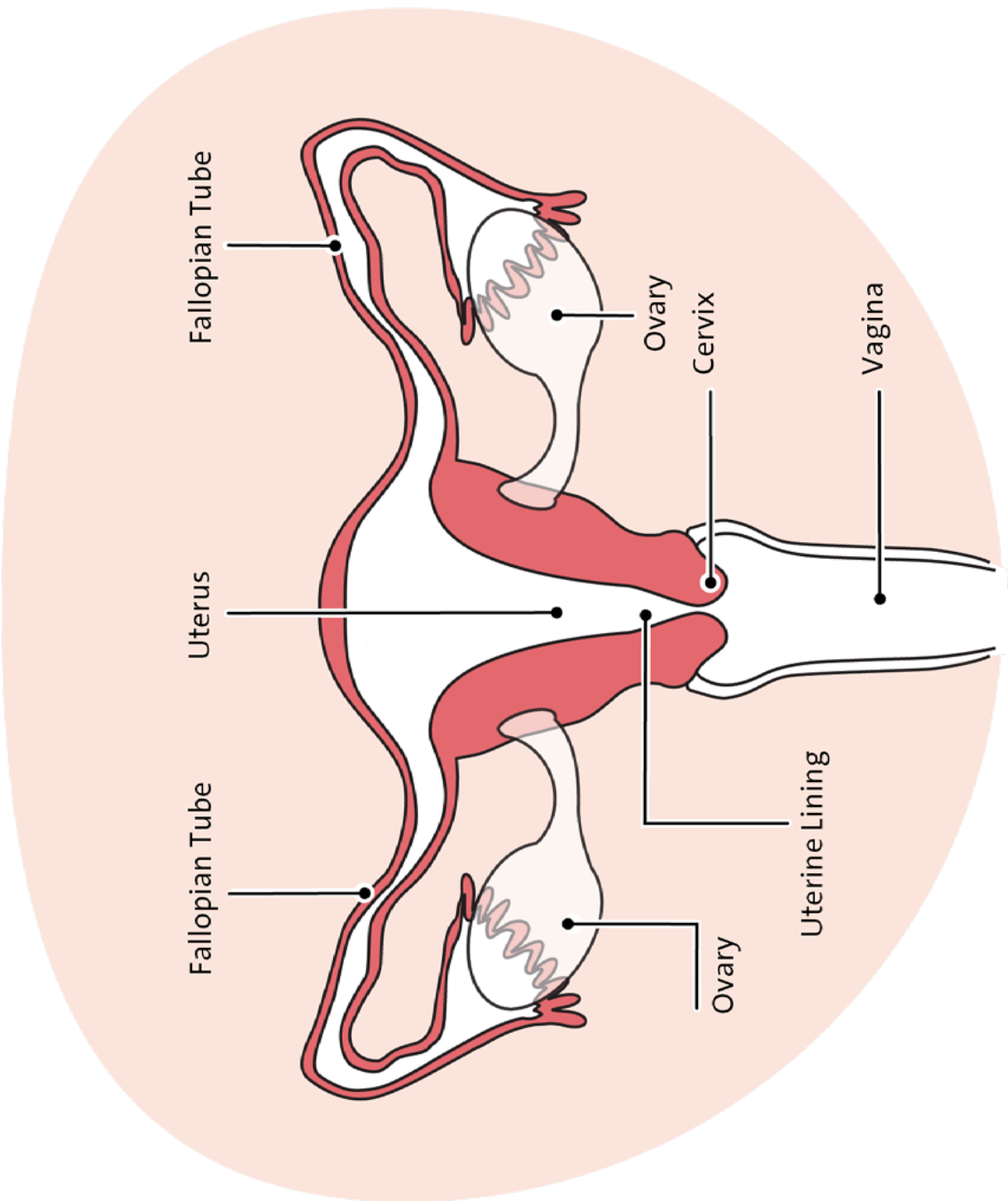
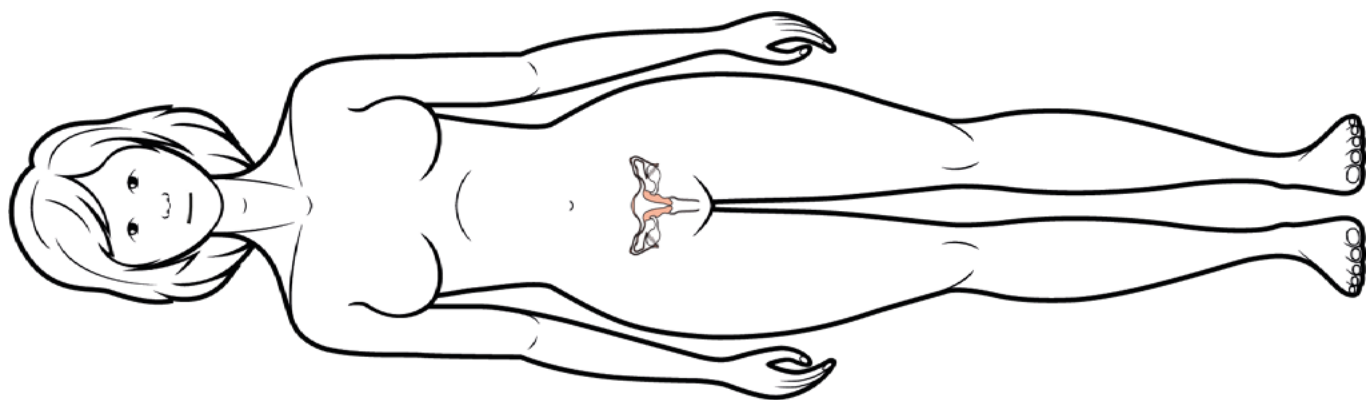
Sperm are the male reproductive cell containing 23 chromosomes which is capable of fertilising an egg. Sperm are made in the testicles and then they sit in the epididymis to mature. The vas deferens is

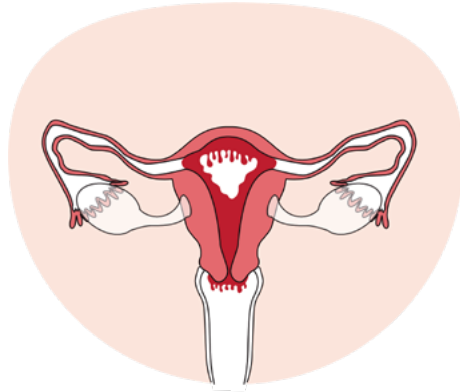
the tube through which sperm pass on their way from the testes to the urethra. Sperm start their journey down the vas deferens. As they travel past the seminal vesicles, it releases fluid. The seminal vesicles are small glands that produce fructose, which is a sugary substance. This fluid is termed seminal fluid and it comprises 70% of the composition of semen, which nourishes the sperm.

As the vas deferens passes through the prostate it narrows to form the ejaculatory duct, a little valve that closes off sperm or urine. The fluid offers nutrition to the sperm and prolongs their lifespan. Young men should begin having regular prostate exams to check for prostate cancer, prostatitis, and any other possible complications. It can also produce intense pleasure when stimulated and is sometimes known as the male G-spot.

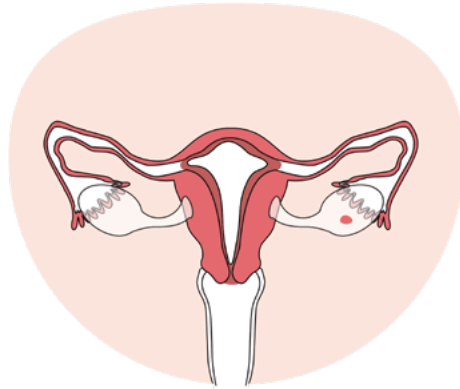
Before the sperm is released from the body it must pass by the Cowper's Gland. The Cowper's Gland is located just below the prostate and during arousal, secretes a clear fluid that appears as little droplets (pre-cum) and neutralises the acidic climate of the urethra, so that the sperm can live longer once the man has ejaculated. The fluid is known as pre-ejaculate or pre-cum and may contain traces of sperm. The combination of the fluids and sperm is referred to as semen or ejaculate. There are between 250 – 500 million sperm in each ejaculation and it only takes one to fertilise an egg.



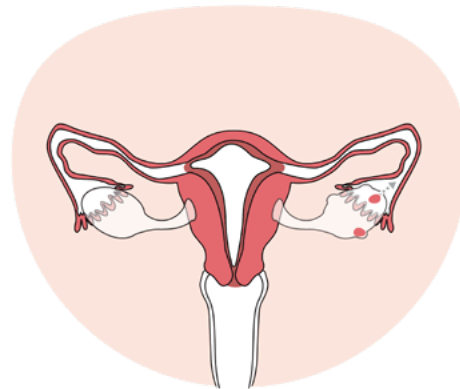




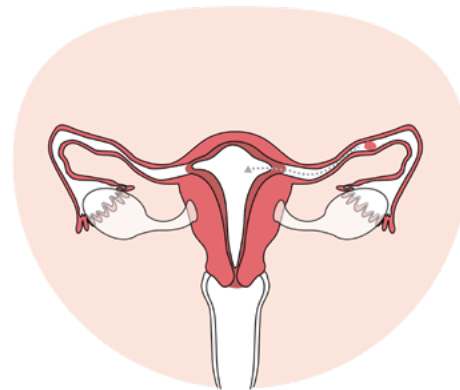
Beginning of cycle
(menstruation)



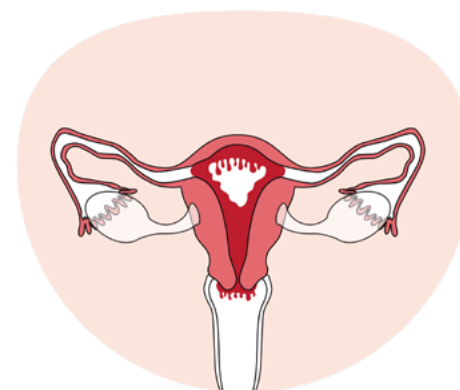
Ovum starts to mature
(lining begins to thicken
to prepare for possible
pregnancy)



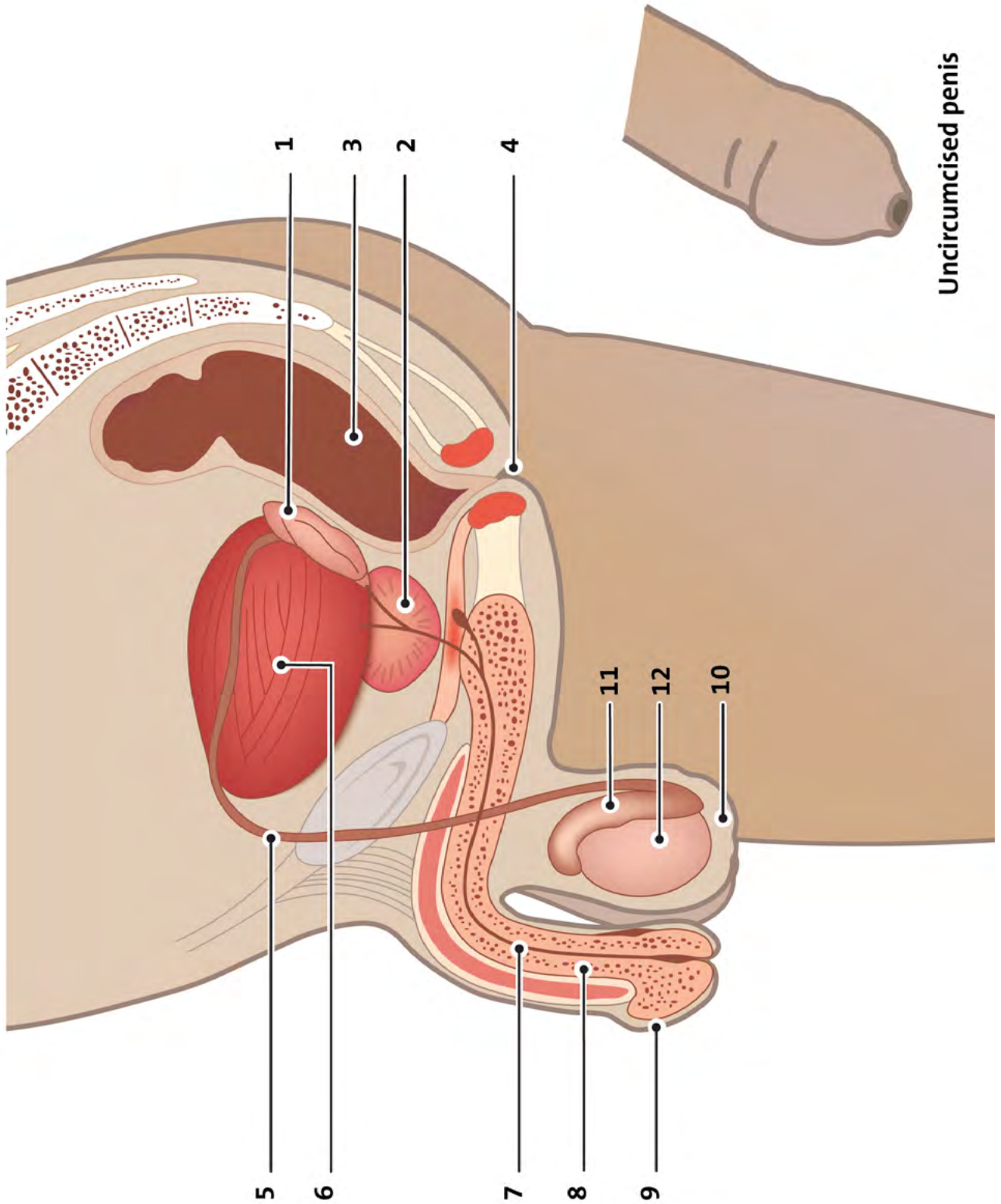
Release of mature
ovum (ovulation)

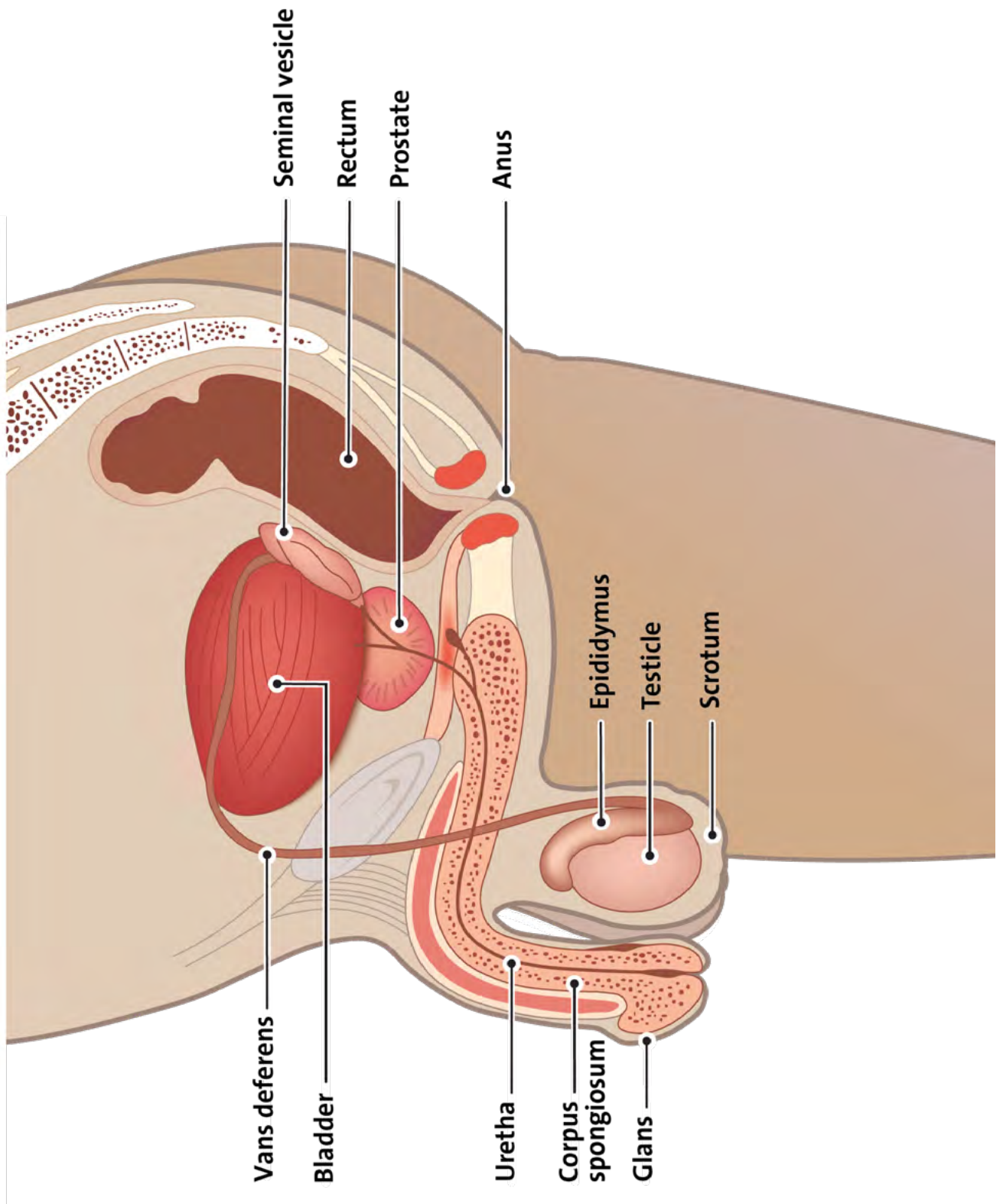


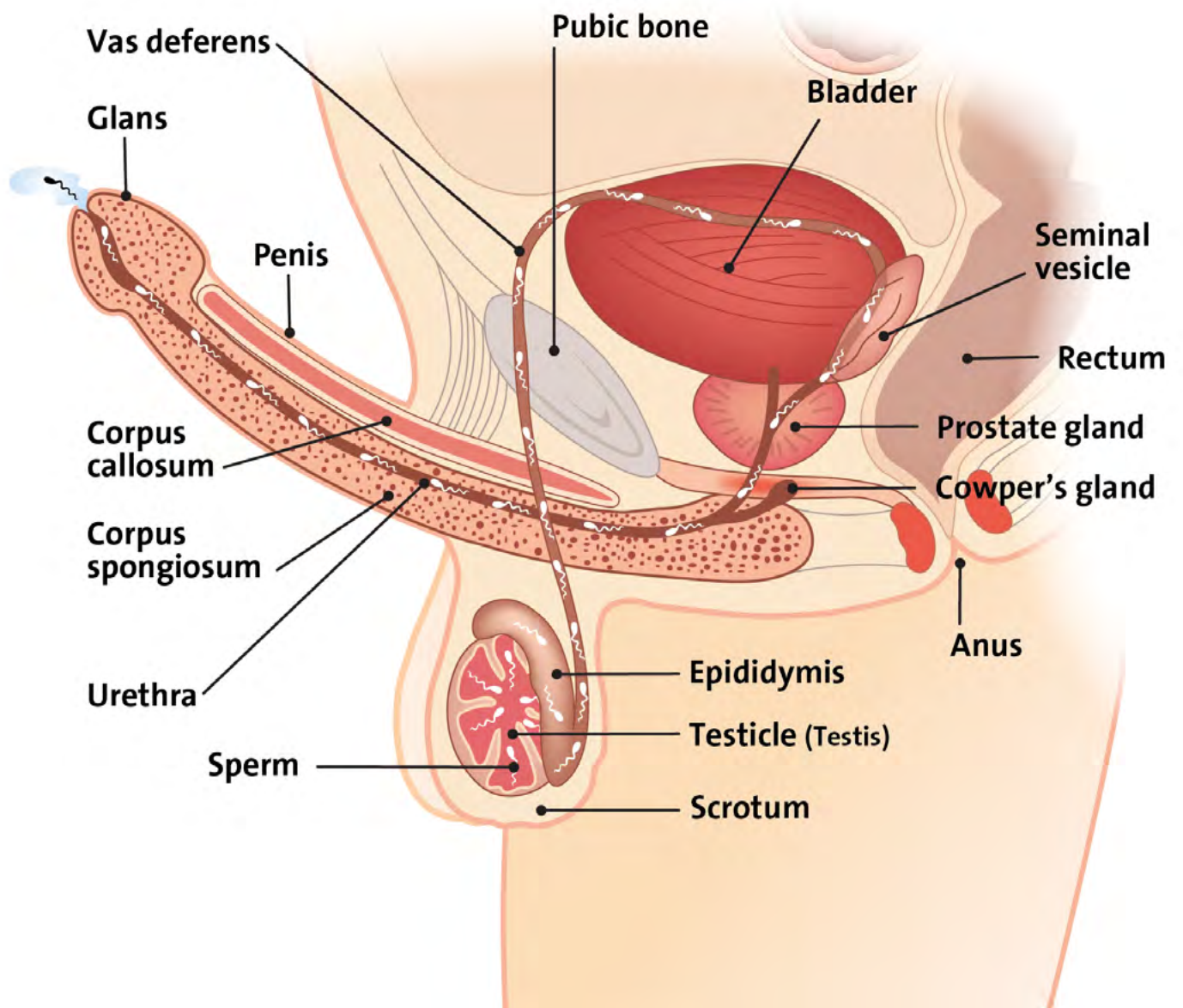
Ovum travels to uterus



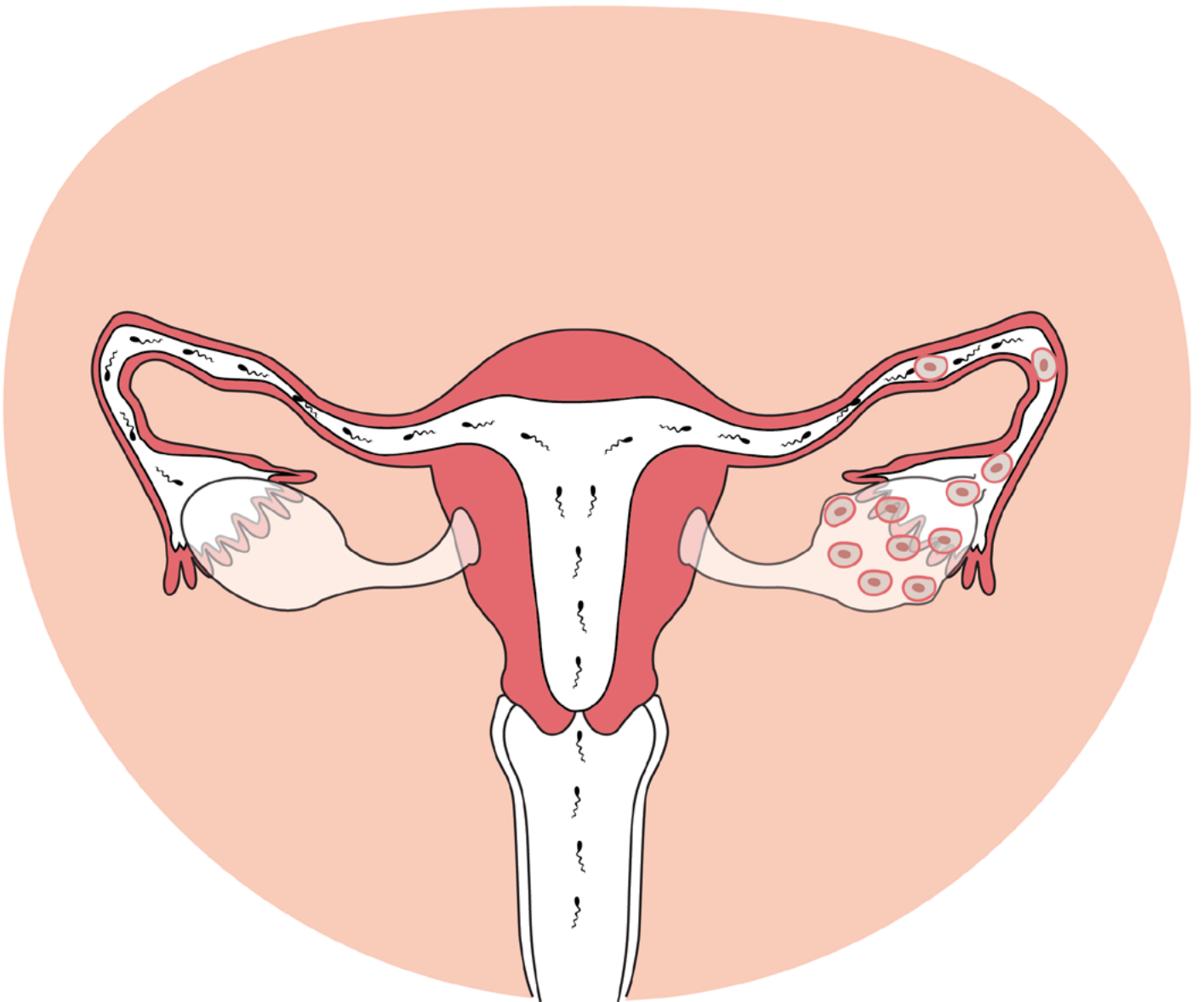
Beginning of next
cycle (menstruation)



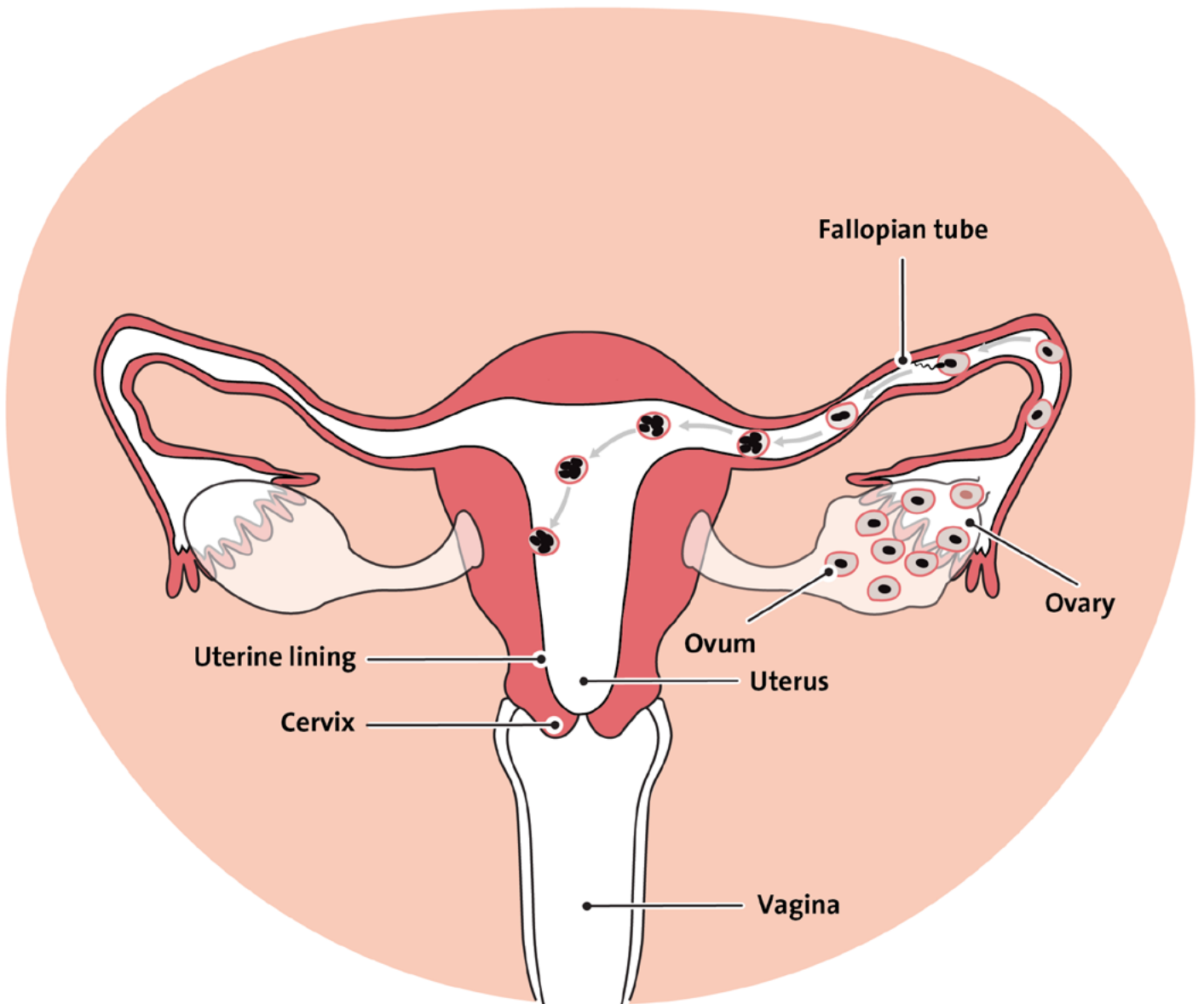




Fertilisation



Implantation



Key Stage 3, Y7 – Lesson: What Stops Us From Saying “No”?

Time: 60 min

Learning Outcomes:

- Participants will consider the pressure they feel to comply to the demands of others.

Resources Required for Lesson:

Guidelines for saying NO

Flipchart paper or whiteboard

Markers

Adapted from Jo Adams <http://www.appleloft.com/> apple.loft@btinternet.com

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

- 1 Ask participants to think of example of when they said “No” to:
 - friends (to lending money, going out, trying tobacco/drugs/alcohol, stealing something),
 - at a part time job (to taking on an extra shift to deliver papers or babysitting)
 - to partners (this might be to going out, kissing, touching under clothes or sex)
 - to family (sibling borrowing your clothes, wanting you to lie for them).
- 2 Ask participants to think of a time when they wanted to say “No” to someone, (family, friends, part time job or partner) but they ended up saying “Yes”.
- 3 Make it clear that you are asking about the fears and anxieties which stop us saying “No” when we really have a choice. We are looking at those times we say “Yes” when our gut is telling us “No”; not issues such as the threat of violence or sexual assault/rape. You are dealing with those occasions on which you could say “No” and want to say “No”, but still find the words “Yes, of course...” coming out of your mouth!
- 4 Ask participants to brainstorm, what is it we fear that people will think about us, feel or do, if we say “No” to them? Write their answers on a piece of flipchart paper or whiteboard, entitled *What Stops Us Saying “No”?*

What Stops Us Saying 'No' – the fears of what people will say/feel/think about us	
We'll upset someone	We'll be seen as lazy
We'll let people down	We'll be seen as unwilling
We'll be seen as obstructive	We'll be seen as unhelpful
We'll be seen as rude	We'll be seen as selfish
We'll be seen as afraid	We'll be seen as difficult
We'll be seen as stubborn	We'll feel guilty
Uncertain of people's reaction	We'll be seen as not a team player
We'll be seen as a no fun	We'll be seen as boring
We won't be asked again	We'll be seen as not a good friend
It will make us unpopular	We'll hurt people's feelings
We'll be seen as childish	We'll be seen as unsupportive
We'll miss out	We'll disappoint people
We'll be stuck with "No" forever	We'll damage others' self esteem

5 Introduce the group to the guidelines for saying "No" assertively

Guidelines For Saying "No"

- Your immediate feelings will usually tell you whether you want to say "Yes" or "No" to a request.
- If you're not sure, then ask for some specific information so that you know exactly what you are agreeing yourselves to (e.g. "How long would this extra shift be?" "When would you pay me back?")
- Say "No" for yourself, rather than referring to a higher authority (parents/carers, teacher) or circumstances beyond your control (e.g. "I can't smoke cannabis because my mother would smell it on me and I wouldn't be able to see you again." vs. "I don't want to smoke cannabis because the smell of it makes me sick. I don't like the way I feel when I'm around it. I just don't want to do it.")
- Make it clear that you are refusing the request and not rejecting the person or the friendship (e.g. "I'm not saying I never want to go to the cinema with you, or I don't like you. I just can't today.")
- The skill of self-disclosure is a big help in saying "No". (e.g. I can't go to the cinema with you today because my grandmother is sick and I've been worried about her all day. I want to get to the hospital as soon as I can to see her.)
- When you say "No" to something you don't want to do, you are saying "Yes" to yourself and your own importance. (e.g. "I don't want to beat someone up. If I were arrested for assault it might affect my ability to be a teacher or work as a coach with children and young people in the future. Beating up people is wrong anyway.")

Saying "No" and surviving the guilt gets easier!

- a** Reassure participants that we **do** survive the initial guilt caused by saying "No" although it feels incredibly difficult to do at first – but it truly does get easier with practice.
- b** Write on flipchart paper or whiteboard entitled *Gains from Saying "No"* the participants feedback about what the gains would have been for them if they had used these guidelines for saying "No" when they thought of the example earlier.(Saying "Yes" when they really wanted to say "No".)

Gains from Saying 'No'	
More time for the things I enjoy	Doing what I want to
They learn I mean it when I say "Yes", because I can and will say "No"	Satisfaction of knowing they will listen and respect my choices
Achievement	Keeping myself safe/out of trouble
Self-esteem	Belief in myself
Respect from others	Self-respect
Finding out if they are real friends or not	Better relationships/greater trust

Discussion:

Learning to say "No" assertively, helps protect young people from risky situations and helps them to delay sex until they are ready. It also allows them to be able to say "Yes", because they are doing so out of choice and not out of guilt, manipulation or fear of social isolation.

Being able to say "Yes" and "No" confidently is also helpful in communicating around issues of consent. If your partner knows and can trust that you will say "No" to things that are out of your comfort zone and will only say "Yes" because you are choosing it, they can feel more secure that the "Yes" is given enthusiastically. Consent should be given clearly to a specific activity, partner and occasion. Consent is ongoing and can be changed or revoked at any time. Consent can only be given when those involved are informed, aware (not impacted by substances), and awake (not asleep or unconscious). Consent is only true consent if no one is forced, pressured or manipulated into an activity.

Guidelines for Saying "NO"

- Your immediate feelings will usually tell you whether you want to say "Yes" or "No" to a request.
- If you're not sure, then ask for some specific information so that you know exactly what you are agreeing yourselves to (e.g. "How long would this extra shift be?" "When would you pay me back?")
- Say "No" for yourself, rather than referring to a higher authority (parents, teacher) or circumstances beyond your control (e.g. "I can't smoke cannabis because my mother would smell it on me and I wouldn't be able to see you again." vs. "I don't want to smoke cannabis because the smell of it makes me sick. I don't like the way I feel when I'm around it. I just don't want to do it.")
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- Saying "No" and surviving the guilt gets easier!

Key Stage 3, Y7 – Lesson: Families and Diversity Time: 30 min

Learning Outcomes:

- Participants will identify different kinds of families and develop respect for them.

Resources Required for Lesson:

Diversity Questions for Similarities and Differences

Option: *Different Kinds of Families* (2:52)

<https://www.youtube.com/watch?v=hpCiyNqzIE>

NOTE: Please watch before showing young people to assess suitability for the individuals with whom you will be working

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

1 Ask participants for the definition of the word Diversity.

Diversity: The state of having many different forms, possibilities, types or ideas e.g. A new box of crayons with 30 different colours is diverse in colour but not size. A box of 30 crayons that are all red is not diverse in colour.

- 2 Arrange participants in two concentric circles so that there is an inner circle and one outer circle, each with the same number of participants. Participants in each circle should be facing each other and looking at one person that will be their partner for the activity. Tell participants that they do not have to share any information they do not feel comfortable to share.
- 3 Read the first question from the Diversity Question for Similarities and Differences Sheet, and get each participant to tell their partner their answer.
- 4 After both have answered, have the inner circle rotate clockwise so that everyone has a new partner. Read the next question. Continue until all questions have been answered.
- 5 Ask participants what it was like to find out that your answers were the same?
- 6 What was it like to find out your answers were different?
- 7 In what ways were you made to feel bad about being different? What does it feel like when it happens?
- 8 What would the world be like if we all answered those questions the same way?
To appreciate and respect diversity, we have to:
 - Recognise difference; not ignore them
 - Recognise the common, popular, dominant way of people, without assuming that is the only way to think, be, or do something.
 - Appreciate everything and everyone as part of the complete picture of diversity.

- 9** Ask participants, “What makes a family a family?”
- Love
 - Choice to be a family
 - Support
 - Sometimes blood or genetic relationships (but not always)
 - Connection
 - Community
 - Culture and tradition.
- 10** What are the ways that families are diverse?
- Size
 - Who is part of it
 - Whether there are children or not
 - How people are related
 - How the family changes over time
 - Family structure.
- 11** Have the inner circle work to create a list of different kinds of families. They can sub-divide into groups of 2 or 3. Have the outer circle create a list of different ways to make a family. The outer circle can sub divide into groups of 2 or 3, as well.
- 12** Remind them that a family is: any combination of two or more individuals bound together over time by ties of mutual consent, choice, birth, adoption or placement. Some of the answers might belong on both lists.

Different kinds of family	Ways to make a family
Chosen family	Adoption
Biological family	Foster care
Adoptive families	Step-families
Foster care families	Friends becoming family (chosen family)
Families with LGBT+ parents	Co-parenting arrangements between multiple people
Blended families	Marriage/Life time Commitment
Families that share co-parenting	One adult with a child or with children
Extended families	Assisted reproductive technology
Mixed race families	Penis-vagina sex
Families with a diversity of abilities/disabilities	
Single parent families	
Childfree families	
Divorced Families	
Multi-generational families	

- 13** As a large group, share the details of the lists that were created.

Diversity Questions for Similarities and Differences

- 1 What is your current favourite film or song?
- 2 What is your current favourite colour?
- 3 Are you left-handed, right-handed, or ambidextrous (both!)?
- 4 What is your favourite time of the day? (Morning? Midday? Afternoon? Evening? Late at night?)
- 5 Are you an introvert (like to spend time by yourself), an extrovert (like to spend time with others), or an ambivert (both!)?
- 6 Are you more of a "cat person," a "dog person," both, or something else?
- 7 Where were you born? In which country?
- 8 Was it in a hospital, or at home, or...?
- 9 Was it a vaginal birth or a C-section (if you know)?
- 10 How many siblings do you have? And where do you rank in age?
- 11 Who do you consider to be in your family?
- 12 What is something that you like in a potential new friend? (Honesty? Sense of humour? Common interests? Being different? Being real with you?)

Key Stage 3, Y7 – Lesson: Jordan’s Story – Sexual Abuse

Time: 40 min

Learning Outcomes:

- Participants will explore the complex dynamics and feelings that come with sexual abuse and how the person engaging in sexual abuse manipulates victims.
- Participants will understand that the person being impacted by the sexual abuse is not to blame and will consider who the trusted adults are in their own lives.
- Participants will learn the definitions of Grooming, Private Touch and Secret Touch.

Resources Required for Lesson:

A copy of *Jordan’s Story*

Copies of *What Can I Do?* for all participants

Adapted from *Beyond the Basics*, Action Canada for Sexual Health and Rights, 2017

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

- 1 Tell participants that they will be learning about sexual abuse and that they will hear a fictional story about a young person who has had a bad experience with inappropriate touching. If anyone needs to or wants to talk about anything after the session, they can come and see you confidentially at... [give a place and time].
- 2 Provide the group with the definitions of Private vs. Secret Touch.
 - **Private Touch:** everyone involved is able to control that touch in a space where they feel safe, comfortable and have privacy (e.g. masturbation is something that should be done privately.)
 - **Secret Touch:** someone else is asking, manipulating, coercing and/or forcing you to keep the touch secret. Secrets are based in shame; privacy is not.
- 3 Read *Jordan’s Story* aloud to the group.
- 4 Ask participants if when they listened to the story, they pictured a specific gender in their mind?
 - Sexual abuse can happen to a person of any gender identity.
- 5 What kind of touch can sexual abuse involve?
 - Secret Touch
 - Touch that feels good sometimes
 - Touch that can feel bad/hurtful some times
 - Touch that is confusing.
- 6 The way to identify inappropriate or abusive touch is that it is a secret. When did Uncle Casey ask Jordan to keep it a secret?
 - When he was doing the drawing “game” on Jordan’s body and having Jordan do it to him.
- 7 Most often, abusers are people that the victim trusts. In the same way that touch is not clearly “good” or “bad”, people are not completely “good” or “bad”. Abusers do things to trick and manipulate young people. What do you think were the tricks that Uncle Casey used on Jordan?

- Gained Jordan's trust by giving special privileges (e.g. let Jordan stay up late and call him Casey instead of KC when no one was around)
- Isolated Jordan to play "private" games
- Made Jordan feel "special" and portrayed the abuse as their special secret
- Lied and said he was teaching Jordan about love. What he was doing was not love; it was abuse.
- Blackmailed Jordan into "protecting" him by not disclosing
- Made Jordan feel guilty for wanting to stop.

These lies, tricks and manipulations are called Grooming. Grooming is when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse, sexual exploitation or trafficking.

Children and young people can be groomed online or face-to-face, by a stranger or by someone they know – for example a family member, friend or professional.

8 What were all the different feelings Jordan had about this uncle and the situation?

- Felt his uncle was fun/great for the time they spent together initially
- Special
- Privileged
- Weird
- Confused
- Funny – not fun
- Like it was Jordan's fault
- Loved his uncle
- Scared
- Worried about getting his uncle in trouble
- Worried about what others would think if they saw him speaking to police
- Bad about his uncle being in jail
- Like his trust had been betrayed
- Feeling that what his uncle had done wasn't right.

9 If Jordan was here, what would you want them to know?

- Abuse is never the victims' fault
- Abuse is not at secret that the victim has to keep
- Trust your feelings. If it feels wrong, you are probable right.
- You have the right to say "No" to anyone, at anytime.
- You are the person that gets to decide if and when your body is touched, by whom and how
- Keep telling a trusted adult until the abuse stops.

10 Pass out the copies of *What Can I Do?* to each participant. Have participants identify the people they could tell if they were ever abused.

Discussion:

This may be a challenging/emotional session for participants. It might also be a difficult session for you as a Teacher/Leader. Please re-iterate boundaries, confidentiality, safe places and from whom they can seek assistance. If you need to, access supervision or support from a safeguarding lead for your own self care if this subject matter is a trigger for you.

Jordan's Story

I want to tell you my story because I wish someone had told me theirs.

Anyway, here it goes.

My name is Jordan. I live with my mom and my step-dad. She married him after my father left to "follow his dream," which looks more like alcohol and gambling. My step-dad is way better at being a dad than my real dad was. But I have to admit that my dad was really fun to be with...when he was around. Everyone says his brother is just like him—lots of fun. He was a secondary school maths teacher and his students all loved him. I know that because my older brother knows some of those kids. I'm 11 years old by the way.

Uncle Casey used to babysit me when I was little. It was always great because he would let me stay up later than my mum would. He even made my big brother do his homework in his room while I got to hang out with my uncle. I call my uncle "Casey", because his initials are KC. He used to let me call him Casey, but I wasn't supposed to do it in front of anyone else. It was just between the two of us.

We used to play these games. I would sit on his lap and he would tell me to close my eyes. Then he would draw a shape on my thigh. I had to guess what it was and then draw one on his. It would start out ok. Then he would draw one a little higher up my leg. Then it was my turn and I would do the same. It got weird because eventually, my hand would be right up between his legs and there was a bump there. When I was little, I didn't know what that was.

His games were always secret. I wasn't supposed to tell anyone because he said they wouldn't understand that he was just teaching me about love. He never hurt me but it just always felt funny – not fun. Because I didn't tell him to stop, I figured it was my fault it kept happening.

Two years ago, I was having a lot of trouble with maths, so my mum asked him to tutor me. We ended up spending a lot more time together. The tutoring would start off ok, but then it would end in one of his games. By this time, he was touching all over my body, including between my legs and making me touch him there, too.

Last year, we had our first puberty class in school. Everyone acted pretty stupid, laughing and asking silly questions. But in the last class, the teacher talked about touching and suddenly, Casey's "games" hit me like a load of bricks. I realised that Casey had always said the games were our secret and that he would get in trouble if anyone found out. He said he knew I loved him. That part was true. I was confused and really scared.

I wrote a question and put it in the anonymous question box for the teacher to read.

The next day, she answered the rest of the questions. Then she said, "I have a question here that seems kind of private. It's a really important one and I want to answer it. Could the student who wrote it please let me know after class?"

This was it. I had a big decision to make. I went into the corridor and then told my friends I would catch up to them. I said I forgot something in the room and had to go back and get it.

The teacher asked if someone had been touching me and I said yes. She asked if it was like what we talked about in class and I said yes again. She wanted to know if that person still saw me. When I said yes for the third time, she told me she had to call the police and Children's Services that protects children so they could make it stop.

"I don't want to get him into trouble," I said.

"He got himself into trouble, Jordan. That's why he made you keep it a secret. He knew it was wrong and he knew it was against the law."

So we went to the head's office and she made a phone call. Before the end of school, a social worker and some police officers came and talked with me. Luckily, they weren't wearing uniforms so none of my friends would ask questions.

Things happened very quickly after that. Uncle Casey was arrested. I started going to counselling and so did my mum. It turned out that my grandfather had touched my dad in the same way and we figured probably Casey too.

When my dad found out, he was angry. My mum says he was really sad too, but he never said that to me. He ended up seeing a therapist and has been sober for almost 2 years now.

Uncle Casey is still in prison. I felt bad about it at first, but I know now that it wasn't my fault. Later I understood that he had broken my trust and that what he did wasn't right. It turns out that when he was teaching, he had abused some other kids. If one of them had told someone, maybe this wouldn't have happened to me.

My counsellor suggested that I write down my story. I know it's not fun to listen to this kind of stuff, but it does happen and hopefully it will help you or someone you know.

What Can I Do?

If someone touches you in a way that is not ok or if you feel uncomfortable because of what they ask you to do:

- Try to tell the person to stop.
- Leave the situation if you can.
- Even if they said you shouldn't, tell an adult you trust.
- If the first adult you tell doesn't help you, tell another adult you trust until you get the help you need.

If you need help, you can get it from these people: (e.g. Police, social worker, doctor, school nurse, teacher, spiritual leader, youth engagement worker, parents/carers, grandparents, aunts/uncles...)

Anyone else you can think of?

1 _____

2 _____

Write the names of people you would tell:

1 _____

2 _____

3 _____

4 _____

Key Stage 3, Y7 – Lesson: Back Me Up Time: 40 min

Learning Outcomes:

- Participants will be able to define peer pressure and give examples of how it can happen online.
- Participants will give advice to others about how to resist peer pressure online and offline.

Resources Required for Lesson:

Access to internet to watch video online

Adapted from Crossing the Line <https://www.childnet.com/resources/pshetoolkit>

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

- 1 Ask your participants what they understand by the term 'peer pressure'
 - Peer Pressure: the strong influence of a group, on members of that group to behave as someone else does.
- 2 What is the difference between pressuring and encouraging someone?
- 3 What can peer pressure look like online?
 - A hurtful comment is being shared on social media about someone in your year group. Everyone is liking it, commenting and sharing it. Some people think it is funny, but you know it's wrong, but you also don't want to be left out or have people turn on you.
 - All your friends have hundreds of followers on their social media and often get well over a hundred likes on their selfies. You only have around 30 friends online and don't like the idea of connecting with people you don't know. However, everyone keeps teasing you and saying you have no friends.
- 4 How does peer pressure make you feel?
 - Pressurised, scared, nervous, hopeless, guilty, no way out
- 5 What can you do if you feel peer pressure?
 - Choose your friends wisely, tell a trusted adult, believe in yourself and be confident in your decisions.
- 6 Read out some statements about peer pressure and students must decide if they believe them to be true or false. Thumbs up if they think it is true, thumbs down if they believe it is false.
 - Peer pressure comes from a desire to fit in – T
 - If you don't do what someone wants you to do, you will lose them as a friend – F
 - Peer pressure does not relieve young people from responsibility – T
 - Giving in to peer pressure means you are conforming and you can lose your individuality – T
 - Peer pressure comes from media, friends and family – T
 - Peer pressure is an excuse for bad behaviour – F
 - Peer pressure only comes from friends – F
 - Peer pressure is always negative – F

- 7** Watch *Back Me Up* (4:38)
<https://www.childnet.com/resources/pshe-toolkit/crossing-the-line/peer-pressure/back-me-up>
or <https://www.youtube.com/watch?v=tG52x8gNE>
- 8** Is this story realistic?
- 9** Is it difficult to know what the right thing to do online is, in cases of your friends cyberbullying others, or if your friends are encouraging you to make bad decisions?
- 10** Leah says in the film that Charlie always goes “too far”. In this film, where do you think the line was crossed from harmless banter, to cyberbullying?
- 11** Which friend’s response do you relate to most?
 - Jenna?
 - Ben?
 - Leah?
 - Jack?
- 12** Why did you relate most to that character?
- 13** Why does Jack go along with what Charlie is doing?
- 14** Why is Charlie able to manipulate him?
- 15** Are Jack and Charlie equally responsible for bullying Jason?
- 16** If others like the pictures or share them, are they also joining in with the bullying?
- 17** A bystander is someone who sees bullying happen and although they don’t get involved, they don’t speak out against it either. Can you name the bystanders in this film?
 - Jenna and Ben.
- 18** If Ben, Jenna and Leah are Jason’s friends, why are they reluctant to stand up for Jason or to get involved?
- 19** Do you think they are bad friends? Would you expect your friends to stick up for you online?
 - Fear of getting involved
 - Charlie targeting them instead.
- 20** What would happen if Jenna, Leah and Ben wrote back on behalf of Jason and said something mean back to Charlie?
- 21** Charlie says the picture with the mean comment “will disappear in a second. No harm done”. Is this true?
- 22** What do you think would happen if no one reported or said anything about the cyberbullying to the school?
- 23** Is there a reason why you might not report to the school?

Key Stage 3, Y7 – Lesson: Consequences – Grooming Time: 30 min

Learning Outcomes:

- Participants will increase awareness of potential risks of online grooming and how they can be dealt with.
- Participants will explore the process of online grooming, ways to protect themselves and where to seek support.

Resources Required for Lesson:

Adapted from <https://www.thinkuknow.co.uk/professionals/resources/consequences/>

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

1 We are often told not to share personal information online. What is the personal information we should keep private?

- Address
- School
- Mobile number
- Birthday
- Plans for the y (sibling borrowing your clothes, wanting you to lie for them)

2 Explain what online grooming is.

Online Grooming: Online Grooming is about building a relationship with a child in order to later abuse them. This can be far easier online. Games, social media, live streaming platforms and chatrooms enable people to make contact with children to try to groom them. They can create multiple online identities and even pretend to be children and young people to trick real children into chatting and sharing. They can find out a lot about individual children before they make contact by looking at the things the child has posted. Using this information they can target children who are particularly vulnerable and carefully plan what they will say and show an interest in. They can also contact lots of children very quickly in the hope that one will respond.

3 Watch Consequences (8:46)

<https://www.youtube.com/watch?v=l7sV5gvRKDY&t=17s>

4 How did Justin find out information about Jade?

- Photos she posted
- Photos her friend's posted
- She had no passwords
- She shared personal information (email, address, mobile number, connected to multiple social media platforms)
- User settings were not set to Private
- He wasn't truthful about who he was when he chatted with her online.

- 5** When did you start to get worried about Jade?
 - When he looked up her address
 - When he started following her
 - When he asked her to leave a stick with revealing photos/videos of herself for him to look at
 - When he threatened that “no harm would come to her if she did what he asked”
 - When he said he would share them with mates online
 - When he said he was going to pay her a visit.
- 6** What stopped Jade from telling her friends, parents/carers, police, a teacher or a youth worker?
 - She is embarrassed by what she’s done
 - Doesn’t want to get into trouble with the police
 - Afraid that the people at school would find out all the things she has said about them
 - Is afraid of what friends and family might think of her
 - Feeling trapped
 - Not knowing what to do
 - Feeling it was her fault.
- 7** If you could talk to Jade, what advice would you give her?
 - Tell a trusted adult (parents/carers, police, a teacher or a youth worker)
 - Report it via the CEOP button or on the Report Abuse button that many social media platforms have.

Discussion:

For up to date information on all social media platforms and keeping safe, go to <https://www.thinkuknow.org.au/index.php/resources-tab> and there are also specific Guides for Parents on Snapchat, WhatsApp, Instagram, Twitter and more at <https://www.thinkuknow.org.au/resources-tab/parents-and-carers> You can also get instruction on reporting bullying or youth produced sexual images on multiple platforms by going to <https://www.childline.org.uk/info-advice/bullying-abuse-safety/online-mobile-safety/sexting>

Year 8

Key Stage 3, Y8 –

Lesson: How Far Would You Go for A Friend?

Time: 45 min

Learning Outcomes:

- Participants will explore the limits of friendship and when to set boundaries.

Resources Required for Lesson:

Slips of paper with a scenario on each
Bowl/basket

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

Place the Quality Cards containing a positive quality on tables around the room. You may need multiples of the cards depending on the size of the group.

- 1 Explain to participants that they will draw a piece of paper from the bowl and finish the sentence.
- 2 Each participant takes a turn drawing a slip of paper from the bowl while thinking of a friend.
- 3 Participants take turns reading their scenario out loud. Based on the friend they have in mind, they must then complete the sentence.

Discussion:

- Have you thought much about the limits of your friendships? What are 3 things that you would not do with or for your friends, no matter what?
- Are there things you would rather not do, but would if a close friend asked? Explain.
- Would you do some things for certain friends, but not others? How do you decide?

How Far Would You Go For A Friend?

- 1 If my friend forgot lunch, I would...
- 2 If my friend needed to borrow £20, I would ...
- 3 If my friend talked about running away from home, I would ...
- 4 If I knew my friend had written graffiti all over the school's/colleges new toilet doors and I was asked about it, I would...
- 5 If my friend had not done an assignment and wanted to copy mine, I would...
- 6 If my friend told me they got someone drunk to have sex with them while they were passed out, I would...
- 7 If my friend wanted me to steal, I would...
- 8 If my friend was drinking alcohol and passed out at the party, I would...
- 9 If my friend told me she was non-binary, I would...
- 10 If my friend told me their stepfather had been touching them, but made me promise not to tell anyone else, I would...
- 11 If my friend started telling a racist joke, I would...
- 12 If my friend was planning to drive their parents/carers' car without a license, I would...
- 13 If my friend planned to buy cannabis, I would...
- 14 If my friend told me to stop sending naked photos of myself because of the risks, I would...

Key Stage 3, Y8 – Lesson: Why Do People have Sex? Time: 30 min

Learning Outcomes:

- Why Do People have Sex? Participants will identify different kinds of families and develop respect for them.

Resources Required for Lesson:

Flipchart paper or whiteboard
Markers
Sticky tac
Sticky notes
Pens

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

- 1 Draw two vertical line splitting the flipchart paper into three columns. Label the first column, "Why", the second column "Needs", the third column, "Feelings" and the last column "Other Ways".
- 2 Ask the whole group "Why do people have sex?" Point out that you mean consensual sex. The answers do not have to be good reasons, their reasons or even legal (e.g. for a roof over their head, drugs, love, children, so people won't think they are gay...). Ask participants to write their responses on their sticky notes then place them under the heading of "Why".
- 3 Ask participants to call out all the needs people may try to meet through having sex with someone else. Flipchart all their answers on the "Needs" side on sticky notes. Additionally ask participants people might get out of having sex and place the answers on sticky notes within the same column.
- 4 Having identified some of the reasons people may be having sex, the needs they are seeking to meet through sex, it is useful to go on to discuss whether these methods actually work.
 - Does having sex with someone necessarily make you feel loved or stop a partner from leaving? How might they feel if they used sex to meet these needs?
- 5 Write the feelings on sticky notes and put the answers in the third column.
- 6 When this is done and you have a flipchart full of needs people hope to meet through sex:
 - Ask which ones of these needs given, can only be met through having sex with another. Usually there are only one or two – e.g. to lose your virginity, to get pregnant. Circle the answers in a different colour of marker.
 - Ask the group what they think about this mismatch of needs and people using sex to meet these needs?
 - Ask the group, "What have we learned about the role of sexual relationships?"

Discussion:

A key understanding should be that if people look to sex to meet all of their needs, they are likely to be disillusioned and disappointed, and often experience blows to their own self-esteem, rather than improving it. They may also have unwanted outcomes such as STIs, emotional hurt, physical discomfort or legal trouble. Remember, too, that there may be some positive outcomes for people who have genuinely made an informed, considered and emotionally-aware choice.

Why do people have sex?	What are the needs people may try to meet through having sex with someone else?	How might they feel after sex?	How else could they meet their need?
<ul style="list-style-type: none"> • For affection 	<ul style="list-style-type: none"> • Feeling loved • Feeling closer to the other person 	<ul style="list-style-type: none"> • Loved • Closer to the other person • Empty • Used • Unlovable 	<ul style="list-style-type: none"> • Through strong loving friendships and developing self-esteem.
<ul style="list-style-type: none"> • To show love 	<ul style="list-style-type: none"> • Loved • Connected to their partner 	<ul style="list-style-type: none"> • Loved • Connected to their partner • Disappointed 	<ul style="list-style-type: none"> • Being supportive, taking care of them, listening to them, having fun with them, always having their back, respecting them, treating them as an equal.
<ul style="list-style-type: none"> • Admiration of others 	<ul style="list-style-type: none"> • Proud • Grown up 	<ul style="list-style-type: none"> • Proud • Ashamed • Grown Up • Disappointed • Regretful 	<ul style="list-style-type: none"> • Tell people it's none of their business. • Create a reputation for being discrete. • Make decisions based on your values; not pressure from others or to impress them. • Find something you're good at (e.g.sports, music) and get esteem through that.
<ul style="list-style-type: none"> • To keep a partner 	<ul style="list-style-type: none"> • Relationship security • To stake your claim on the other person 	<ul style="list-style-type: none"> • Compromised • Like you let yourself down • Still insecure 	<ul style="list-style-type: none"> • Keep people in your life that respect your decisions, and be free of those that don't.

Why do people have sex?	What are the needs people may try to meet through having sex with someone else?	How might they feel after sex?	How else could they meet their need?
<ul style="list-style-type: none"> To prove your sexual orientation 	<ul style="list-style-type: none"> To stop people from talking about you To stop people from pressuring you to have sex To convince yourself you are gay/lesbian/bisexual/asexual or pansexual To convince yourself you are not gay/lesbian/asexual or pansexual 	<ul style="list-style-type: none"> Like you are lying to yourself/others Like you used the other person Clarity about your sexual orientation More confused about your sexual orientation 	<ul style="list-style-type: none"> Have sex when you are ready with whomever you are attracted to when it is consensual, mutual and caring. Tell anyone that asks that it is not their business. Tell others that you will have sex when you are ready and until then you will delay. Know that whether you are gay/lesbian/bisexual/asexual or pansexual or not is your business and that either way, you are free to wait until you are ready for sex or ready to discuss your sexual orientation. Know that you don't ever have to have sex, if you do not want to.
<ul style="list-style-type: none"> Bored 	<ul style="list-style-type: none"> Entertainment Distraction 	<ul style="list-style-type: none"> Still bored Feel regretful Satisfied for a period of time Distracted Entertained 	<ul style="list-style-type: none"> Go outside, listen to music, read, watch a film, talk to friend, gaming, go online, make food, exercise, do art, dance.
<ul style="list-style-type: none"> Have a baby 	<ul style="list-style-type: none"> To keep a partner To get independent housing To show others that you are grown up To start a family To feel that you have someone that will love you 	<ul style="list-style-type: none"> Feel hopeful Feel scared about parenting Excited about becoming a parent Worried about telling family/friends/ partner Excited to tell family/ friends/ partner 	<ul style="list-style-type: none"> Be in a relationship that is built on trust, respect and equality. Save money to apply for your own housing. Try house sharing with a friend. Prove you are growing up by making decisions that are well thought through, based on long term positive goals, doesn't harm yourself or others and you take responsibility for your actions and the consequences Get a pet.

Why do people have sex?	What are the needs people may try to meet through having sex with someone else?	How might they feel after sex?	How else could they meet their need?
<ul style="list-style-type: none"> • Get drugs, gifts, money, alcohol, place to live, membership to a group/ gang 	<ul style="list-style-type: none"> • To have fun • To numb out • To get things you can't afford • To feel like you belong • For security and protection 	<ul style="list-style-type: none"> • Exploited • Used • Guilty • Dirty • Like you made a good trade • Worth it to belong to a group 	<ul style="list-style-type: none"> • Go for safer adrenaline activities (e.g. rollercoasters, rock climbing, go carting). • Talk to someone that help you with the problems you are trying to avoid. • Get a part time job (babysitting, delivering papers, cutting grass). • Go to a youth centre or place where you have positive things in common with people (e.g. sports, arts, reading, doing hair and make-up, boxing). • Talk to a trusted adult about why you feel you need protection and are feeling unsafe.

Healthy vs Unhealthy Relationships

In a Healthy Relationship...	In an Unhealthy Relationship...
<ul style="list-style-type: none"> • Power is shared • Communication is in both directions • You listen to each other • There is respect • There is trust • Both people are assertive and allowed to have their own opinions • Both people have positive self esteem • There is communication of feelings and needs openly • There is negotiation 	<ul style="list-style-type: none"> • Power is unequal • Communication is in one direction • Listening is in one direction • Respect may be absent • Trust is absent • One person is aggressive and dictates opinions • There is low self-esteem in one or both people • There is an inability to communicate feelings and needs without fear • One person has control over the other

Qualities to Watch Out For

- | | |
|--|--|
| <ul style="list-style-type: none"> • Does not listen to you. Ignores what you say, talks over you and pretends not to hear you. • Ignores your personal space boundaries. • Expresses anger and aggression towards you or others. • Tries to make you feel guilty or calls you names if you resist their sexual advances. • Is constantly offering to take care of you. • Is unwillingness to talk things over that bug you or them. • Attacks you, your behaviour, your personality, your interests, your beliefs or your values. • Expects you to give up your friends, or family to be with them. • Questions where you are going, with whom, for how long and what you will be doing. • Places a tracker on your mobile. • Makes you Facetime/WhatsApp to prove you are where you have said you are and with whom. • When you are feeling good, they always puts you down. • Constantly blames others and does not take responsibility. | <ul style="list-style-type: none"> • Uses silence as punishment. • Makes you do things you do not want to do. • Twists stories around. • Is jealous. • Tells other people about things you did or said that embarrass you or makes you feel stupid. • Makes threats about hurting you, hurting those you love or killing themselves if you don't obey them. • Has ever hit you, no matter how sorry they were afterwards. • No one has the right to control another person and it is. • Eeveryone's right to live without fear. |
|--|--|

No one has the right to control another person and it is everyone's right to live without fear.

Key Stage 3, Y8 – Lesson: Under Pressure Time: 45 min

Learning Outcomes:

- Participants will explore the impact peer pressure could have on sexual decision making.

Resources Required for Lesson:

Flipchart paper or Whiteboard
Markers

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

- 1 Place the following details on the whiteboard or flipchart paper for everyone to see.
Jamelia is 14 years old. She come to the sexual health clinic in town to get the contraceptive implant. Her boyfriend is 15 years old and they have been seeing each other for 3 weeks. He has told her he'll have to find someone else if she won't have sex with him.
- 2 Ask participants to think about all the things Jamelia may be feeling, thinking, wondering, anxious about – everything that may be going on for her when she goes to the clinic. Write down their responses on the whiteboard or another piece of flipchart paper.
- 3 Ask participants, "If she was your friend, what advice would you have for her?"
- 4 Remove the information regarding Jamelia.
- 5 Place the following details on the whiteboard or flipchart paper for everyone to see.
Dion is 15 years old. All of his friends say they've had sex and he's tired of being called gay because he hasn't. He decided he is going to have sex with a girl before he turns 16 next month.
- 6 Ask participants to think about all the things Dion may be feeling, thinking, wondering, anxious about – everything that may be going on for him when he goes to school each day. Write down their responses on the whiteboard or another piece of flipchart paper.
- 7 Ask people to think of just one thing that they'd like to say to Dion to relieve the pressure he's experiencing.
- 8 Then, at the end of the exercise put Jamelia's and Dion's scenarios up side by side and ask the group "Does anything strike you about this? Jamelia and Dion may well be a couple – both likely to end up having sex they don't really want to meet a completely different set of needs.
- 9 Ask the entire group the following questions:
 - What pressures are similar for all genders?
 - What pressures are different for different genders?
 - Is there one group (partner, friends, parents/carers, social media) that has more influence or power over decisions about sex if someone identifies as male? If so, what group and why?
 - Is there one group (partner, friends, parents/carers, social media) that has more influence or power over decisions about sex if someone identifies as female? If so, what group and why?

- How would this be more complicated if one of them was thinking they might be gay/lesbian/bisexual/asexual or pansexual?
- If a person was feeling pressure to do something they weren't comfortable doing, what could they do if the pressure came from a partner? What if the pressure came from a peer? What if the pressure came from a parent/carer?

Discussion:

- What do the things Jamelia and Dion were thinking and feeling tell us? The gendered nature of pressure is interesting to explore at this stage. Jamelia may be focused on pleasing others and anxious about approval – for example from her boyfriend, parents/carers, friends and clinic staff as well as having fears of pregnancy. Dion on the other hand may be focused on his reputation and trying to question his own romantic or sexual orientation.
- Most of both Jamelia's and Dion's thoughts and feelings will be likely to be about anxieties and fears – very few if any about pleasure. Sex is supposed to be an enjoyable activity. See ECC (Enjoy, Choose, Consequences) for more information.
- Participants may be thinking about what may be going on for Dion, sometimes at the expense of giving proper attention to Jamelia's predicament. Watch out this doesn't happen, and ensure that people understand that empathising with Dion explains the pressure he's putting on Jamelia, but doesn't excuse this.
- Help the group be clear that Dion is under huge pressure, but that passing this on to Jamelia is no solution. It is the pressure itself that needs to be addressed and challenged.

Key Stage 3, Y8 – Lesson: Enjoy, Choose, Consequences (E.C.C.)

Time: 40 min

Learning Outcomes:

- Participants will be introduced to a definition of sexual health and a strategy for decision making to minimise risk.

Resources Required for Lesson:

ECC concept originated by Milly Carmichael

Option: View *What Makes a Relationship Healthy?* (2:15)

<https://www.youtube.com/watch?v=UB9anEZx9LU>

NOTE: Please watch before showing young people to assess suitability for the individuals with whom you will be working

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

According to the World Health Organization , sexual health is "... a state of physical, emotional, mental and social well-being in relation to sexuality, and not merely the absence of disease, dysfunction or infirmity. 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, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all people must be respected, protected and fulfilled". That is a very long definition that is hard to remember and hard to understand.

Ask participants, "What does it mean to be Sexually Healthy?"

The easiest way to remember what being sexually healthy is, is to break it down into the ECC.

Def'n: Enjoy the sex you Choose to have and the Consequences.

The criteria to see if you are making a sexually healthy decision are these 3 questions:

Am I enjoying it?

Am I choosing it?

Am I going to be OK with what happens afterwards?

If the answer to all 3 questions is "YES" you can be pretty sure that it is going to be a sexually healthy thing to do; your partner(s) must also be able to answer "YES" to all 3 questions too. If control over those elements is ever forcibly taken away from you, then it is a criminal offence and needs to be treated as such.

Explain the scenario to the participants.

“Let’s apply the ECC to choosing a behaviour that has nothing to do with sex. Imagine for your friend’s birthday, they had decided to go rock climbing with a group of friends and you are included. You have never been rock climbing before, but you know some of the people going.”

Brainstorm with the group the answers to the following questions:

What would guarantee your enjoyment of rock climbing?

- Being safe.
- Being with someone that know what they are doing.
- Feeling that however far I choose to go up the wall, I will be cheered on/supported/not belittled.

What would make you feel safe to climb the wall?

- Wearing safety equipment that protects my health (e.g. helmet, a harness that fits, climbing ropes that are not damaged, crash mats on the floor, chalk and chalkbag).
- Having a belayer (person that holds the climbing rope in the event of a climbing fall) that is paying attention and will listen to me.

What are the characteristics I would want in someone that was belaying me when I was on the climbing wall?

- Watching my non-verbal body language to know if I’m feeling confident or struggling.
- They ask me directly if I am ok with what is happening.
- They ask me if the tension in the rope is too much or not enough.
- If I say I want more tension or less, they listen and respond.
- They ask if I want to keep going.
- If I decide to change my mind, even if I had previously said I wanted to go to the top and ring the bell, they don’t make me feel stupid or guilty. They respect what I’ve said and support me to do whatever feels comfortable. It may be stopping to take a breath before I decide what I want to do. It might be encouraging me to stay exactly where I am and enjoy the view. It may be that they help be come down the wall as quickly as possible so I can feel safe again and ask me what I need to feel ok.
- They want me to enjoy the experience without feeling pressured, scared or uncomfortable.

What would help me know I was choosing to go rock climbing for myself and not to please others?

- I can choose to not go rock climbing at all.
- I can choose just to go bouldering, but not climb.
- I can choose to set my own limits for how high I want to go, who I will trust to belay me, the route I want to take (as long as it is safe) and how long I want to do it.
- I can change my mind about any of my limits without being manipulated, socially isolated, or ridiculed.
- I am not doing it because someone has already paid for me to go climbing and I don’t want to disappoint them.
- I am not doing it because I don’t want anyone to think that I’m afraid or childish.
- I am not doing it because it is my friend’s birthday and I don’t want to disappoint them or for them to think I am no fun.

- I am not doing out of fear that I won't be invited the next time the group wants to do something.
- I am not taking risks that put myself or someone else at risk because I am showing off or feel like I'm invincible.

What would make you feel ok about the possible consequences of going rock climbing?

- I need to know how to keep safe?
- I would need to know what could go wrong (e.g. slip off the wall, clip might not be secured, rope could break, my belayer might trip while I'm climbing.)
- If something did go wrong, how badly could I or someone else be hurt? (from different heights you could break bones or have a concussion, someone might fall on you, you might trip over a rope that is on the ground)
- What precautions can we take now that we know what could go wrong, and how people could be effected/hurt?
- All safety equipment checked/inspected by an appropriately qualified person in accordance with Facility Inspection Record
- Only qualified people will be belayers, use safety gear as instructed,
- Staff to monitor and remove trip hazards
- Staff would know about any pre-existing health conditions you might have to tailor your experience to your specific needs.

If I do everything I can to stay safe but, I still get hurt or hurt someone else, what can we do?

Where can we go for help?

- Staff will be First Aid certified, mobiles/phones will be in working order so that 999 could be called if necessary
- I understand all the risks, know how to keep myself safe as well as others, and will seek help if I need it.

How does this parallel decisions about any risk behaviours (eating too much chocolate at Easter, getting in a car with someone that has been drinking alcohol, stealing something, having sex)?

Discussion:

Remember to highlight that the sex you choose to have, might be no sex at all, or it might be sex with just yourself (masturbation). Those are valid choices that you can **enjoy, choose** for yourself free from coercion and you can feel ok about the **consequences** because you know the risks and how to mitigate them.

Sex Enjoy the
~~behaviour~~ you
choose, and the
consequences

Key Stage 3, Y8 – Lesson: Aggressive, Assertive, Passive or Manipulative Time: 40 min

Learning Outcomes:

- Participants will identify which behaviours are aggressive, assertive, passive or manipulative.

Resources Required for Lesson:

Bag

Title Cards (Aggressive, Passive, Assertive or Manipulative)

Smaller behaviour cards

Sticky tac

Adapted from *Getting Connected* by Bryan Merton and Stephen Foster

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

Assertive, aggressive, passive and manipulative forms of communication are sometimes defined culturally and regionally.

- 1 Before the session begins, write the general definitions of assertive, aggressive passive and manipulative communication on flipchart or on the board.
- 2 Sticky tac the Title Cards onto the wall on opposing sides of the room. Place the smaller Behaviour Cards in a bag.
- 3 Taking turns, participants are invited to take a smaller Behaviour Card from a bag and read it to the group.
- 4 The group then decides if the behaviour on the card is Aggressive, Passive, Assertive, or Manipulative and places it under the appropriate Title Card.

Passive

Aggressive

Assertive

Manipulative

**Asks for
what
they want**

**Not scared
to ask
questions**

**Threatens
others**

**Have a
friendly
manner**

**Know that
they
have rights**

Bully others

**Respect
others**

**Frighten
others**

Are not shy

**Don't respect
others' rights**

**Are not
worried about
upsetting others**

**Are not clear
about what
they want**

**Don't say
how they
feel**

**Hide their
feelings**

**Don't say
what they
want**

**Say how
they feel**

**Put
themselves
down**

**Apologise
all the time**

**Guilt you into
giving money
to them**

**Are able to like
themselves
most of the time**

**Take what
they want**

**Give in
when conflict
arises**

**Avoid eye
contact**

**Borrow clothes,
then “forgets”
to return them**

**Offer warm,
friendly eye
contact**

**Give you
glaring eye
contact**

**Tell you that no one
else likes you, so you
better be glad you
have them, or you
will have no one**

Compromise

ASSERTIVENESS = Standing up for yourself

- Without having to hurt or use others.
- Being honest, without having to be brutal about it.
- Being strong, without needing to be stronger than the other person.

The Assertive Alternative...

Often gets you what you want, though not always, but you keep your self-respect and the other person usually appreciates it. **You both; may win.**

Here's what ASSERTIVENESS looks like:

Speech and Voice

- Honest statements that are direct and to the point.
- Smooth, flowing speech pattern.
- Clear, firm, relaxed voice that is loud enough to hear but not too loud.
- Voice is not monotonous.

Eyes

- Open, with direct, comfortable eye contact, but not staring.

Posture

- Well-balanced, straight-on sitting or standing "tall" but relaxed.

Hands

- Relaxed motions; appropriate gestures.

Examples of Behaviour

- Giving compliments; accepting compliments.
- Asking for what you want; being willing and able to take "no" for an answer.
- Saying "yes" or "no" to requests, according to what you have decided is best.
- Controlling your temper. You wouldn't use put-downs, threats, or violence to get your way.

Assertiveness is different from aggressiveness

AGGRESSIVENESS = Hurting or using others to get what you want

- Taking things from others, without asking. Acting rude, mean, selfish.
- Needing to prove how powerful you are; using verbal or physical violence, or threats.

The Aggressive Alternative...

Often gets you what you want, but the other person definitely does not appreciate it!

You win; they lose.

Here's what AGGRESSIVENESS looks like:

Speech and Voice

- Loaded words and generalisations that start fights (such as "always" and "never").
- You messages (such as "You are so...").
- Superior or put-down words (such as "queer").
- Sarcasm (such as "I guess you never stole anything!")
- Tense, loud voice or cold, deadly quiet voice.

Eyes

- Narrowed, cold, staring, not really seeing you.
- Rolling the eyes; or refusing to look at you.

Posture

- Hands on hips; feet apart; back turned; stiff and rigid.

Hands

- Clenched; fist pounding; finger pointing; abrupt gestures.
- Violent (shoving, grabbing, poking).

Examples of Behaviour

- Put-downs; name-calling; interrupting; demanding; giving orders.
- Just taking/touching things without asking; violence.
- Ignoring you; hanging up the phone on you; walking away when you're talking.

PASSIVENESS = Not standing up for yourself

- Not asking for what you want; expecting people to read your mind.
- Letting people hurt you without speaking up. Doing things you don't want to do because you can't say "no" or because it is hard to say.

The Passive Alternative...

Usually doesn't get you what you want, and other people may get the idea that you're an easy target. You lose their respect. **You lose, they win.**

Here's what PASSIVENESS looks like:

Speech and Voice

- Lots of apologies and "ums", "ers" and "I mean".
- Not coming to the point; not saying anything at all.
- Lots of throat clearing.
- Soft, watery voice.

Eyes

- Downcast or looking away; pleading.

Posture

- Leaning for support; stooped; nodding head a lot; holding onto him or herself.

Hands

- Fidgety; hand wringing; picking at fingernails.

Examples of Behaviour

- Saying "yes" when you want to say "no".
- Letting people treat you or someone else badly, and not saying anything.
- Deciding you can't do something before you've even tried.

MANIPULATIVENESS = GETTING what you want through dishonesty

- Saying one thing when you mean another to get what you want.
- Tricking or conning people into giving you what you want.

The Manipulative Alternative...

Sometimes gets you what you want, but other people will eventually figure it out and not like it. You lose their trust. **You may win; they lose.**

Here's what MANIPULATIVENESS looks like:

Speech and Voice

- Soft, watery voice; baby talk; "too" sweet or "con man" tone.

Eyes

- Downcast or looking away.

Posture

- Leaning back; arms crossed; "too cool" stance.
- Stooped, holding onto him or herself.

Hands

- Fiddling with something or fidgety.

Examples of Behaviour

- Trying to get people to give them things without coming right out and asking.
- Playing "poor me."
- Making excuses for their decisions, often untrue excuses (such as, "I can't lend you the money; I need it for lunch." When the truth is, he just doesn't **want** to lend you any more money until you pay back the last loan.)

Note: "Little lies" may seem easier, but they hurt when the person finds out. E.g. Giving compliments they doesn't really mean; doing things for a person **just** to get something in return, without saying so ahead of time and tricking a person into something.

Key Stage 3, Y8 – Lesson: Reshaping Body Image

Time: 60 min

Learning Outcomes:

- Participants will increase awareness about the source of beliefs about body size and shape
- Participants will have an understanding of body image as a social construct
- Participants will be encouraged to accept self and others with regard to body size and appearance

Resources Required for Lesson:

Reshaping Body Images

Sticky notes and pens

What does heredity have to do with my body size and shape Handout

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Option: View Why Don't I like the Way I Look? (4:31)

<https://www.youtube.com/watch?v=v7zUHOEYIN8>

NOTE: Please watch before showing young people to assess suitability for the individuals you will be working with

Adapted from <https://www.tolerance.org/classroom-resources/tolerance-lessons/reshaping-body-image>

Main Activities:

- 1 Give each student 6 sticky notes. Tell students that you are going to display several images of different people for just a few seconds each.
- 2 Project the first 6 images showing each photo for about 3 – 5 seconds. After each image have the participants write down their first impressions of the person/people in each photo – the words that come immediately to mind. Tell students that they should not write their names on their paper. Their thoughts will remain confidential. Once written, they need to stick them up on the wall. Repeat the process for each of the first 6 images.

After displaying all images, review the words written on the sticky notes.

Discuss the following questions:

- What were some of the first words that came to mind about these people?
- Did you have any impressions about the health and happiness of each person? What were they?
- Did you have any impressions about the level of intelligence or success of each person? What were they?
- Did you write down any words about how attractive or unattractive each person is? What words did you use?
- Did you write down any words about the body size or shape of each person? Which ones? What words did you use to describe their bodies?
- Were your “first impressions” of the women different from your feelings about the men?

3 Discuss with participants that ideas in our society about body image are so ingrained that most of us take them for granted and accept them as natural and normal. This might lead us to internalise negative concepts about ourselves and others, such as feeling like a bad person for being overweight or thinking that thin people are the most worthy friends. Ideas about body image, however, are not fixed or universal, and vary depending upon the time and place.

4 Project the *Then and Now* images, followed by the *Here and There* images.

5 After viewing the images, discuss some of the following questions:

- How have ideas about body image in our society changed over time? What do you think have caused these changes? Do you think they will shift again in the future?
- How are ideas about body image different in other parts of the world? What do you think accounts for this?
- How do you think that ideas about body shape and size in British culture influence you?
- Do you think that bias against people because of their body size and shape is acceptable?

Utilise the What does heredity have to do with my body size and shape? to discuss diversity in bodies.

There are some things that we are born with and cannot control. One of those things is your general body type. Each of these people has a body that has helped them achieve different things in life. It's important that you learn to appreciate the fact that you have a body that allows you to accomplish your own goals. Healthy eating and exercise will help you develop a strong, flexible body that you can feel comfortable with.







Then



Lillie Langtry 1882, United States Library of Congress's Prints and Photographs

20th Century sex symbol

Now



21st Century sex symbol

Then



Giancarlo Berellino - 1960s - Juventus FC Wiki Commons

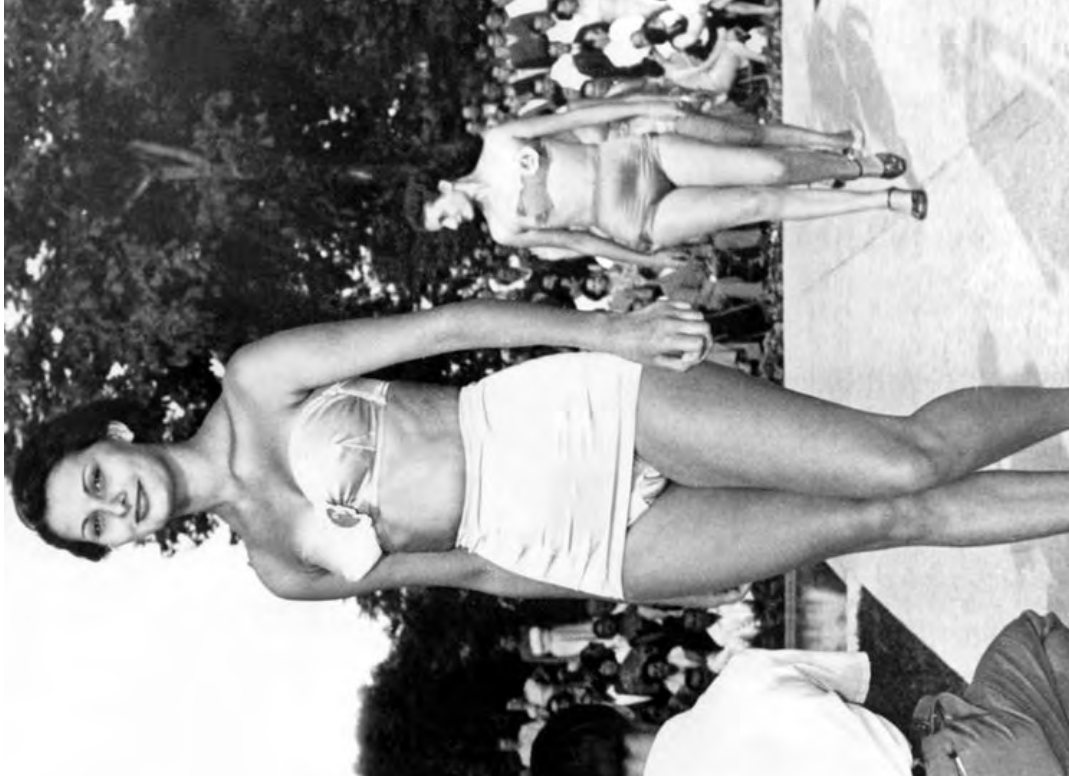
20th Century Footballer

Now



21st Century Footballer

Then



Sophia Loren, Naples Italy 1949 Unknown Photographer

Beauty contestant 1949

Now



Beauty contestant 2018

Here



British Wrestlers

There



Japanese Sumo Wrestlers

What does heredity have to do with my body size and shape?

Some people are naturally taller and slimmer while others are shorter and more muscular. Ignoring your basic body structure is like expecting Dwayne Johnson to be the same size as Chris Rock. The two body types are different. Obviously exercising and eating habits play into your body shape, but realistically, Machine Gun Kelly could not lift weights and look the same as The Rock. He is just built differently. Healthy eating and exercise will help you develop a strong, flexible body that you can feel comfortable with.

The three basic body types are ectomorph, mesomorph and endomorph.¹²



Ectomorph

Those with an ectomorph body type are of slight build and possess fast metabolisms. With a low body fat and a smaller build, ectomorphs genetically find it harder than the other body types to gain bodyweight or build muscle mass. An athletic archetype of an ectomorph is the marathon runner.

- Slight frame and bone structure
- Narrow shoulders
- Naturally lean
- Flat chest
- Fast metabolism
- Finds it difficult to gain weight
- Finds building additional muscle mass challenging.



Mesomorph

A mesomorph body type is those who have a medium frame and bone structure. With a considerable level of lean body mass, they are genetically predisposed to an athletic body. Generally, mesomorphs are physically inclined to easy muscle gain and naturally maintaining lower body fat.

- Medium frame
- Athletic and toned body
- Muscle definition
- Generally rectangular-shaped body
- Strong
- Gains muscle easily.



Endomorph

An endomorph body type is naturally predisposed to a softer body mass and a higher body fat ratio. With a slower metabolism, endomorphs more readily stores energy as body fat. They also gain muscle with relative ease.

- Soft body with minimal natural muscle definition
- Tends towards a round body shape
- Prone to gaining fat
- Usually, have a larger bone structure
- Slower metabolism
- Finds it more difficult than the other body types to lose fat.

¹² <https://www.teachpe.com/training-fitness/somatotypes> accessed 20.02.2020

Key Stage 3, Y8 – Lesson: Gender Gingerbread Person Time: 60 min

Learning Outcomes:

- Participants will understand the differences between assigned sex, gender identity, and sexual orientation.
- Participants will learn respectful terminology used to describe assigned sex, gender identity and sexual orientation.

Resources Required for Lesson:

Flipchart paper or whiteboard
Markers
Terms from Table A on pieces of paper
Sticky tac

Option: View Range of Gender Identities (2:55) <https://www.youtube.com/watch?v=i83VQlaDIQw>

View Like a Person (Created by Swindon young people from Out of the Can in 2020) (4:47)
<https://youtu.be/wpYp-JUfQrQ>

View *What is Sexual Orientation?* (1:59) <https://www.youtube.com/watch?v=wrUYs2FnrgA>

View *Coming out LGBT+* (2:38) <https://www.youtube.com/watch?v=7YXcg8HJs18>

View *My Friend is Trans* (4:24) <https://www.youtube.com/watch?v=9DO7wSU1tCA>

View *How to be and LGBT+ Ally* (2:01) <https://www.youtube.com/watch?v=xS5FMErj0SE>

NOTE: Please watch before showing young people to assess suitability for the individuals with whom you will be working.

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Adapted from <https://www.actioncanadashr.org/> *Beyond the Basics*

Main Activities:

- 1 Divide the class into groups of 4.
- 2 Provide each group with a sheet of flipchart paper and markers.
- 3 Ask the group to draw a person. Do not specify the gender. It can be as simple as a stick person or a more complicated illustration if they choose.
- 4 The group needs to give their person a name.
- 5 The groups then answers the following questions and illustrates the answers by drawing on their person or simply writing words around their person if they do not want to draw a lot.
 - What is their hair like?
 - What is their skin like?
 - What is their age?
 - What kind of clothes do they wear?
 - What kind of shoes/boots/trainers do they wear?

- Do they wear glasses or a hat?
- Do they shave, wax, trim or let the hair on their body grow naturally?
- Where do they live?
- What kind of a place do they live in (house, flat, condo, owned, rented, homeless, shared with extended family, a bed sit)?
- If they listen to music, what kind of music do they listen too?
- If they have a job, what is their job? If they are young, what job do they want when they are older?
- If they have a pet, what kind of pet is it?
- What is their favourite food?
- What is their greatest fear?
- What do they do in their spare time?
- Are they single, dating, hooking up, seriously seeing someone, in a committed relationship or not into relationships?
- How do they travel to work, college/school to see friends?
- Do they use drugs or alcohol?
- What is their favourite sport if they have one?
- What kind of art are they good at (music, photography, dance, drawing, singing, acting, painting, sculpting, writing or none at all).

6 Have each group present their person to the wider group.

7 Discuss the terms you will be exploring: assigned sex, gender, gender identity, gender expression and sexual orientation.

8 Divide the board into 4 columns with Assigned Sex, Gender Identity, Gender Expression, and Sexual Orientation at the top of each column.

9 Pass around pieces of paper to the groups with the terms from Table A below printed largely enough to read from the board with one word on each piece of paper. Each group might have 4 or 5 terms to consider.

10 Ask each group to share their understanding of the words they have been given. Explain each term as they go along if their definitions are incorrect or need to be expanded upon.

11 After briefly discussing the meaning, ask the participants to place the term on the board in one of the 4 columns they think it correctly responds to.

12 Ask the groups then to look at the person they created earlier and re-introduce them using the concepts of Assigned Sex, Gender Identity, Gender Expression, and Sexual Orientation.

Discussion:

Assigned sex: used instead of biological sex, because doctors will usually assign a sex to a baby to be either male or female at birth by looking at the genitals

Intersex: used to describe people who have chromosomes, hormonal profiles or genitals that do not typically fit into binary medical and social constructs of male and female.

Gender: the ways that masculinity and femininity have been socially constructed and reinforced by the dominant culture through norms, scripts, and stereotypes.

Gender Identity: an internal sense or awareness that all people have as a range of man-ness or woman-ness that they feel about themselves.

Gender Expression: how a person publicly presents their gender. This could be how someone dresses, wears their hair, if they use make-up, body language and their voice.

Gender Expression: how a person publicly presents their gender. This could be how someone dresses, wears their hair, if they use make-up, body language and their voice.

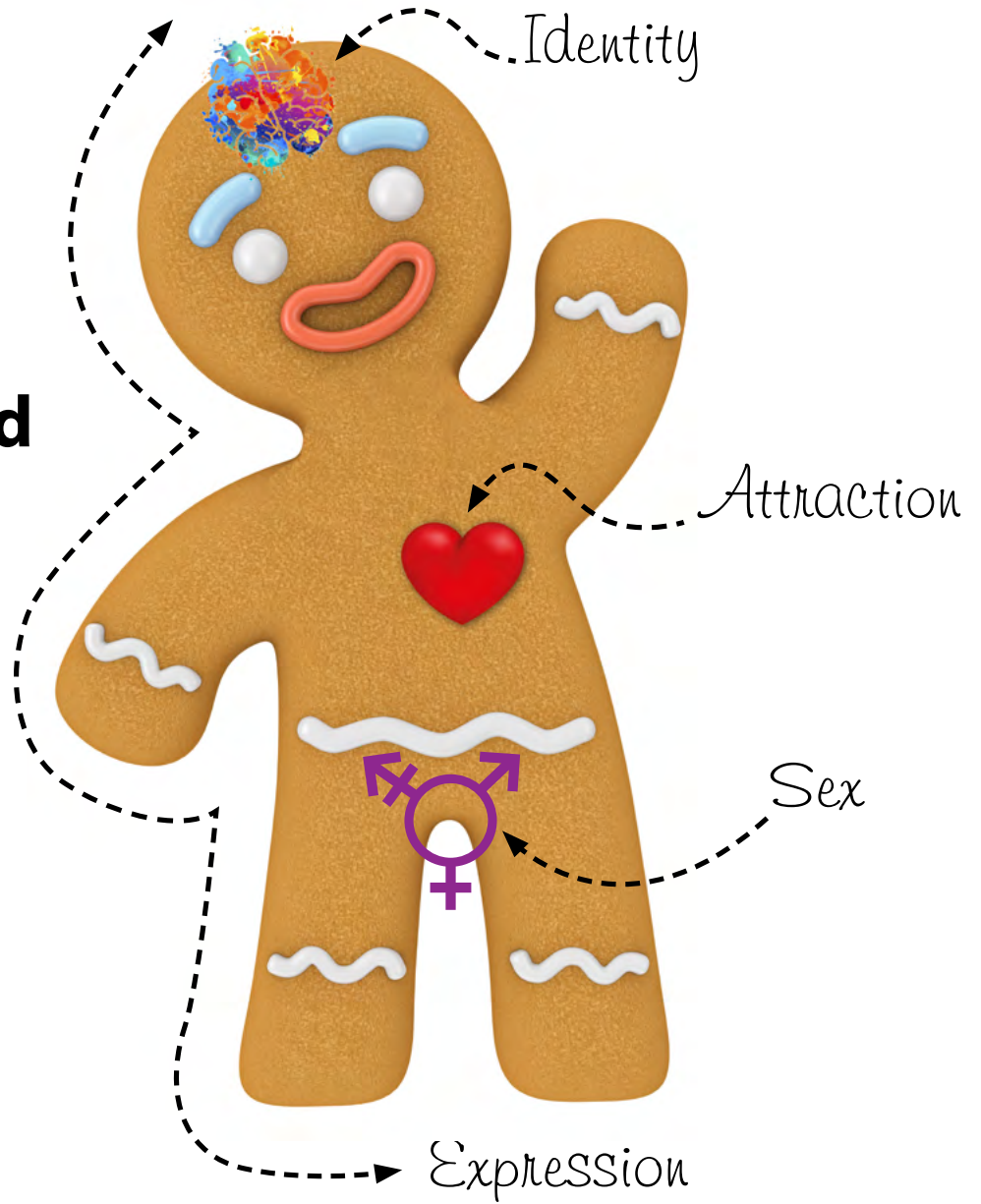
Assigned Sex	Gender Identity	Gender Expression	Sexual Orientation
Female	Man	Body Hair	Lesbian
Male	Girl	Nail Varnish	Gay
Intersex	Trans*	Dresses	Bisexual
	Boy	Suit and Tie	Pansexual
	Woman	Football Kit	Asexual
	Gender Fluid	High –Pitched Voice	Straight
	Cisgender	Make-up	Questioning
	Agender	Short hair	
	Questioning	Long Hair	
	Non-Binary	Deeper Voice	

Note to teacher/leader: All definitions may be found in the Appendix.

Table A

Body Hair	Gender Fluid	Male
Dresses	Cisgender	Male
Make-up	Asexual	Nail Vanish
Female	Boy	Pansexual
Football Kit	Girl	Bisexual
Woman	Straight	Questioning
Agender	High-Pitched Voice	Suit and Tie
Non-binary	Gay	Questioning
Short Hair	Intersex	Trans*
Longer Hair	Lesbian	Deeper voice

The Gingerbread Person



Key

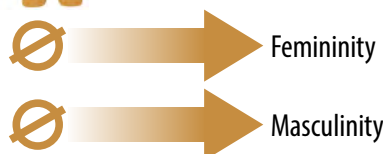
∅ = lack of what's on the right
 a/o = and/or



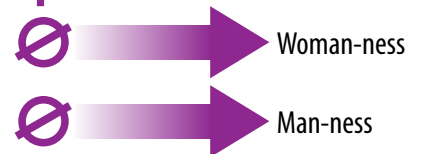
Gender Identity



Gender Expression



Anatomical Sex



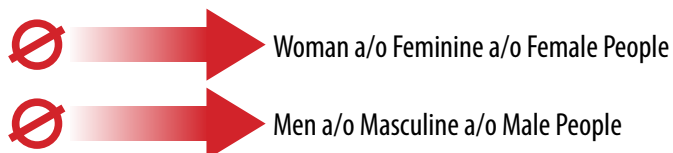
Identity = Expression = Sex
 Gender = Sexual Orientation

Sex Assigned at Birth

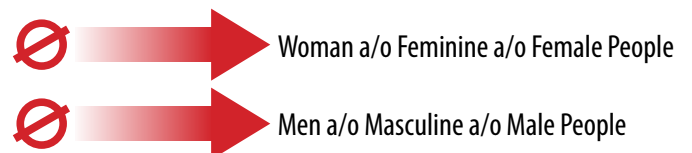
□ Female □ Intersex □ Male



Sexually attracted to...



Romantically attracted to...



Key Stage 3, Y8 – Lesson: Delaying Intercourse vs. Having Intercourse Time: 20 min

Learning Outcomes:

- Participants will consider reasons why young people choose to delay intercourse or have intercourse.

Resources Required for Lesson:

Flipchart paper or Whiteboard
Markers

Option: View Are You Ready for Sex? (3:19)

<https://www.youtube.com/watch?v=LV5IoN-Hds0>

NOTE: Please watch before showing young people to assess suitability for the individuals with whom you will be working

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

- 1 On the flipchart paper or whiteboard, make a simple chart with 2 columns. Have participants brainstorm about the reasons why young people would choose to delay having intercourse, and then about why young people would choose to have intercourse.
- 2 Remind participants that MOST young people their age are NOT having sex! In Swindon, according to a social norms anonymous survey, 8/10 young people are not sexually active by Year 11. When asked, students got the information precisely backwards, believing that 8/10 of their peers WERE having sex already.

Reasons why young people choose to delay having intercourse:

- Religious/cultural beliefs
- Not ready
- Not wanting to hide something from parents/carers
- Avoid guilt, fear, and disappointment
- No worries about STIs or pregnancy
- More time for friends and other activities
- More time for the relationship to develop
- Concern about reputation
- Personal belief that sex belongs only in a certain kind of relationship
- Belief that sex too soon can hurt a relationship
- Had sex once before and decided they are not ready for a sexual relationship
- for any of the above reasons: just because someone says “yes” to sex once does not mean they have to say “yes” again.

Reasons why young people choose to have intercourse...

- "Hormones"
- Desire
- Curiosity
- To demonstrate love for your partner
- Feeling pressured by your partner/or others
- "Social" pressure, feeling that everyone is doing it, and you're not quite normal if you're not
- Wanting to feel loved/ wanted
- Feels good
- To get someone to love you
- To prevent the relationship from ending
- Influence of alcohol and/or drugs
- Not knowing how to say "no"
- Just "going along"
- Both partners really love each other and want to express it this way
- Those questioning their sexual orientation may have sex in an attempt to "figure out" if they are attracted to other or same gender partners.

3 What would help them to feel able to say "No" until they were sure they were ready to say "Yes?"

4 If they chose to delay having sex, what would be the upside to that decision?

5 What would be the most difficult part of choosing to delay sex until later?

6 If they chose to have sex, what would be the good part of that decision?

7 What would be the most difficult part of choosing to have sex?

8 How would they know they weren't ready for sex just yet?

Key Stage 3, Y8 – Lesson: Sex and the Law: Marriage/Long Term Commitment Edition Time: 25 min

Learning Outcomes:

- Participants will have an increased awareness of laws pertaining to marriage, long term commitments and age of consent.

Resources Required for Lesson:

Quiz questions for Sex and the Law: Marriage/Long Term Commitment Edition
2 Joker cards
Team Answer Sheets

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

- 1** Divide the group into two teams. Give the teams 2 minutes to come up with a team name (they could even do a team cheer or special victory dance).
- 2** Provide each team with Joker Card. Each team decides on which question they would like to 'play their Joker'. They will get quadruple points on this question if they get it correct. The Joker can only be played once by each team during the quiz.
- 3** For each correct answer given, the team wins 2 points.
- 4** When a question is posed, both teams are given 1 minute to consider if they want to answer. To answer, the entire team must stand up. The first team to get everyone to stand up, must state they want to use their Joker prior to giving an answer. If they do not want to use their Joker for this question, the entire team stands and once the quiz Master (Teacher/ Leader) recognises the team, one member of the team offers their answer.
- 5** If a team answers incorrectly, the other team may steal if they can offer a correct answer. If it is a True/False question that is being stolen, a correct answer is only worth 1 point because the answer is then obvious.
- 6** The winning team can get a reward at your discretion.
- 7** Discuss if there were any answers that the group found surprising or had additional questions about.



Team Name: _____

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

Sex and the Law: Marriage/Long Term Commitment Edition Quiz

- 1 What 3 things make you eligible to get married or form a civil partnership in the UK?
 - ✓ 16 or over
 - ✓ free to marry or form a civil partnership (single, divorced or widowed)
 - ✓ not closely related
- 2 In England, Wales and Northern Ireland you can get married at _____ years old if you have your parent's permission. Once you are _____ you no longer need their permission.
 - ✓ 16 years and 18 years old
- 3 Only same sex couples can form a _____ partnership.
 - ✓ Civil
- 4 The age at which it is legal to have sex is called the age of consent. In the UK and Jersey the age of consent is _____ years old for everyone, whether they want to have sex with someone of the same or another gender. Under the age of _____ any sort of sexual touching is illegal. In the case of someone in a position of trust (e.g. like a teacher having sex with a young person they have responsibility for), it would be against the law if the young person was under_____.
 - ✓ 16
 - ✓ 16
 - ✓ 18 years old
- 5 You must exchange some formal wording if you're getting married. You do not need to exchange _____ for a civil partnership, but you can do so if you wish. Civil ceremonies can include readings, songs or music, but must not include anything that is religious (e.g. hymns or readings from the Bible). You'll need to have at least _____ witnesses at the ceremony.
 - ✓ Vows
 - ✓ 2
- 6 A forced marriage is a marriage conducted without the valid _____ of both people, where pressure or abuse is used.
 - ✓ Consent
- 7 In an _____ marriage, the families take a leading role in choosing the marriage partner, but the choice of whether to enter the marriage is left to both people.
 - ✓ Arranged

8 If your partner has sex with you when you don't want to, this is either rape or sexual assault. If you are married, in a long term commitment or a civil partnership, and your partner has sex with you and you don't want to, this is _____.

✓ **either rape or sexual assault**

9 You can _____ a marriage for a number of reasons, such as:

- you have not had sex with the person you married since the wedding
- you did not properly consent to the marriage (e.g. you were drunk or forced into it)
- the other person had a sexually transmitted infection when you got married
- the woman was pregnant by another man when you got married

✓ **annul**

10 For marriages of other gender couples, the average age for men marrying in 2015 was _____ years, while for women it was _____ years.

✓ **37.5**

✓ **35.1**

Key Stage 3, Y8 – Lesson: Marriage and Long Term Commitments

Time: 25 min

Learning Outcomes:

- Participants will consider the difference between infatuation and love.
- Participants will explore the impact healthy committed relationships have on an individual and the rest of the family.

Resources Required for Lesson:

Guidelines for saying NO
Flipchart paper or whiteboard
Markers

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

- 1 Ask participants "When marriages/long term commitments are going well, how does it affect the entire family?"
 - Close source of support that is readily available.
 - Your partner can help you maintain healthy habits.
 - There is less risk-taking and substance abuse when couples marry – even less than if they just move in together.
 - It is less pressure on one person to raise the children.
 - It can mean a second income so that it creates financial stability.
 - It can create an extended family that can provide additional emotional support, guidance and help with child care if needed.
- 2 When marriages/long term commitments are not going well, how does it affect the entire family?
 - People are stressed.
 - Children may worry if the family will stay together.
 - Children may feel like they have to choose sides.
 - Children may act protectively over one of the parents while demonising the other.
 - Lack of support can feel isolating.

3 Ask the entire group “What is the difference between love and infatuation?”

Love	Infatuation
<p>Mature love develops slowly, naturally and sincerely.</p> <p>You are able to be an individual apart from the other. Neither depends on the other person to feel important.</p> <p>You continue to grow as independent human beings, while the relationship becomes stronger and deeper.</p> <p>Both of you can accept the fact that neither is perfect; they don't try to change each other.</p> <p>The relationship remains as strong in painful, difficult times as in happy times. You share fears and tears as easily as happiness and laughter.</p> <p>Each of you continues in other parts of life; family, work ideas and other friends.</p> <p>You are close friends. The physical attraction is only one aspect of all the feelings you share.</p> <p>Each of you gets as much joy from giving to the other, as from receiving.</p> <p>There is honesty and trust between you.</p> <p>You think of the other person as well as yourself.</p>	<p>Infatuation comes suddenly; after meeting once or twice. The individual may believe that it is 'love at first sight'.</p> <p>One or both of you may depend on the other to feel important.</p> <p>One of you may become jealous of the other's activities or friends.</p> <p>The relationship is usually built on physical attraction.</p> <p>The relationship may cause you to function less well than usual at school, work or home. You spend most of your time together.</p> <p>One of you may have more to get from the relationship than to give to it.</p>

4 Would you rather have a long term commitment/marriage built on infatuation or love?

5 Ask participants to work on their own to create a list of the things they would like in a marriage or a long commitment if they decided to have one as adults. It is their list and need not be shared with the wider group.

Discussion:

To get participants imagining their future relationships they may want to consider:

- I will have known the other person for _____ (days, months, or years) before we choose to get married or make a long term commitment.
- The thing I like most about my partner is...
- The thing we enjoy doing together the most is...
- The three most important non-physical characteristic of my partner will be...
- Will my family have arranged the marriage?
- How will we have met each other?
- Would your partner have children from a previous relationship?
- Would you want to have children of your own?
- How would you make important decisions together (e.g. like where to live, how to spend your money, how to discipline your children if you have any)

Key Stage 3, Y8 – Lesson: Bullying – Gone Too Far

Time: 45 min

Learning Outcomes:

- Participants will define cyberbullying and recognise examples of it.
- Participants will identify how to find help and know to whom they should speak about online concerns.
- Participants will explore homophobic language and its impact.

Resources Required for Lesson:

Access to internet to watch video online

Adapted from Crossing the Line <https://www.childnet.com/resources/pshetoolkit>

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

- 1** Ask participants, "What is Cyberbullying?" Provide definition.
Cyberbullying: Bullying is purposeful, repeated behaviour designed to cause physical and emotional distress. Cyberbullying is bullying carried out using technologies, particularly devices connected to the internet or to mobile networks. Cyberbullying can be defined as the use of technologies by an individual or by a group of people to deliberately and repeatedly upset someone.
- 2** Share your school/organisation's bullying policy with participants.
- 3** Watch Gone Too Far (6:30)
<https://www.childnet.com/resources/pshetoolkit/cyberbullying/gone-too-far>
- 4** Is this realistic? Could a similar situation happen in your school?
- 5** In this film, where do you think the line was crossed?
 - When Charlie called Jason gay-mer
 - When they took pictures of him,
 - When they spread pictures around.
- 6** Why do you think Jason was bullied?
 - Jason was new
 - Charlie was threatened by him
 - Jason seemed different.
- 7** How did Jason respond to the cyberbullying? What could he have done differently? What did he do well?
 - He could have taken a screen shot of the mean messages online
 - He could have told someone sooner
 - He should have remained calm and not retaliated
 - He ignored the messages after he eventually told his sister.

- 8** Could Jason have done something to stop the bullying? If yes, what could he have done?
 - He could have told a trusted adult sooner
 - Blocked the users
 - Reported the comments and not retaliated.
- 9** When in this film do we see Jason being cyberbullied? How many people bullied Jason? Are those who laughed along at the memes/"funny" pictures also involved in cyberbullying Jason?
- 10** Leah stands up to Charlie and tells him to stop. However there are many others in the film who see what is happening to Jason but say nothing to help him. They are called bystanders. Who were the bystanders in this film?
 - Jason's other friends – Jenna, Ben, others in school that have seen the images.
- 11** Why remain quiet?
 - For fear that Charlie might target them
 - Not to seem like a snitch
 - Not to be seen like you can't take a joke.
- 12** Charlie says the word 'gay' a lot. He calls Jason a 'gay-mer' and he suggests that Jason and Ben are boyfriends. Why does he call Jason gay?
 - Stonewall, a LGBT charity, says that "Charlie doesn't know if Jason is gay, he just wants to make him feel ashamed and thinks saying he is gay is a good way to do that. Someone can experience homophobic bullying for all sorts of reasons which may have nothing to do with being gay."
- 13** Charlie also speaks about Jason's 'gay shoes'. If you use the word 'gay' to mean something bad or rubbish, what impact might it have on others, especially those who might be questioning their sexuality?
 - Stonewall, a LGBT charity, says that "Homophobic language sends the message that being gay is like being something 'rubbish'. This is offensive to gay people and it is also using a word incorrectly – shoes can't be gay!"

Year 9

Key Stage 3, Y9 – Lesson: Make Your Voice Heard! Time: 60 min

Learning Outcomes:

- Participants will practice choosing passive, assertive or aggressive communications styles to deal with bullying.

Resources Required for Lesson:

Scenarios
Flip chart paper or Whiteboard
Markers
Sticky tac
Pens
Paper

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

- 1 Separate the participants into four groups.
- 2 Tell the group that today's activity is about communication and action. When people witness discrimination or harassment, they often react in one of three ways – passively, assertively, or aggressively. Ask the participants to define each category of communication.
- 3 Assertive, aggressive, and passive forms of communication are sometimes defined culturally and regionally. If the participants need assistance, review the definitions of assertive, aggressive and passive communication on flipchart or on the whiteboard:
 - **Passive Communication:** not expressing your own feelings or saying nothing.
 - **Aggressive communication:** asking for what you want or saying how you feel in a threatening, sarcastic, or humiliating way.
 - **Assertive Communication:** asking for what you want or saying how you feel in an honest and respectful way that does not infringe on another person's safety, dignity, or well-being.
- 4 Read Kai's scenario to the group.

Kai is a fairly new student, having only attended this school for a few months. However, in that time, Kai has made some friends, particularly a girl named Tamara. Today, Tamara was "outed" by her own sister. Tamara's sister is in the year above Tamara and Kai, and she told everyone that Tamara is Trans. Tamara is very upset. People are acting very hostile to her in the corridors. She turns to her good friend, Kai, for support. She tells Kai that she needs to know that Kai still likes her and will be her friend. Other young people stop, surrounding Kai and Tamara; they tell Kai to stop hanging out with Tamara. They call Tamara a "tranny freak" and taunt her. Kai does not know what to do because her parents taught her that you can only be the gender you were assigned at birth. They believe beings Trans is just a popular trend of the moment. What should Kai do?

- 5 Ask participants to come up with responses to the situation and label them either Passive, Assertive or Aggressive.

Passive response: Communicating passively means not expressing your own feelings, or expressing them so weakly that they are not heard. If Kai behaves passively (such as by standing there and saying nothing), Kai will probably feel very angry with everyone. A passive response is usually not in your best interest because it allows other people to violate your rights and others' rights. Yet there are times when being passive may be the most appropriate response (such as when the other person has a weapon or is on drugs). It is important to assess whether a situation is dangerous and, if it might be, to choose the response most likely to keep you and others safe.

Aggressive response: Communicating aggressively means asking offensively for what you want and saying how you feel in a threatening, sarcastic, or humiliating way. If Kai calls out the other young people or threatens them, it probably won't end in the desired outcome (more understanding and support for Tamara) and it could make the situation escalate into violence. An aggressive response is not usually in your best interest because it often causes hostility and can lead to increased conflict.

Assertive response: Communicating assertively means asking for what you want or saying how you feel in an honest and respectful way that does not infringe on another person's safety, dignity, or well-being and does not make the other person feel disrespected. If Kai simply says, "Tamara is my friend. She is exactly the same person she was before we knew that she is Trans. She deserves our friendship and support because she is a great friend and a good person. Hating people because of their gender identity doesn't make any sense; it's not a choice, just like our eye colour or family heritage is not a choice. Please don't ask me to turn my back on a friend." This is not a disrespectful statement. It is an assertion of the facts. Kai can be proud of standing up for a friend and for what is right. Other young people may also begin to express support for Tamara and for fair treatment for everyone. But even if they don't, Kai has stated what is fair, has made a direct request, and can feel confident and safe.

- 6 Discuss with the large group the impact of Kai's choice to give a passive, assertive or aggressive response.
- How will Kai feel after responding as you said?
 - How will the Tamara feel if Kai responds as you said?
 - What is the worst possible outcome?
 - What is the best possible outcome?
- 7 Provide each group with one of the scenarios (Dean, Marissa, Leticia or Ben) and repeat the process of offering responses to the scenario, labelling the communication style and answering the 4 questions about the impact of that choice.
- 8 Once the tasks is completed, each group can share what approach they chose and the impact of it.

Discussion:

When you introduce the topic, remember that some cultures do not consider it appropriate for women to communicate assertively. Attitudes about assertiveness may vary widely among participants, depending on their cultural background. In particular, some young people come from families that have taught them that it is inappropriate for them to speak up assertively and/or that refusing a request, especially from an adult, is unacceptable. While you do not want to encourage young people to communicate regularly in ways that could have unpleasant consequences for them in their cultural and family circles, all young people need to understand that situations may arise in which assertive behaviour will protect them and others. For example, young people benefit when they learn to resist pressure from partners or peers to do something that they do not want to do, such as have sex, use alcohol, join a gang, or cause harm to another. In such circumstances, young people can stand up for themselves, assert their own dignity and rights, and also resist pressure to do something that they do not want to do or that is bad for them or for others.

Bullying Scenarios

Dean – Dean is 16 years old. He has been out for about a year now. When Dean is in history class, another student calls him a “poof.” He raises his hand and complains to the teacher. The history teacher responds that Dean interrupted her lecture and should not do so again. You are classmates and friends of Dean’s, and you witnessed the entire incident. What do you do to rectify the situation?

Marisa – Marisa is a 16-year-old lesbian. She and her friend, Rosa, are at a party talking to a group of friends about the upcoming leavers’ ball. Most of the girls are not going to the dance; but they single Marisa out for comments. They say, “You couldn’t get a date if you tried, because you’re a dirty lesbian and all the lads know it.” What should Marisa say? What could others do to stop the harassment?

Leticia – Leticia is 15 years old. She dates Leroy, the striker on the football team. Leticia thought she loved Leroy; but recently, notices a growing attraction to Valerie. She feels about Valerie the way she once felt about Leroy. Because she is so confused, Leticia tells her best friend, who promises to keep it a secret, but instead, tells everyone in the entire school. Valerie won’t even talk to Leticia anymore. Leroy breaks up with her and calls her a “lesbo.” She hears insults from the other students as they pass her in the corridors. Now, Leticia feels totally alone and doesn’t know where to turn. You are a group of people that don’t know Leticia that well, but overhear the commotion in the corridor. What could you do or say to stop the harassment?

Ben – Ben runs the 800-meter race for the team at his town. Joel, his best friend since primary school, is also on the team. About a year earlier, Joel had told a couple of his friends that he was gay. Ben didn’t care; he had pretty much figured it out by the time Joel came out anyway. But one of their other friends thought this was crazy, and, after trying to talk Joel out of ‘being gay,’ had told another lad, who in turn told someone else, and pretty soon the whole athletics team knew. It wasn’t easy, but Joel pretty much took it in stride and was moving on. Today, however, Ben has come over to stretch before his race with a couple of other lads on the team. They start asking him questions like “Does he watch us while we’re in the shower?” and, “Mate, you know he totally wants you.” How can Ben respond to stop the harassment?

Key Stage 3, Y9 – Lesson: Sexual Pressure and the ECC (Enjoy, Choose, Consequences)

Time: 45 min

Learning Outcomes:

- Participants will identify and practice using the ECC to make decisions to deal with peer pressure
- Participants will identify different kinds of families and develop respect for them.

Resources Required for Lesson:

Scenarios
Pens

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

- 1 Review the explanation of the ECC.
 - Def'n: Enjoy the sex you choose to have and the consequences.
 - The criteria to see if you are making a sexually healthy decision are these 3 questions:
 - Am I enjoying it?
 - Am I choosing it?
 - Am I going to be OK with what happens afterwards?
 - If the answer to all 3 questions is "YES" you can be pretty sure that it is going to be a sexually healthy thing to do; your partner (s) must also be able to answer "YES" to all 3 questions too. If control over those elements is ever forcibly taken away from you, then it is a criminal offence and needs to be treated as such.
- 2 Divide the participants in to groups of three and give each group a scenarios.
- 3 Give the groups 15 minutes to read the scenario and complete sections A, B and C.
- 4 Ask the groups to explain their decisions and how the ECC informed their conversation.

Enjoy the
~~Sex~~ behaviour you
choose, and the
consequences

Scenarios

1 Jarrell is at a house party and this really sketchy girl has been hanging all over him. He's pretty buzzed and isn't in a relationship right now, so he doesn't mind the extra attention. He doesn't find her attractive at all, but he's pretty turned on, and she has already told him she'll have sex with him if he wants to.

Section A: What are Jarrell's possible decisions and consequences (*give at least 3*)?

Decisions: _____

Consequences: _____

Section B: Looking at the above scenario, possible decisions and consequences, below, please choose and then write which decision you think would be best and why using the ECC.

Decision: _____

Why: _____

Section C: Please read the scenario, Section A and Section B. Then, based on Section B, please list three realistic things you think might happen as a result of this decision during the following week.

1) _____
2) _____
3) _____

Scenarios

2 JC is really close with Alex and has been since they were little. Alex used to go with Chantel, but things ended between them. Now things seem to be starting between JC and Chantel, and when they were hanging out they almost hooked up. JC is worried about what Alex would think if he and Chantel got together, but also has really strong feelings for Chantel too.

Section A: What are JC's possible decisions and consequences (*give at least 3*)?

Decisions: _____

Consequences: _____

Section B: Looking at the above scenario, possible decisions and consequences, below, please choose and then write which decision you think would be best and why using the ECC.

Decision: _____
Why: _____

Section C: Please read the scenario, Section A and Section B. Then, based on Section B, please list three realistic things you think might happen as a result of this decision during the following week.

1) _____
2) _____
3) _____

Scenarios

3 Reeta and Oscar have known each other their whole lives. Lots of people assume they are together, but they've always just been friends. Recently there seems to be a lot of sexual tension between them, which is making things feel weird. Last night they were texting, and Reeta wrote that she'd be into hooking up. Oscar is worried about messing up their friendship. They're supposed to hang out tonight, and while Oscar does think Reeta is cute, Oscar is still not sure what to do.

Section A: What are Oscar's possible decisions and consequences (*give at least 3*)?

Decisions: _____

Consequences: _____

Section B: Looking at the above scenario, possible decisions and consequences, below, please choose and then write which decision you think would be best and why using the ECC.

Decision: _____

Why: _____

Section C: Please read the scenario, Section A and Section B. Then, based on Section B, please list three realistic things you think might happen as a result of this decision during the following week.

1) _____
2) _____
3) _____

Scenarios

4 Bianca has been going with Trevor for just over two weeks. She has liked him for so long and can't stop smiling and thinking about him. Just last night Trevor told Bianca that if they had sex, she would be his first. Bianca's friend is cousins with Trevor's ex-girlfriend, and has been telling Bianca about all these girls Trevor has supposedly had sex with and he didn't use condoms. Bianca doesn't want to believe it. Bianca's afraid of getting and STIs or HIV so she's not sure who to believe.

Section A: What are Bianca's possible decisions and consequences (*give at least 3*)?

Decisions: _____

Consequences: _____

Section B: Looking at the above scenario, possible decisions and consequences, below, please choose and then write which decision you think would be best and why using the ECC.

Decision: _____

Why: _____

Section C: Please read the scenario, Section A and Section B. Then, based on Section B, please list three realistic things you think might happen as a result of this decision during the following week.

1) _____
2) _____
3) _____

Key Stage 3, Y9 – Lesson: Alcohol Impairment Relay

Time: 60 min

Learning Outcomes:

- Participants will understand how progressive alcohol consumption impairs their ability to complete motor function skills.
- Participants will consider how substance misuse can impact their ability to maintain sexual health, make sound decisions and prepare them self for the consequences.
- Participants will explore ways of reducing the risk if they choose to use drugs or alcohol.

Resources Required for Lesson:

XL worker's gloves (2 pairs)

Plastic cups (2)

Water (125 mls)

A condom demonstration model (2)

Condoms (6)

Sunglasses coated with dried white glue over the lenses (or "beer goggles") (2 pair)

6" bolt and a nut that fits the bolt (2)

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

- 1 Ask participants to brainstorm ways in which alcohol/drugs could stop young people from making good decisions about their sexual health.
 - **Being too drunk/stoned to put on a condom** – because alcohol affects motor skills it can be tough to open the package and get the condom on in the first place. There's also the risk of tearing it with your fingernails or putting it on the wrong way round.
 - **Being forced into sex** – because alcohol and drugs affects your judgement it can make you vulnerable. You might be too inebriated to say "No" to sex.
 - **Forcing someone to have sex** – because you are too drunk/stoned, you may not understand all the ways they are telling you "No" (verbal and non-verbally).
 - **Not being able to negotiate your limits and be assertive** – because substances affects your inhibitions, you may be more likely to give in if your partner suggests taking sexy photos/ videos or not using condoms.
 - **Forgetting to take condoms with you** – because alcohol affects judgement, you might forget to put condoms in your bag/pocket – or accidentally leave them at home.
 - **Not caring if you use a condom** – because drugs and alcohol affects judgement, when you're caught up in the moment it can make you more likely to take risks and so less likely to think about safer sex.
 - **Flirting with someone** – alcohol tends to make you temporarily lose your inhibitions and so can make you feel more confident, so it's easier to tell someone you fancy them. However, if you drink too much you could say or do something embarrassing that will ruin your chances.

- **Deciding to have sex for the first time** – being drunk can mean you pick the wrong person to share the experience with or don't remember it the next day. Alcohol can also make sex clumsy, and many young people later regret drinking before their first sexual experience. Alcohol affects male performance too, so boys might have trouble getting or keeping an erection. A person cannot give consent when they are under the influence of substances anyway!
- **Saying "Yes" to sex when you shouldn't** – alcohol can make you say "Yes" to sex when you really mean "No" because it affects your judgement and lowers inhibitions. This can be embarrassing if you wake up next to someone you don't fancy, or even dangerous if you go home with someone you don't know.

2 Divide group into 2 teams. All groups must be equal or someone may have to do the skill twice. Each team selects a cheer for themselves.

3 Round #1 (No Impairment)

Give each group the nut and bolt. They are to start with the nut and bolt on the table or floor. After the indication to "go", one person is to thread the nut on the bolt all the way to the top. After this is completed, they set the nut and bolt on the table in front of the next person in the group, and they are to remove the nut from the bolt. This continues until all the people have completed one of the tasks (either screw on or screw off the nut). When the relay is done, the entire team stands and shouts their cheer to indicate their completion. First team to complete the task win this round.

4 Round #2 (Visual Impairment)

The next step is to do the nut and bolt again, but each person must put the glasses on first, then perform the task. Each group stands up and cheers to indicate they are done. First team to complete the task win this round.

5 Round #3 (Dexterity Impairment)

Each person puts on gloves, puts on glasses then attaches or detaches the nut and bolt when it is their turn in the relay. Each group stands up and cheers to indicate they are done. First team to complete the task win this round.

6 Round #4 (Balance Impairment)

Each person puts on gloves, puts on glasses then attaches or detaches the nut and bolt, then stands on one foot while holding a plastic cup filled with water on their flat palm, while singing "Happy Birthday". Once completed, they pass the gloves, glasses, cup of water, nut and bolt to the next member in the relay team. Each group stands up and cheers to indicate they are done.

7 Round #5 (The Final Test)

Have each team select one person to come to the front of the room. They will need the gloves, glasses, the condom demonstration model and a condom. The representative of each team will sit at a table with their materials. They are to start together and see who can most quickly and accurately complete the following tasks:

- Put on the glasses
 - Put on the gloves
 - Place the condom demonstrator model in front of themselves.
 - Open the condom and apply it correctly:
- Check the expiry date.
 - Do the "Puff" test (check for holes in the package)
 - Open package carefully. (no teeth)
 - Figure out which way it rolls.
 - Squeeze air out of the tip.
 - Place on the tip of the demonstrator.
 - Roll to the base of the demonstrator.
 - Remove the condom and tie it in a knot.

- 8 Stand up to indicate when they are finished. The first person to complete this task wins this round for the team.
- 9 After declaring a winning team and giving them a reward at your own discretion, ask the entire group to think of safer partying tips for people that might choose to use drugs or alcohol.
 - **Look after your friends** – If you are going out and know that you are going to be drinking, make sure one of your friends is going to stay sober for the night. It's a good idea for one person that you trust to stay sober so they can help everyone stay safe.
 - **Watch your drinks** – If you are going to put your drink down, only leave it with someone you know very well who you can trust to look after it reliably. Don't leave your drink unattended and don't take drinks from people you don't know. It's usually best to stick to drinks where you can see what you're drinking. You can't see what's in someone's home brew and you may end up drinking more alcohol than you bargained for.
 - **Know what drugs you are consuming** – If you are going to use drugs, know what you are taking. Sometimes when people are experimenting they take whatever is on offer and do not ask. You may be mixing drugs that can cause a lot of harm and you also will not know how potent they are. Not using drugs/alcohol is the best way to keep yourself safe.
 - **Wait to make big decisions until you're sober** – If you are going out partying with your partner, or you meet someone new, talk about what boundaries you feel comfortable with before you start drinking.
 - **Know how you will get home and make sure your mobile is charged** – If we drink too much, we're more likely to take risks with our safety (e.g. walking down unsafe streets or accepting lifts you wouldn't normally take). Walking home alone or accepting lifts from people you don't know increase your risk of assault. Always know the number/app of a local taxi company so you can take a taxi if you need to.
 - **Know who you will call if you need help** – Every now and again, things will go wrong, and you need to know who you can call for help if you need it. It can be scary to call a parent/carer and admit you are drunk and need help, but even if they're angry, they will want to make sure you are safe. Think of if you have Aunts or Uncles or family friends that are adults that could make sure you get home safely if you really are afraid to call your parents/carers.

Discussion:

While participants are doing the relay or between rounds, provide them with information about how alcohol impacts their ability to stay safe.

How alcohol works

If you drink too much, the depressant effects become too strong and:

- your ability to think clearly will reduce and you will tend to take more risks
- you won't be quite so careful about how and when you have sex with someone
- you will be less likely to use contraception and condoms if you have sex
- you are more likely to regret sex.

After drinking alcohol:

- one in seven 16-to-24-year-olds have had unprotected sex
- one in five have had sex that they regretted
- one in 10 have been unable to remember if they had sex the night before
- 60 % of young women who are infected with an STI say they were under the influence of alcohol when they had sex with the infected person
- If you mix sex with alcohol, you increase the chances of unintended pregnancy and getting an STI. Simply because if you have sex when you are drunk, you are much less likely to be thinking clearly about using a condom.

Consenting to sex

It's against the law to have sex with a person who is incapacitated due to the use of alcohol/drugs. That can mean someone who is 'completely out of it'. e.g. passed out or just too intoxicated to think clearly.

Key Stage 3, Y9 – Lesson: Chat Room Challenge Time: 30 min

Learning Outcomes:

- Participants will practice problem solving skills
- Participants will review and explore information previously shared in Relationships and Sex Education lessons

Resources Required for Lesson:

Chat Room Questions
Pens
Paper

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

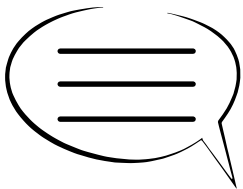
- 1 Ask participants work in pairs to randomly read a thread from a chat room for teens on relationships and sex. Have them write a response to the problem.
- 2 Have participants share their solutions/advice to the letter with the rest of the group.
- 3 Discuss the answers within the group and inquire if others have other ideas about how they would have answered the question.

I learned about puberty in primary school but now I'm 12 and I feel really confused about things and have lots of questions. I haven't got my period but I get this white stuff in my knickers. I don't wear a bra but my nipples hurt. I don't know if these things are normal. I'm really worried. What should I do?

C, age 12

Submitted 1 hours ago by **arsenal#1**

Reply to **arsenal#1**...

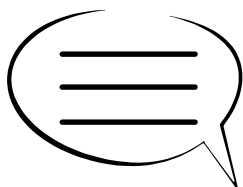


I used to think I was cute, but now I have huge spots everywhere. They are on my face and on my shoulders and I hate them. I don't like going to school anymore because I feel so ugly. Why is this happening to me and what can I do about it?

P, age 13

Submitted 3 hours ago by **unicorngirl**

Reply to **unicorngirl...**

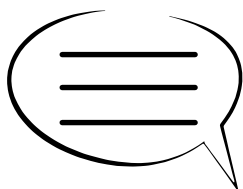


I'm fed up with every time I talk to someone they ask me loads of questions about being Trans. I'm not the Wikipedia of Trans. It's part of me; not all of me! There's a guy on Snapchat that I can chat to, but I keep getting asked to send nudes and my junk is no one's business but mine!! How do I meet someone who likes me for me?!

S, age 17

Submitted 2 hours ago by **morethantrans**

Reply to **morethantrans...**

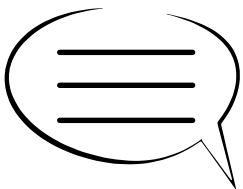


I've been doing ballet since I was seven and I really enjoy it and have been in two shows. Before, nobody said anything about it, but since I've been at my new secondary school, people in my class sometimes laugh at me and make jokes about it. Why do people think boys shouldn't dance and what can I do to stop them making fun of me?

D, age 15

Submitted 6 hours ago by **♥dance**

Reply to **♥dance...**

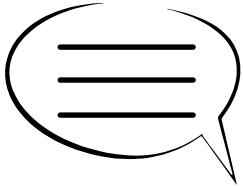


Sometimes when I wake up in the morning there is a wet patch in my bed, but it isn't wee. It makes a stain so I've tried washing the sheets in the sink but there is nowhere to dry them without my dad seeing. Why is this happening, and what should I do?

R, age 14

Submitted 8 hours ago by **fortnitefan**

Reply to **fortnitefan**...

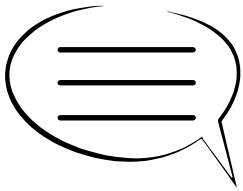


I've just started seeing a lad from school that I've liked for ages, the other day he was asking me if I'd had sex before. I told him no and that I'd rather wait until I feel ready. My friend told her boyfriend, who is mates with my boyfriend, that I slept with someone during the summer. It is true, but I was really drunk and wish it hadn't happened. My new boyfriend is now asking why he should wait when I've already done it with someone else. I think I'll lose him if I don't?

B, age 16

Submitted 1 hours ago by **belladonna**

Reply to **belladonna...**

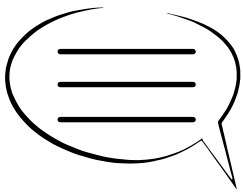


I seem to be arguing with my boyfriend all the time lately, we used to get on great but he now seems moody with me all the time. I'm really confused as I love him loads but I can't cope with all the rows. They seem to be getting worse. Last week, as we were walking back to mine, he started arguing with me. When I tried to walk away he grabbed my wrist and pushed me into a wall, it really hurt. He said he's really sorry and it won't happen again, I've told him it's over but he won't leave me alone. He keeps messaging me saying we can be like we were when we first got together. My friends have noticed that I've been really down lately. I can't tell them how he is with me as they will hate him. What should I do?

J, age 15

Submitted 4 hours ago by **jbird**

Reply to **jbird**...



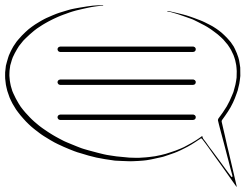
I really like my girlfriend, she's really chatty, good looking and is dead funny. We have a great time together and often hang out at hers after school. We've done stuff together, you know... like kissing and touching but I wanna do more and start sleeping together. I know I'm ready but I don't know if she is. I don't want to pressure her. How do I know what she's thinking!?

Please Help!

T, age 16

Submitted 13 hours ago by **DJTNT**

Reply to **DJTNT**...

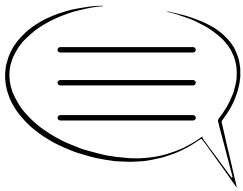


I hate school, no one there gets it, so what if some days I dress more like a boy then other days more like a girl. Why are so many people interested? It's clothes. Who cares?! I dress how I feel that day, not for other people but for me. Who made all these stupid rules anyway... boys do this, dress like this, act like this, walk like this... so many rules, it's ridiculous... I'm sick of people talking about me... really makes me not want to go anymore...

M, age 13

Submitted 4 hours ago by **noturbizniz**

Reply to **noturbizniz...**

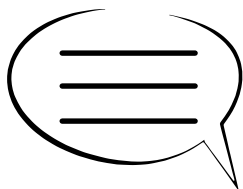


I used to be a really happy person. Now I'm 13 and I sometimes feel really miserable. My moods go up and down and people are beginning to notice. At home they keep calling me moody and tell me to snap out of it. Is this normal and how can I stop it happening?

I, age 13

Submitted 2 hours ago by **thankunext**

Reply to **thankunext...**

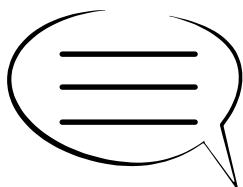


All of my friends have a mobile phone and I don't. They all share photos with each other and I feel really left out. My foster carer says I can't have one because they are expensive and dangerous. I don't understand what she means. Why is she being like this? How can I make her change her mind?

R, age 11

Submitted 7 hours ago by **QTkitten**

Reply to **QTkitten**...



Key Stage 3, Y9 – Lesson: Anonymous Question Box Time: 45 min

Learning Outcomes:

- Participants will review and explore information previously shared in Relationships and Sex Education lessons.

Resources Required for Lesson:

Anonymous Question Box
Paper
Pens
Back up questions

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

*If you are unsure if participants will have any questions, or you want to ensure the author of the question is not identifiable, you can pre-load the box with the back-up questions to supplement the ones added by participants.

Main Activities:

- 1 Provide participants with slips of paper, upon which they can ask any question anonymously.
- 2 Every participant must write something on their slip of paper, otherwise it would be obvious who had questions and who did not. If they cannot think of a question that could just write their favourite colour, food, song or what they are looking forward to about getting older.
- 3 Collect all slips of paper with participant question on them and place them in the Anonymous Question Box. Shake it up.
- 4 Withdraw one question at a time and answer the questions. You can also ask if any of the participants know the answer to the question.

Notes to Teacher/Leader:

Teachers often feel nervous about answering participants' questions about sexuality. For this reason, you may want to consider the following suggestions. Assess whether the question is related to information, feelings or values. Each type of question requires a different type of answer:

Information Questions: Try to provide simple, straight-forward factual information to participants. Consider both curriculum relevance and age appropriateness. It is ok to say "I don't know" and let them know you will find out and get back to them during the next session.

Feeling Questions: Always attempt to give honest responses that reflect the feelings you wish to portray. If a topic is difficult for you, consider saying something like, "I'm a bit uncomfortable with this..." or "Everyone is embarrassed sometimes, but it is important to discuss this issue...". If the question is about the participant's feelings, try to validate them. Offer comments like, "this person seems to be expressing anxiety..." or "Each of us may feel differently about this topic. Some people might feel comfortable, others might be nervous. It's okay for us to have different feelings about sexual issues...".

Feeling Questions: Always attempt to give honest responses that reflect the feelings you wish to portray. If a topic is difficult for you, consider saying something like, "I'm a bit uncomfortable with this..." or "Everyone is embarrassed sometimes, but it is important to discuss this issue...". If the question is about the participant's feelings, try to validate them. Offer comments like, "this person seems to be expressing anxiety..." or "Each of us may feel differently about this topic. Some people might feel comfortable, others might be nervous. It's okay for us to have different feelings about sexual issues...".

Anonymous Question Box Back Up Questions

How much stuff comes out during sex?	How much blood does a girl lose during menstruation?
Is it normal too have the same colour hair on your head as on other parts of your body such as the same colour leg hair and pubic hair?	My boobs are lopsided. Is this normal?
Why do you get a stiffy when you aren't even thinking about sex?	Why is it important to wash? How often should you wash? When, why and how do we sweat?
Why do I get spots?	Can boys grow breasts?
What is wanking (masturbation)?	How do twins happen?
How long do sperm live?	Why is one testicle lower than the other?
Why do you comb/brush your hair? What changes happen to your hair at puberty? Why is it important to wash your hair regularly?	How do you use a razor and shaving foam? How do you know when to start shaving? Why do girls shave?
I'm embarrassed by the changes I'm going through.	Is it okay if your best friend is a girl? Does it mean you are supposed to go out with her when you get old enough?
What is a crush?	Can snogging lead to other things like sex or oral sex?
How do you French kiss?	How do you get HIV or STIs?
If I swallow sperm, will it do any harm to me, and could it in any way get me pregnant?	What happens when a girl gets wet down there?

I sometimes have pain in my stomach about 2 weeks before my period. What is that?	What is the different between circumcised and uncircumcised?
What is a hymen?	Does it matter if you are circumcised or not?
What is a pelvic exam?	What is a cervical screening?
How do I know when someone likes me?	Can I swim with a tampon in?
What's the difference between flirting and harassment?	When does it become sexual assault?
How do I say NO to sexual pressure?	How do I know how far I should go?
What am I supposed to do if I'm being teased because someone likes me?	Is masturbation going to make me not like girls?
How do I know how far they want to go?	What do I do if I have a wet dream?
How come some lads in my class have deeper voices and body hair and I don't?	When it's cold, how come my nipples stick up?
If a boy looks at you when you are in the changing room, does it mean he is gay?	If I get sexually excited when I see a picture of a person who is naked, whether it is a boy or a girl, does this mean I will be gay, bisexual or pansexual?
Why would you do a testicular exam?	What is pre-cum?

What starts puberty?	What if you start [your period] really late compared to others?
What happens when you stop having your period? What happens after you stop your period and you start menopause? Do you still bleed when you have menopause?	Can other relatives look like each other?
What is the normal size of a penis?	What is the normal number of times a boy masturbates in a week?
What is the normal age to have sex?	How are twins made?
When you start your period, do you get stressy? What is it like because I'm scared? Does it hurt?	It was really hot the other day and I wanted to go swimming but I was on my period. I don't know if I'm old enough to use tampons.
Is masturbating a bad thing?	What is the average age to start puberty?
Does it matter if you have a small willy?	What if you use a condom?
What is sperm?	What starts puberty? What makes your body parts grow?
Why does everyone go through puberty?	How big can an egg get?
How come some people can't have babies? Can boys not have sperm?	Can you still get pregnant after a coil?
When you are pregnant, can you still do normal things?	What is it for? When does a girl start to get breasts? Why do women have breasts? Why are some breasts bigger than others?

Anonymous Question Box Back Up Questions

1 How much stuff comes out during sex?

The average ejaculation consists of about 2 – 4ml (or about a teaspoon) of fluid in total, containing 200 – 500 million sperm. The muscle contractions that occur in your body at orgasm cause the ejaculate to come out of the penis in 3 or 4 spurts.

2 How much blood does a girl lose during menstruation?

Usually, there is only about 30 – 40ml (2 – 3 tablespoons) of blood in the whole flow. There are some studies that show about 60ml (4 tablespoons) could be lost for some people. This is a small amount. The rest is bits of the unused lining and other fluids.

Women who have a very heavy flow and change maxi pads or super tampons every few hours should see their clinician. A simple blood test can tell if a heavy period is causing anaemia (feeling tired because of a loss of red blood cells).

3 Is it normal too have the same colour hair on your head as on other parts of your body such as the same colour leg hair and pubic hair?

Yes, it's normal. Some people have hair on their bodies that's the same colour as the hair on their head, and some people have darker or lighter hair on their bodies. All of these variations are normal.

4 My boobs are lopsided. Is this normal?

Yes, this is normal. Many women have breasts that are two different sizes. Sometimes the sizes even out as breasts finish developing, and sometimes they don't. Either way is completely normal. If you feel self-conscious about it, you can pad one side of your bra.

5 Why do you get a stiffy when you aren't even thinking about sex?

Sometimes men get erections when they need to urinate or if their pants are rubbing against their penis. Sometimes getting nervous or excited can cause an erection. Sometimes erections happen when you aren't even thinking about anything in particular. It is normal for boys who are going through puberty to have more frequent spontaneous erections.

6 Why is one testicle lower than the other?

Every male has one testicle that hangs a bit lower than the other. Some people think that they were created that way to keep them from being crushed together when you walk.

7 Why do you comb/brush your hair? What changes happen to your hair at puberty? Why is it important to wash your hair regularly?

Combing or brushing keeps your hair tidy and looking good. As you reach puberty your hair can become greasier; this is because the pores in your skin (called hair follicles) become oilier, and this transfers on to your hair. You therefore need to wash your hair regularly, so that it doesn't smell or look greasy.

8 Why do I get spots?

During puberty your body's sweat and oil glands begin to produce more. This can cause your pores to become clogged which is what causes spots. You can try to avoid them by eating a healthy diet and keeping your skin clean, but be careful not to over-wash because it can dry out and irritate your skin further. Usually spots will go away as your body gets used to the glandular changes. Some people have a skin condition called acne which causes more larger and deeper spots to form. This condition can be treated by special medication given to you by a doctor or dermatologist.

9 Can boys grow breasts?

During puberty your body starts producing more hormones and this can cause some tenderness, swelling, or small lumps in your breast area. These changes are normal and usually go away within a year and a half. Between 50% and 85% of boys experience some or all of these breast changes.

10 What is wanking (masturbation)?

Wanking is a slang term for male masturbation. There isn't really a slang term for masturbation for girls. Specifically, it refers to stroking the penis with your hand so that the foreskin slides back and forth over the glans (or head). For girls, this can be stroking the clitoris or inserting fingers into the vagina. This is usually very pleasurable and may lead to orgasm.

11 How do twins happen?

There are two types of twins; fraternal and identical. Fraternal twins happen when the ovaries release two eggs that both get fertilised by sperm and implant in the uterus. The babies do not look the same and could be different sexes. Identical twins happen when the ovaries release one egg that gets fertilised by sperm and then divides into two separate embryos. Not everybody has the same chance of having twins. Usually the tendency to have twins is passed through your family genes.

12 How long do sperm live?

Scientists have found that some sperm can live up to 7 days. On average however, sperm live 3 – 5 days inside a person's body after sex. If the sperm is outside the body (e.g. on sheets), the rule is "If it dries, it dies".

13 Can you run out of sperm if you masturbate a lot?

No, your body produces new sperm on a daily basis.

14 I'm embarrassed by the changes I'm going through.

Puberty can be an awkward time, but there is no reason to be ashamed or embarrassed about the changes that are happening to your body. They are normal. Every human goes through puberty including the other people in your class. Often getting proper information about what happens during puberty can help relieve some of the stress and anxiety that surrounds it.

15 Is it okay if your best friend is a girl? Does it mean you are supposed to go out with her when you get old enough?

It is absolutely okay to have a best friend who is female. As long as being friends with someone is a positive and rewarding experience, it shouldn't matter who they are. It is good to be able to be friends with lots of different types of people. It is always up to you and your friend to decide what is best for you.

16 What is a crush?

Having a crush means having romantic feelings towards a particular person. Crushes can be a fun and exciting way to explore your attractions. A crush may be a feeling that you have about someone, even if they are unaware of your feelings.

17 Can snogging lead to other things like sex or oral sex?

Sometimes snogging can be very exciting and this can be confusing if you have decided to abstain or wait until you are in a committed relationship. Snogging will lead to other things if you let it. You are in control of what you do. If you find that snogging is making you feel like you want to go beyond the boundaries you and your partner have discussed, it might be a good idea to talk to your partner and slow things down a bit.

18 How do you French kiss?

A French kiss is when two people are kissing and they touch or rub their tongues together or stick them into each other's mouths. Some people really like kissing this way and others don't. It's a matter of personal preference.

19 How do you get HIV or STIs?

Different STIs can be passed different ways. For you to get an STI there has to be a way for it to get into your body (sex, oral sex, sharing needles or breast feeding) and something to carry the virus or bacteria (body fluids like ejaculate, vaginal secretions, blood, and breast milk). There are also some STIs and infestations (crabs and scabies) that you can get by skin to skin contact or sharing clothes or towels.

20 If I swallow sperm, will it do any harm to me, and could it in any way get me pregnant?

Ejaculation can happen during oral sex (using one's mouth to stimulate a partner's genitals). Oral sex can't cause pregnancy, and it's very low risk for HIV. In general, oral sex is also lower risk than vaginal intercourse for other sexually transmitted infections (STIs). However, oral sex can put both partners at some risk for other STIs, including gonorrhoea, herpes, HPV, and syphilis, among others. Using condoms to cover the penis or dams to cover the vulva or anus can further reduce the risk of infection.

21 What happens when a girl gets wet down there?

Getting wet is the way a woman's body responds to sexual excitement and desire. When a woman is sexually excited, blood flow increases to the genitals so that the vulva and clitoris swell and the vagina lubricates itself, which is called "getting wet." Being "wet" reduces friction and makes penetration more comfortable.

There's also another kind of "wetness" that girls and women experience which is vaginal discharge. Normal discharges are either thick and whitish or slippery and clear, depending on where a woman is in her menstrual cycle. Vaginal discharge is perfectly normal and healthy. It's the vagina's way of naturally cleaning itself.

22 I sometimes have pain in my stomach about 2 weeks before my period. What is that?

You may be talking about mittelschmerz – a German word that means "middle pain." Some people experience mittelschmerz (a slight pain in the back or abdomen) when they are ovulating.

Ovulation is the release of an egg from an ovary. It usually happens 14 days before the start of a menstrual cycle. (Day one of the menstrual cycle is the first day of bleeding.) During ovulation, some people with vaginas may also notice an increase in their vaginal discharge.

23 What is the different between circumcised and uncircumcised?

If penis is circumcised, it means that the foreskin (layer of skin covering the head of the penis) was surgically removed. Most circumcised people had the foreskin removed a few days after they were born. Some people are circumcised as part of practicing their religion.

24 Does it matter if you are circumcised or not?

Infant circumcisions are usually performed for cultural reasons, not necessarily health reasons. As long as you are careful with personal hygiene there are no big health benefit to having been circumcised. Whether or not to circumcise a baby is a decision parents make based on their own values and beliefs. One is not better than the other. It is just different.

25 What is a hymen?

The hymen (also called the vaginal corona) is a thin, fleshy tissue that stretches across part of the opening of the vagina. It may look or feel like a little flap of skin. While some people with vaginas are born with a lot of hymenal tissue, others are born with so little that they appear to have no hymen.

Some people stretch open their hymens the first time they have vaginal intercourse, but other stretch open their hymens in other ways (e.g. like using tampons, insertive masturbation, riding a bicycle, or doing gymnastics). The “cherry” is slang for the hymen. “Popping the cherry” refers to stretching the hymen open. In any case, a person can’t always tell if their hymen has been stretched or not by looking or feeling for it.

Scientists aren’t sure exactly what the hymen does for the body, but it’s very important for some people as a sign of virginity. Some people believe that a person whose hymen has been stretched open, is no longer a virgin. But having a hymen and being a virgin are not the same thing. Don’t forget, there are many ways that a person can stretch their hymen. Sexual intercourse is just one of them.

26 What is a pelvic exam?

A pelvic exam is a physical examination of a vulva, vagina, cervix, uterus, and ovaries. It usually includes taking cells from the cervix for a cervical screening and a manual exam of the internal pelvic organs. A pelvic exam takes only a few minutes. Though it may be a bit uncomfortable, it should not be painful.

During a pelvic exam, you’ll either wear an examination gown or be covered with a drape sheet. Some clinicians will provide both. During the pelvic exam, you can cover your lower abdomen and thighs with the drape sheet to feel less exposed and more comfortable during the procedure. Try these tips to help you relax during the exam:

- Breathe slowly and deeply.
- Let your stomach muscles go soft.
- Relax your shoulders.
- Relax the muscles between your legs.
- Ask the clinician to describe what’s being done as it happens.

You can ask to have another person in the room during the examination if it makes you feel more comfortable (e.g. nurse). Sometimes having someone there with you can help you feel more relaxed. They can hold your hand or just talk to you to ease your tension.

27 What is a cervical screening?

A cervical screening is used to examine the cells of the cervix to detect cancerous or pre-cancerous cells. In order to see the cervix, a clinician will insert a plastic or metal speculum to separate the walls of the vagina. Usually a small spatula or tiny brush is used to gently collect cells from the cervix for the cervical screening.

Cervical screenings are part of a gynaecological exam. It is recommended that people with a cervix, start having regular cervical screenings three years after they have vaginal intercourse or once they reach the age of 21, whether they have had vaginal intercourse or not. People with certain health conditions may need exams more frequently.

28 How do I know when someone likes me?

That’s a good question. Adults have the same questions. People show their attraction in different ways. It may mean smiling at someone a lot, sitting next to him or her often, or talking to them more than normal. You may want to think about how you act when you like someone. Basically, the best way to find out if someone likes you is to talk to them and see if you get a positive response.

29 Can I swim with a tampon in?

The walls of the vagina hold a tampon in place, so it should stay in place while swimming, exercising, or playing sports. Also, a tampon will prevent menstrual flow from leaking out. It’s a good idea to change the tampon every four to six hours to prevent leakage. Another option for swimming is the menstrual cup, which “catches” menstrual flow before it leaves the vagina. The cup is shaped like a diaphragm, and it rests between the pubic bone and the cervix at the opening of the uterus.

30 What's the difference between flirting and harassment?

To put it as simply as possible, harassment is any comment, action or suggestion that leaves a person feeling negative about themselves. Flirtation is any comment, action or suggestion that leave a person feeling positive about themselves. We all need to respect each other's personal boundaries. If you are not sure how someone will react, stop and think about how you might feel if someone said it to you and how you intend the person to feel about themselves and you. If you make a mistake and offend someone, let them know you honestly feel bad for making the comment and apologise.

31 When does it become sexual assault?

Sexual assault is any kind of sexual behaviour that is unwanted or non-consensual. That means, no one has the right to touch another person without the person agreeing to it at the time. Just because you kissed someone before, doesn't mean you can do it anytime you feel like it. If you think that you might be doing something that is not okay, you need to check in with your partner and make sure. If the person says no either verbally or non-verbally (e.g. pushing away) and the other person continues, it is a crime.

32 How do I say NO to sexual pressure?

It can be difficult to say no to sex when you're being pressured or when it feels like everybody else is doing it. Deciding when to have sex is an individual choice that needs to be made by you alone. Only you know what you're comfortable with or when you're ready for sex. Being confident that it is your right to say no, and knowing that you are not the only person who is making that choice can make it a lot easier to stand up to pressure. Know what your limits are before you become intimate with another person. Once you are kissing and touching each other it can be pretty hard to stick to the decision you have made. Talk to your partner about your limits as well as theirs. It can save you some confusion and temptation if you both know when you want to stop and are willing to respect the decisions you have made.

33 How do I know how far I should go?

You should only do things that you are comfortable with. If you don't feel that you want to participate in something, make sure that you let your partner know where your limits are. It's okay to stop or slow down, even if you have already started touching and kissing. You have the right to stop or change your mind at anytime. If you think you are ready to become more involved physically with someone, you need to stop and consider what the consequences of that action are. Have you considered how it might change the relationship? Have you thought about preventing an unplanned pregnancy or getting a sexually transmitted infection? Have you talked to your partner? Have you thought about how your values and beliefs affect this choice? Are you both old enough to consent to sex? These decisions are important and should not be made in the heat of the moment. Take some time by yourself to answer some of these questions and get answers you can base a decision on.

34 How do I know how far they want to go?

TALK to your partner! If you cannot bring up setting limits and strategies for preventing pregnancy or reducing the chance of getting an STI with your partner, you may not be ready for a more physical relationship. The best way to find out what your partner wants is to ask. It can be difficult to discuss sexual issues, however, it is very important and it gets easier the more you do it. You both need to be clear about what your comfort levels are.

35 What am I supposed to do if I'm being teased because someone likes me?

Unfortunately most of us have to deal with being teased at some point in our lives. There is no reason to be embarrassed because someone likes you. There is no reason for anyone to be teasing you about it either. You can ignore the comments or tell the person who is teasing you to mind their own business. Maybe the reason they're teasing you about being liked is because they are feeling unsure that anyone really likes them. They may also be doing it just to get a reaction from you. They are just as likely to tease you about how you walk, talk, dress or act. Bullying is not fair, but the best anyone can

expect you to do is to not make the situation worse by becoming violent or making someone else feel bad. Don't let a bully turn you into someone you don't want to be. You can also talk to an adult (parent/ carer or teacher) about it if the bullying continues.

36 Is masturbation going to make me not like girls?

Absolutely not. In fact, masturbation is a good way to find out what you like so that you can share that with a partner when you are ready to handle the responsibility of a sexual relationship. Learning how to self-pleasure can actually help you become comfortable with your body and sexuality which will likely lead to more enjoyment with a partner, not less. Masturbation is a healthy way to learn about your body for yourself. Many people masturbate as part of expressing themselves sexually. The best part about masturbation is that it is the safest sex you can have.

37 What do I do if I have a wet dream?

Wet dreams (ejaculating while you sleep) are absolutely normal and actually healthy for your body. The reason young men have wet dreams is that their bodies have been producing more sperm than they have been ejaculating and their body needs more space to store the new sperm. If you have a wet dream, you could get up change your sheets and put them in the laundry. Your parents/carers may wonder why you have become the master of making your bed, but you can just let them know that you are starting to have wet dreams and it's more comfortable not to sleep in a wet spot. It may sound funny, but you have nothing to feel embarrassed about.

38 How come some lads in my class have deeper voices and body hair and I don't?

Everyone's body is different and people go through the stages of puberty at different times. Some lads start as early as 10 and others don't start puberty until they're 14 or later. Don't be alarmed if your body isn't the same as another person. Part of it depends on your genetics (what you got from your parents). Perhaps your father didn't hit his growth spurt until he was 14. Ask questions. Find out what it was like for your parents. It will give you an idea of what you can expect, and it opens the door for you to be able to ask them other important questions later.

39 When it's cold, how come my nipples stick up?

Nipples are erectile tissue, which means that they can expand (get bigger) and contract (get smaller). When the areas around the nipple (areolae) gets cold they contract, which causes our nipples to become erect and stick out. It is just the way our bodies are built.

40 If a boy looks at you when you are in the changing room, does it mean he is gay?

No. Being curious about what other people's bodies look like is normal. Sometimes people look at others in order to compare their own bodies and to see if they look the same or different. Being gay means that you are excited by and want relationships with people of the same sex. Looking at someone in the changing room does not necessarily mean any of these things.

41 If I get sexually excited when I see a picture of a person who is naked, whether it is a boy or a girl, does this mean I will be gay, bisexual, or pansexual?

No. It is normal for people to be aroused by or to have fantasies about the same or another sex even if you have no interest in being with a member of the same sex. Basically, how you define your sexual orientation is up to you. Naked bodies are exciting and interesting things. Just like when you were a baby, you were curious and excited about your belly button or toes. As you grow, you will be interested in the differences in bodies as well.

42 Why would you do a testicular exam?

It is important to be familiar with your body so that you will be able to notice any changes that may occur. Doing a regular testicular exam familiarises you with your body and will increase your chances of noticing if you have any lumps or bumps that should be checked out by the doctor.

43 What is pre-cum?

Pre-cum is a slang term for the small amount of fluid that is released by the cowper's gland before ejaculation. It kind of looks like small tear drops coming from the hole in the end of the penis. An important thing to know about pre-cum is that it can contain sperm. That is why pulling out before you ejaculate is not an effective form of birth control.

44 What starts puberty?

When your body reaches a certain age, your brain releases a special hormone that starts the changes of puberty. When this hormone reaches the pituitary gland, this gland releases into the bloodstream two more puberty hormones. Boys and girls have both of these hormones in their bodies. Depending on whether you're male or a female, these hormones go to work on different parts of the body. For boys, these hormones travel through the blood and give the testes the signal to begin the production of testosterone and sperm. Testosterone is the hormone that causes most of the changes in a male's body during puberty. Sperm cells must be made for men to reproduce.

In females, the hormones stimulate the ovaries to begin producing another hormone called oestrogen. Oestrogen causes a female's body to mature and prepares her for being able to be pregnant when she is an adult. So that's what's really happening during puberty – it's all these new chemicals moving around inside your body, turning you from a teen into an adult with adult levels of hormones.

45 What if you start [your period] really late compared to others?

Things that might delay puberty and your period, are a hormone imbalance, severe stress, a problem with the ovaries, uterus or vagina, excessive exercising, being underweight or an eating disorder. For exercise to be excessive, it means more than just playing football for a couple of hours a few times a week or working out once in a while with an exercise video. Unless too much exercise has postponed your period, there's nothing you can do on your own to hurry things along. If you haven't started to menstruate by the time you're 16, you'll need to talk to your doctor. They will probably do a pelvic exam and take a blood test to measure the hormone levels in your body. Then the doctor might prescribe hormones to jump-start your cycle. If you have not developed any signs of puberty at all by the age of 14 it might be a good idea to see your doctor.

46 What happens when you stop having your period? What happens after you stop your period and you start menopause? Do you still bleed when you have menopause?

Just like puberty, menopause is a normal part of life. It is the time in a woman's life when her body is no longer prepared to make babies and she stops menstruating (or having periods). Although very rare before the age of 40, menopause can happen anytime from your 30's to your mid-50's or even later. The event that marks menopause is a woman's final menstrual period. A woman will know for sure that she has experienced menopause when she has not had a period in a year. Only then can she be sure that she is no longer able to get pregnant.

47 Can other relatives look like each other?

Yes, you might look like your Uncle Fred or your Aunt Samira. Your body is made up of cells. The genes give instructions, about you, to your body. Like what colour your hair should be, or your eyes, how tall you will be and so on. When your father's sperm and your mother's egg joined, they shared parts of their gene instructions to make you because the sperm carries your father's information and the egg carries your mother's information. Because your father and Uncle Fred are brothers and came from the same parents, they will share some of the same gene information. If your Uncle Fred had ginger hair and your father has brown hair you might still have ginger hair. It shows that you come from the same family and the same gene information as your Uncle Fred.

48 What is the normal...

a) Size of a penis?

The average penis size for full grown men is somewhere between 12.5cm – 15cm in length. It depends on which survey you consult. Basically, it varies and everybody's bodies are different.

For males who are worried about their penis size, it may help to know that some penises look small when they are soft but grow a lot when they become erect. While the ones that look long when they are flaccid (soft) may only grow a little when they become hard. It all depends on the person.

b) Number of times a boy masturbates in a week?

This will vary depending on the person. Some people masturbate more than once a day and others do it very infrequently. It may also change during certain times in their lives. Some people will masturbate more when they are in their early teenage years or when they don't have a partner. Some people don't masturbate at all.

c) Age to have sex?

There is no "normal" time frame for having sex for the first time. You need to know under what circumstances you would make that decision. Some people make that decision when they are in a committed relationship where both people are comfortable with the decision and all health concerns (STIs and pregnancy) have been considered. For other people, it is an important choice to wait until they are married so that they are saving this once in a lifetime experience with the person they are choosing to spend their life with. Some people don't have sex until they're older because they want to stick to a plan that will allow them to complete school, become an athlete, or get a job without the complications that come with a sexual relationship. You need to think about your values, priorities and your feelings before you make a decision that is this important. Talking to your parents or another trusted adult may also help you to sort out your feelings. Whatever you decide, know that you will be the one dealing with the positive and negative consequences of your choices; not your friends. Make sure you are making choices based on what is right for you; not what everyone else says they are doing.

49 What are breasts for? When does a girl start to get breasts? Why do women have breasts? Why are some breasts bigger than others?

Bras support a female's breasts. A female can start growing breasts at any age from between 8 to 16. Hormones in her body cause them to change shape. Sometimes they grow quickly and sometimes they grow slowly. Not all females need to wear bras, and not all females choose to wear bras. It is, however, advisable for females with large breasts to use some means of support, particularly if they are playing sport or exercising, as it can be quite painful. When women have babies their breasts grow so that they can provide milk for the baby through breastfeeding, if they choose to.

50 How do you use a razor and shaving foam? How do you know when to start shaving? Why do girls shave?

Shave with water and shaving foam; do not use a razor on its own as it will hurt.

A wet shave is usually closer so you don't have to shave as often. Some people have sensitive skin, which gets irritated by an electric shaver. There is no set age to begin, as shaving depends on the amount of hair growth. You never have to shave if you don't want to. In some cultures it is customary for men not to cut their hair or shave. Females can also choose whether to shave their legs or their armpits or other parts of their body. There are also creams that remove hair or waxes that can pull hair out from the root. Whether you choose to shave, use cream or not remove hair from legs/arm pits/vulvas or faces it is up to you, and you can always change your mind.

51 How are twins made?

There are two types of twins; non-identical and identical. Non-identical twins happen when a female's ovaries release two eggs that get fertilised by sperm and implant in the uterus. The babies do not look the same and could be different sexes. Identical twins happen when a female's ovaries release one egg that gets fertilised by a sperm and then divides into two separate parts (embryos).

52 When you start your period, do you get stressed? What is it like because I'm scared? Does it hurt?

Sometimes having your period can be uncomfortable. Most females have to deal with cramps or headaches or feeling more irritable or stressed easily around the time of their periods. These problems are normal and nothing to worry about.

Lots of females have abdominal cramps during the first few days of their period. The good news is that cramps usually only last a few days. If you're in pain, medicine like paracetamol may help. Soaking in a warm bath or putting a warm compress on your stomach won't make your cramps disappear, but may help your muscles relax a little. If you have severe cramps that keep you home from school or from doing things with your friends, visit your doctor for advice.

53 It was really hot the other day and I wanted to go swimming but I was on my period. I don't know if I'm old enough to use tampons.

You don't have to be a certain age to use tampons. You might want to ask your mother or father to buy slender tampons for you to try. The walls of the vagina hold a tampon in place, so it should not move while swimming, exercising, or playing sports. Also, a tampon will prevent menstrual flow from leaking out. It's a good idea to change the tampon every four to six hours to prevent leakage. One thing to remember about tampons: It's very important that you change them every few hours and that you wear the absorbency type that is right for you. Never put a tampon in and leave it in all day or all night. Doing this puts females at risk for a rare but very dangerous disease called toxic shock syndrome (TSS).

54 Is masturbating a bad thing?

Absolutely not. In fact, masturbation is a good way to find out what you like so that you can share that with a partner when you are ready to handle the responsibility of a sexual relationship as an adult. Learning how to self-pleasure can actually help you become comfortable with your body and sexuality which will likely lead to more enjoyment with a partner, not less. Masturbation is a healthy way to learn about your body for yourself. Many people masturbate as part of expressing themselves sexually. The best part about masturbation is that it is the safest sex you can have. Some people also don't masturbate because it's not something they enjoy.

55 What is the average age to start puberty?

Everyone's body is different and people go through the stages of puberty at different times. Generally, females start puberty earlier than males. The bodies of some females begin changing at age 8 or 9. Others don't start changing until they are 14. Usually about 2 to 2½ years after female's breasts start to develop, she gets her first menstrual period.

Some boys start as early as 10 and others don't start puberty until they're 14 or later. Don't be alarmed if your body isn't the same as another person. Part of it depends on your genetics (what you got from your parents). Perhaps your father didn't hit his growth spurt until he was 14. Ask questions. Find out what it was like for your parents. It will give you an idea for what you can expect and it opens the door for you to be able to ask them other important questions later.

56 Does it matter if you have a small willy?

The average penis size for full grown men is somewhere between 12.5cm – 15cm in length, but everybody's bodies are different. For men who are worried about their penis size, it may help to know that some penises look small when they are soft but grow a lot when they become erect. While the ones that look long when they are flaccid (soft), it may only grow a little when they become hard. It all depends on the person. It doesn't matter about the size of your penis because whether it is big or small, it will do the jobs it is supposed to; carry urine out of your body and when you are an adult, help you start a family.

57 What if you use a condom?

If adults are choosing to have sex they might use a condom to stop themselves from catching or spreading diseases or if they are not ready to be a parent right now. The condom is a thin bit of plastic that goes on an erect penis (kind of like a pillowcase going on a pillow) before sex. There is also a kind that goes inside a vagina. It catches the ejaculate before it can go into his partner's body. Condoms don't work perfectly 100% of the time, so if someone is not ready to be a parent or doesn't want to risk catching a disease, they might choose not to have sex.

58 What is deodorant used for and where? When do we sweat? What happens in our bodies when we sweat? Does sweat smell?

Deodorant is to make us smell nice. Antiperspirant is to reduce sweating, although it can't stop it altogether. It should only be used on our armpits, not on genitals. We sweat when we are hot, doing exercise, when we get nervous or excited. Both males and females sweat, but everyone sweats in different amounts.

Our body produces sweat to cool our skin when we get hot. Fresh sweat doesn't smell, but sweat that has dried on your body and hasn't been washed off, does. It is important to wash the parts of your body where sweat gathers, carefully. This includes armpits, feet, around your genitals and bottom. You should use deodorant after washing, NOT instead of washing.

59 Why does everyone go through puberty?

Our bodies change during puberty so that when we become adults we are able to make babies if we want to start a family.

60 What is sperm?

Sperm is what is needed to make a baby. Each sperm is so tiny you would need a microscope to see that they are shaped like tadpoles and are made in the testicles.

61 Why is it important to wash? How often should you wash? When, why and how do we sweat?

When we reach puberty our body starts to produce more fluids, such as sweat, oily substances, spots, semen, vaginal fluid, menstrual blood etc. If these are left to dry and not washed away, you will begin to smell. When these changes start happening to your body, you should try to wash every day, using soap and water. Some people find their skin is allergic to ordinary soap, and need to use products for sensitive skin, but there are plenty of these available.

62 How big can an egg get?

An egg that is released by an ovary, is the size of a grain of sand (or specifically about 100 microns = 0.1mm in diameter). If it doesn't get fertilised (meets up with sperm and started to develop into a baby) the egg dissolves and is absorbed by the body. If it meets up with a sperm, it keeps growing for 40 weeks (10 months) until it is delivered as a brand new baby.

63 How come some people can't have babies? Can boys not have sperm?

There are lots of reasons why some couples have a difficult time getting pregnant. In some females the tubes that carry the egg to the uterus may be scarred or blocked. If that happens, it is hard for the sperm to meet up with the egg. It could also be difficult to get pregnant if you have Fibroids, Polycystic Ovary Syndrome, Endometriosis, or Pelvic Inflammatory Disease. In some men their sperm aren't very good swimmers so it is hard for them to reach the egg. Males may have trouble creating pregnancy if they have had an infection in their testicles, injury to the testicles or they might not make very many sperm. If adults want to have a baby and they are having a difficult time, they can talk to doctors about medical help to start a family or they might choose to adopt.

64 Can you still get pregnant after a coil?

The 'coil' is a slang term for a device that a female can ask a doctor to put inside her uterus (or womb) to stop her from getting pregnant. The coil doesn't work 100% of the time, so if someone is not ready to be a parent they might choose not to have sex.

65 When you are pregnant, can you still do normal things?

It depends what you think 'normal' is. Some activities that should be avoided when a female is pregnant include amusement park rides, contact sports like rugby, soaking in hot tubs or saunas, scuba diving or snowboarding. Some healthy activities might be walking, swimming or even dancing. Pregnant females can still go to work, help take care of other children and the house and drive cars. Pregnant women should not drink alcohol, smoke or take other drugs because it could harm the baby growing inside.

Key Stage 3, Y9 – Lesson: STI Mountain of Risk

Time: 40 min

Learning Outcomes:

- STI Mountain of Risk Participants will consider the pressure they feel to comply to the demands of others.

Resources Required for Lesson:

Whiteboard or flipchart paper

Markers

Mountain of Risk sheet for each group

Option: View Unprotected Sex (3:07) <https://www.youtube.com/watch?v=48zdZ6x3SK4>

STI Prevention (3:57) <https://www.youtube.com/watch?v=41cFmDTABJY>

HIV: How to Protect Yourself and Others (2:32) <https://www.youtube.com/watch?v=xK-VPgmn-18>

NOTE: Please watch before showing young people to assess suitability for the individuals with whom you will be working.

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

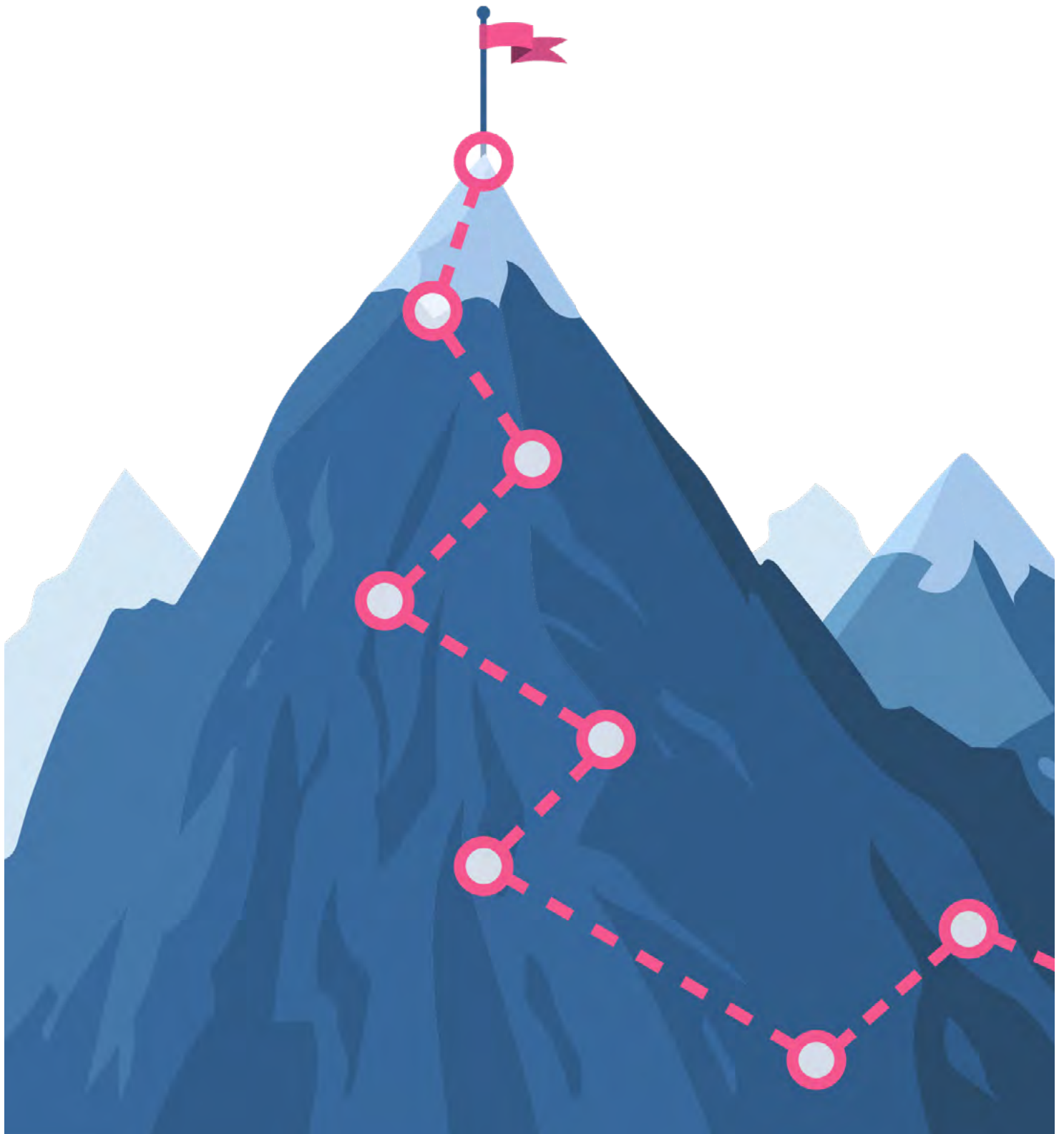
Main Activities:

- 1 Explain the difference between an infestation as well as viral and bacterial sexually transmitted infections.
- 2 Write the following chart on the whiteboard or flipchart paper.

Viral infection	Bacterial infection	Infestations

- 3 Ask participants to name the all of the Sexually Transmitted Infections (STIs) and infestations they know and guess under which heading they belong. Write them down on the whiteboard or flipchart paper.
- 4 Once the STIs have been properly categorised, separate participants into groups of 2 or 3.
- 5 Give each small group a blank *Mountain of Risk* sheet and assign a specific STI or infection to each group. Ask them to fill out what behaviours would be either High, Low, Very Low or No Risk for their given disease.
- 6 Give students 5 minutes to work on their sheets in their small groups.
- 7 At the end of the 5 minutes, have each team present their Mountain of Risk. Each team earns 1 point for every correct placement of a behaviour.

Mountain of Risk



	What to watch for	How do you get this STI (Sexually Transmitted Infection)	How is it tested and treated	Other things I should know
<p>Herpes Virus Stays in the body and there is no cure</p>	<ul style="list-style-type: none"> Cluster of small painful blisters, fever pain in the joints, painful urination. 	<ul style="list-style-type: none"> Unprotected anal, oral, or vaginal sex During birth 	<ul style="list-style-type: none"> Swab of area Drugs can reduce the number of outbreaks 	<p>More outbreaks if you are stressed, tired or sick. If it is a recurrent outbreak, may feel tingling in the area.</p>
<p>Human Papilloma Virus - HPV (can be Genital Warts) Stays in the body and there is no cure</p>	<ul style="list-style-type: none"> A cauliflower like appearance, warts can be pink, white, brown, or grey, appear on vulva, cervix, penis or anus, painless, itchy and uncomfortable. 	<ul style="list-style-type: none"> Unprotected anal, oral, or vaginal sex During birth Skin to skin contact 	<ul style="list-style-type: none"> Visual exam Applying medicated creams, frozen off with liquid nitrogen, or laser therapy 	<p>You can be vaccinated against the 2 types of HPV that are responsible for about 70% of cervical cancer cases.</p> <p>If you get vaccinated, 2 doses are needed, with at least 6 months between them. The 1st dose is offered to children in Year 8 of school. People who have the 1st dose of the HPV vaccine at 15 years of age or above will need to have 3 doses of the vaccine.</p>
<p>Hepatitis B Virus Stays in the body and there is no cure</p>	<ul style="list-style-type: none"> Flu symptoms, vomiting, darker urine, abdominal pain, appear jaundiced. 	<ul style="list-style-type: none"> Unprotected anal, oral, or vaginal sex Passed from mother to child during pregnancy Blood Sharing needles Saliva 	<ul style="list-style-type: none"> Blood test 	<p>You can be vaccinated against Hepatitis B.</p> <p>If you get vaccinated, you get 3 needles (first injection, second injection 1 month later, final injection is given 6 months later).</p>

<p>Human Immunodeficiency Virus (HIV) Stays in the body and there is no cure</p>	<p>What to watch for</p> <ul style="list-style-type: none"> • Most people infected with HIV experience a short, flu-like illness that occurs 2-6 weeks after infection. After this, HIV may not cause any symptoms for several years. 	<p>How do you get this STI (Sexually Transmitted Infection)</p> <ul style="list-style-type: none"> • Unprotected anal, oral, or vaginal sex • Sharing needles • During birth • Breastfeeding 	<p>How is it tested and treated</p> <ul style="list-style-type: none"> • Blood test results are usually available on the same day or within a few days. The blood test is the most accurate test and can normally give reliable results from 1 month after infection. • Home testing and home sampling kits are also available. • Some HIV tests may need to be repeated 1 – 3 months after exposure to HIV infection. It can take up to three months for HIV antibodies to be present in the blood in sufficient numbers to be detected. This means that the antibody test can be negative, even when the person has been infected if it has been less than three months since their last exposure. 	<p>Other things I should know</p> <p>If someone is HIV positive they may progress to the AIDS (Acquired Immuno-Deficiency Syndrome) phase of the disease which may have symptoms such as : AIDS – swollen lymph nodes, fever, night sweats, unexplained weight loss, slightly raised reddish-purple spots on the skin.</p>
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Other things I should know	How is it tested and treated	How do you get this STI (Sexually Transmitted Infection)	What to watch for	
<p>The spread of the infection may result in Pelvic Inflammatory Disease (PID), which is a cause of sterility and ectopic (tubal) pregnancy.</p> <p>The spread of the infection to the testicles and prostate gland may cause sterility.</p>	<ul style="list-style-type: none"> • Taking a swab from the throat or rectum, from the cervix or from a penis • Medicine clears it up 	<ul style="list-style-type: none"> • Unprotected anal, oral, or vaginal sex • During birth 	<ul style="list-style-type: none"> • Discharge, pain urinating, painful sex, pain in lower abdomen. 	<p>Gonorrhoea Bacteria If you go to a doctor or clinic, you can get medicine to clear it up. Both you and your partner(s) need to take the medicine</p>
<p>Even without treatment, symptoms will disappear, but the disease may continue to spread throughout your body. Many years later, it may cause severe damage to such organs as the heart, liver, brain and eyes.</p>	<ul style="list-style-type: none"> • Blood test • Medicine clears it up 	<ul style="list-style-type: none"> • Unprotected anal, oral or vaginal sex • Passed from mother to child during pregnancy • Blood 	<ul style="list-style-type: none"> • Painless sores, rash, flu like symptoms (fever, headache, sore throat). 	<p>Syphilis Bacteria If you go to a doctor or clinic, you can get medicine to clear it up. Both you and your partner(s) need to take the medicine</p>
<p>Chlamydia is the most common STI.</p> <p>Women may become unable to have children if not treated. The infection may spread to the fallopian tubes and ovaries and may cause Pelvic Inflammatory Disease (PID). This disease can make a woman sterile or cause an ectopic (tubal) pregnancy. Babies born to women with untreated chlamydia are at risk for severe eye, ear and throat infections. The infection may spread to the testicles and prostate glands and may cause infertility.</p>	<ul style="list-style-type: none"> • Urine test for men • Taking a swab from the throat, or rectum • Taking a swab from the vagina or cervix 	<ul style="list-style-type: none"> • Unprotected anal, oral, or vaginal sex 	<ul style="list-style-type: none"> • Most people have no symptoms • If there are symptoms they may include: discharge and itching, pain/ burning with urination, painful sex, bleeding between periods, pain in the lower abdomen. 	<p>Chlamydia Bacteria If you go to a doctor or clinic, you can get medicine to clear it up. Both you and your partner(s) need to take the medicine</p>

What to watch for	How do you get this STI (Sexually Transmitted Infection)	How is it tested and treated	Other things I should know
<p>Pubic Lice/Crabs Infestation</p> <ul style="list-style-type: none"> Itching in the affected areas Black powder in your underwear Blue-coloured spots on your skin where the lice are living, such as on your thighs or lower abdomen (these are caused by lice bites) Small spots of blood on your skin that are also caused by lice bites. 	<ul style="list-style-type: none"> Pubic lice are most commonly passed on through sexual contact vaginal, anal and oral sex. You can get pubic lice from infected items such as clothing, bed linen or towels. 	<ul style="list-style-type: none"> You can treat yourself with an insecticide cream, lotion or shampoo. They are available on prescription from your doctor or you can buy them over the counter from your pharmacy. 	<p>Pubic lice are tiny insects that live in coarse human body hair (pubic, underarm, chest, abdomen, back and leg, beards, moustaches, eyelashes and eyebrows). Adult lice are about 2mm long and are yellow-grey or dusky red in colour. The lice attach their eggs to the base of hairs. The white cases left after the eggs have hatched are called nits.</p>
<p>Scabies Infestation</p> <ul style="list-style-type: none"> The main symptoms of scabies are intense itching and a rash in areas of the body where mites have burrowed. 	<ul style="list-style-type: none"> Only move from one body to another if two people have direct and prolonged physical contact. For example, scabies mites can be transmitted by: <ul style="list-style-type: none"> holding hands with an infected person for a prolonged period of time, having sex, sharing clothing, towels and bedding with an infected person. 	<ul style="list-style-type: none"> You can treat yourself with an insecticide cream, lotion or shampoo. They are available on prescription from your doctor or you can buy them over the counter from your pharmacy. Your GP will know you have scabies from the look of your skin and by looking for burrow marks made by the mite. 	<p>Burrow marks can be found in:</p> <ul style="list-style-type: none"> the folds of skin between fingers and toes, the wrists and elbows around the nipples around the genital area. <p>The rash can also occur in:</p> <ul style="list-style-type: none"> the underarm area around the waist the inside of the elbow the lower buttocks , legs, knees, the soles of the feet and ankles the shoulder blades genital area.

Key Stage 3, Y9 – Lesson: Smarties® STI Game Time: 10 min

Learning Outcomes:

- Participants will explore the transmission of STIs and being a multi – infection carrier

Resources Required for Lesson:

One cup for each participant
Smarties®

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

Place enough cups out for each participant. Divide a bag of Smarties® into groups by colour. Place about 15 Smarties® in each cup. Each cup should only contain one colour of Smarties® (E.g. 15 red ones).

- 1** Give each participant one cup with one colour of Smarties® in it. **They are not allowed to eat them!**
- 2** Tell participants, “When I say ‘Go’, you will mingle around the room and find someone to ask a question of. You could ask them if they have a dog, what their favourite colour is, their favourite musical artist etc. Once they answer, you give them a Smartie® from your cup. When they ask you a question and you answer, they will give you a Smartie® from their cup. Continue to try to have as many interactions as possible. When you are trading Smarties® you may give out whatever colour is in your cup at the time.”
- 3** Give participants 1 minute to make as many interactions as possible.
- 4** At the end of the minute, ask the participants to take their seats.
- 5** Tell participants, “If you have any red Smarties® in your cup, put your hands up.” See how many raise their hand. “Those of you with your hands up contracted Chlamydia in our little game.” Continue the pattern:
Red = Chlamydia
Orange = Gonorrhoea
Yellow = Syphilis
Green = Herpes
Purple = H.I.V
Blue = HPV (Human Papilloma Virus) or Genital Warts
Pink = Choose to not have sex on this occasion
Brown = used latex or polyurethane condoms regularly

Discussion:

“So how is this game like getting a Sexually Transmitted Infection?”

- You have no idea what the other person has by looking at them.
- The greater the number of interactions you have the more likely you are to contract a disease.
- You may have passed on a disease to someone that you got from someone else.
- The disease does not care if the interaction was between people of the same or another gender.
- The disease does not care if you were only with the person once.
- Some people traded easily and frequently, while others had few interactions and kept to themselves.

Key Stage 3, Y9 – Lesson: Contraceptive Lucky Dip

Time: 60 min

Learning Outcomes:

- Participants will explore the contraceptive options available including advantages, disadvantages and efficacy

Resources Required for Lesson:

One Contraceptive Toolkit containing:

- one pack of oral contraceptive (if you can get a 21 and 28 day cycle even better)
- a toy needle
- a diaphragm and spermicide
- a contraceptive patch
- an internal condom
- a polyurethane external condom
- an external latex condom, water based lubricant and a plastic penis demonstrator
- an Intra Uterine Device (IUD/“Coil”)
- an Implant
- a vaginal ring
- sample Emergency Contraceptive Pills
- piece of paper with the word “delay” on it
- piece of paper with the word “vasectomy” on it
- piece of paper with the word “tubal ligation” on it.

Answers can be found on the Factsheet within the Appendix or a summary Contraception at a Glance Chart can be down loaded at <https://sexwise.fpa.org.uk/contraception/your-guide-contraception>

Option: View Contraceptionator (3:42) <https://www.youtube.com/watch?v=y pbxZQ8wEFY>

View Condoms (2:54) <https://www.youtube.com/watch?v=oaLdNErJ-Fk>

View Condoms, Pill and Patch (2:08) <https://www.youtube.com/watch?v=50vmQzjRkuk>

NOTE: Please watch before showing young people to assess suitability for the individuals with whom you will be working

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

- 1 Divide the group into 2 teams.
- 2 Place all of the items in an opaque bag.
- 3 Each team grabs 7 items out of the bag without looking. They have 10 minutes to come up with as many facts as possible about each method.
- 4 When the 10 minutes are up, Team A will have one team member give all the facts on the first method in their possession. Teammates may add to his information as the person presents.
- 5 For each correct fact, the team will gain 1 point. Team B cannot steal points by adding information. Team B must remain silent during the presentation.

- 6 When Team A is finished presenting their first item, Team B may add facts but for no additional points. Team B then stands and repeats the process. This continues until each method has been presented to the best ability of the participants.
- 7 Teacher/Leaders may correct poor information or add forgotten facts as the game progresses. For each team there should be more than 1 designated presenter. Participants may take turns presenting for their team.
- 8 Tally up the points and declare one of the teams victorious.

Note to Teacher/Leader:

To get the teams started, ask them to think about the following questions for each method:

- Who uses it? People with penises or vaginas?
- What is the proper name for it?
- How effective is it?
- How much does it cost?
- Where could I get it?
- How is it used?
- What are its advantages and disadvantages?
- What is it made of?

Key Stage 3, Y9 – Lesson: Taboo Touch Time: 25 min

Learning Outcomes:

- Participants will explore how society influences people's feelings about masturbation.
- Participants will discuss values and feelings about masturbation in an environment that is distanced from the participants' personal lives.

Resources Required for Lesson:

Agree and Disagree Cards

Discussion Cards

Option: View *Masturbation: Totally Normal* (1:48)

<https://www.youtube.com/watch?v=TK48R722jyA>

NOTE: Please watch before showing young people to assess suitability for the individuals with whom you will be working

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Important! Remind the participants of the personal disclosure boundary in your ground rules before you start.

Main Activities:

- 1 Ask the group to sit in a circle.
- 2 Place the 'Agree' and 'Disagree' title cards at opposite sides of the room or at each end of a table to form a continuum.
- 3 Place the discussion cards face down in the middle of the continuum. Ask them, one at a time, to pick up a card, read out the statement and place it at some point between the 'Agree' and 'Disagree' cards that reflects how strongly they agree or disagree with the statement.
- 4 Members of the group then state their reasons why they placed it at this point on the continuum.
- 5 Once the participant has had the opportunity to give their reasons, the rest of the group can discuss and move the card if agreed.

Discussion:

How easy or difficult is it to talk about masturbation? Why?

What does society (family, friends, media) tell us about masturbating? Or people that masturbate?

The following cards would definitely go at the 'Agree' end of the continuum

Masturbation can help you learn about your body

Before even thinking about having sex with another person it can help to have a good understanding of how your own body works, what feels good and what you like.

Masturbation is normal

Masturbation is completely normal and okay for anyone to do – despite what some people might tell you.

Not masturbating is normal

It's okay not to masturbate at any time in your life.

The following cards would definitely go at the 'Disagree' end of the continuum

People only masturbate when they haven't got a sexual partner

People masturbate for lots of different reasons (when they're in a relationship, on their own, and with their partner) even when the sex they are having is totally satisfying.

Women don't masturbate

It is normal for all gender to masturbate.

Everybody masturbates

People make different choices about masturbation and it is normal to masturbate and normal not to masturbate.

Only teenage boys masturbate

Most people of all genders, of all ages, masturbate or have at some time.

You can catch STIs if you masturbate on your own

You can't on your own but if you masturbate with someone else (touching each other's genitals), there may be a risk of getting or passing on a sexually transmitted infection if you, or they, already have an infection. This is because infections can be spread by transferring infected semen or vaginal fluid on the fingers or genital area even if vaginal, anal or oral sex doesn't take place.

Masturbation can stop you having babies in the future

Masturbating doesn't make you infertile.

Masturbation can make you go blind

This is a myth. Masturbating doesn't make you go blind.

Masturbation makes the palms of your hands go hairy

This is a myth. Masturbating doesn't make the palms of your hands go hairy.

The following cards wouldn't necessarily go at the 'Agree' or 'Disagree' end of the continuum and should instead generate discussion

Masturbation is a private activity

People masturbate on their own or with a partner (mutual masturbation).

Most people are happy to talk about masturbation

This will depend on how open you are and who you're talking with. People have different boundaries with different people (your partner vs. your parents). Some people are uncomfortable about talking about sexual activities with anyone.

It is okay to masturbate in front of your sexual partner

This will depend on what you both consent to doing together.

It is embarrassing to talk about masturbating with your partner

This will depend on both your partner and yourself.

Masturbation is harmless

If you masturbate with someone else (touching each other's genitals), there may be a risk of getting or passing on a sexually transmitted infection, if you, or they, have an infection.

This is because infections can be spread by transferring infected semen or vaginal fluid on the fingers or genital area even if vaginal, anal or oral sex doesn't take place.

**Women
don't
masturbate**

**Most people are
happy to talk
about
masturbation**

**Masturbation
is a private
activity**

**Masturbation
is harmless**

**Masturbation
is normal**

**It is embarrassing
to talk about
masturbating
with your partner**

**It is okay to
masturbate in
front of your
sexual partner**

**Masturbation
can help you
learn about
your body**

**Not
masturbating
is normal**

**People only
masturbate when
they haven't got
a sexual partner**

**Only teenage
boys
masturbate**

**Everybody
masturbates**

**You can catch
STIs if you
masturbate on
your own**

**Masturbation
can stop you
having babies
in the future**

**Masturbation
makes the palms
of your hands
go hairy**

**Masturbation
can make you
go blind**

Disagree

Agree

10 Reasons to Talk to Young People About Pleasure...

- 1 Sexual health is more than the absence of unwanted outcomes. In our health education work with young people, how often do we talk about the pleasurable aspects of sex? If we deny talking about pleasure then we severely restrict the potential health promotion messages within RSE.
- 2 We need to find a balance between the two extremes of “No sex please, we’re British” and “Everybody is Doing It”. Raising the issue of sexual pleasure with young people in an appropriate way is one way of working towards finding a balance. Cultural diversity, different attitudes and values to sex and sexuality need to be discussed while recognising that all young people have the right to information, guidance and support.
- 3 Young people are asking for more open dialogue on the positive and emotional implications of sexual relations and the want this before they have started “feeling sexual desire”. (Ofsted SRE, 2002, Ofsted PSHE 2007:11) Young people are still telling us that the RSE they get from parents at home, schools and workers is still too biological and too little too late. It is discussed in terms of disease and contraception, rather than enjoyment, pleasure and choice.
- 4 To make it easier to identify and say no to abuse, harmful sexual behaviour or sex in general. It can be easier for young people to report abuse and exploitation if they have been involved in discussions about sex and relationships, including pleasure, and have the language to talk about what has happened to them.
- 5 Discussions about pleasure can promote healthy attitudes and develop skills enabling young people to practice safer sex. If people are more comfortable talking about sex and pleasure, it is likely to enable them to:
 - have sex only when they feel really ready,
 - discuss and use dams/condoms, contraception
 - get STI testing when they do choose to have sex
 - talk about what they do enjoy or do not enjoy
- 6 Talking about pleasure can promote self-esteem. The knowledge and awareness that they have a right to sexual pleasure should help them to think about, or question:
 - why it is they are doing what they are doing
 - if they are doing it to keep a partner
 - if they are doing it not be seen as a child
 - if they are doing it for money/drugs/acceptance
 - if they are doing it to prove themselves to other.
- 7 They are turning to pornography to find out the things they feel we don’t tell them. Their expectations as to what ‘real sex’ is like will be more realistic, as opposed to the exaggerated body image, unrealistic performances, and poor safer sex practices seen in porn. About 53% of 11 to 16 year olds have seen explicit material online, nearly all of whom (94%) had seen it by 14, the Middlesex University study says. More than three-quarters of the children surveyed (87% of the boys and 77% of the girls) felt pornography failed to help them understand consent, but most of the boys (53%) and (39%) of girls saw it as a realistic depiction of sex. More than a third (39%) of the 13 to 14 year olds and a fifth of the 11 to 12 year olds boys saying they wanted to copy the behaviour they had seen. A 13 year old boy said: “One of my friends has started treating women like he sees on the videos – not major – just a slap here or there.” <http://www.bbc.co.uk/news/education-36527681>
- 8 Masturbation is a healthy and safe way to feel pleasure. Masturbation is normal, safe and healthy. It can help people discover what is and is not pleasurable to them, but it can also contribute to general feelings of well-being. When they choose to be in a sexual relationship, they will be able to tell their partner what they like and don’t like and it will take the pressure off their partner to provide an orgasm. They are just find taking care of themselves. Just because someone has an erection, doesn’t mean it’s

their partner's responsibility to do something about it. They can go home and enjoy themselves all on their own.

- 9** Talking about the pleasure of masturbation and sex can reduce difficult feelings of guilt and confusion and promote more positive feelings. Promoting discussion about feelings can contribute to young people's emotional vocabulary and maturity, which can lead to more satisfying and fulfilling relationships.
- 10** Talking about pleasure can support the development of young people's sexual competence, which is defined as being able to negotiate for what they want, setting boundaries, feeling in control, having the ability to enforce their boundaries and asking for help when they need it. If they are feeling guilty and embarrassed they may not seek help for fear of judgement or victim blaming.

In the end, we want everyone to Enjoy the sex they Choose to have and be ok with the Consequences. (ECC).

Key Stage 3, Y9 – Lesson: Sex and Disability

Time: 20 min

Learning Outcomes:

- Participants will challenge assumptions and stereotypes about people with disabilities in relation to their own sexuality.

Resources Required for Lesson:

Copy of *Rob's Story* for each participant

Adapted from <https://www.actioncanadashr.org/> *Beyond the Basics*

Option: View Disability and Sexuality (2:53) https://www.youtube.com/watch?v=MfYSpuKq_-8

NOTE: Please watch before showing young people to assess suitability for the individuals with whom you will be working

View *Sex With Disabilities with Laci Green on Sex+ Chanel*

<https://www.youtube.com/watch?v=9Pq4Gs-QnCs> (7:30)

NOTE: This video includes a swear word. Please watch before showing young people to assess suitability for the individuals with whom you will be working.

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

- 1 Hand out copies of *Rob's Story*.
- 2 Divide the group into groups of 4 and ask the participant's to read *Rob's Story* together.
- 3 Ask participants to answer the following questions within their small groups:
 - What surprised you about this story? Why do you think that these aspects surprised you?
 - What do you think this story was about?
 - What assumptions did you have about this story at the beginning and how did those change (if at all) towards the end?
 - What strategies could Rob and Riley use in their relationship to address the conflict/uncertainty as it happened?
 - What assumptions does Riley make? Why? How do you think that these assumptions could have been avoided?
 - What assumptions does Rob make? Why? How do you think
 - That these assumptions could have been avoided?
 - Do you think that the conflict/uncertainty that arose is unique to people with a disability? Why or why not?
 - Does this story challenge or reinforce stereotypes about sex, sexuality, and disability?
- 4 Have the small groups come back together to discuss their answers with the entire group.

Rob's Story

Hello, my name is Rob and I'm 13. I like photography and reading science-fiction novels. My favourite foods are chocolate and bagels. My favourite subjects in school are history and drama. I really liked my year group and am feeling sad that I am moving schools. I am going to a different school this September.

I'm especially going to miss Riley. Riley and I started dating at the end of the year and have been going out for a month and a half. Riley and I get along so well. We both love dogs and spending time in nature.

One of our favourite things to do together is belt out the words to cheesy pop songs in public places. Sometimes people give us really funny looks and then we look at each other and CANNOT stop laughing!

On our first date, Riley held my hand. It was as if my heart would leap out of my chest! The fourth time we hung out, we kissed on the lips for a couple of minutes, we even used our tongues. The last time we hung out, I wanted Riley to touch parts of my body that are normally covered with clothing, like my chest. Riley wanted to too. After talking about it, I touched Riley's breasts and stomach. It felt great and I started to really look forward to Riley touching my chest and my stomach. But then Riley suddenly pulled away and got really quiet. I asked what was wrong and Riley said "Nothing." We stopped touching, kissing and holding hands.

Even though Riley said that nothing was wrong, it didn't really feel like nothing because Riley asked to watch films for the rest of the night. The next day, Riley left for a family holiday and I haven't heard back. It's been about two weeks.

I'm worried that I did something wrong and that Riley is going to end our relationship. I'm also worried that we won't be able to stay friends and that we will grow apart this year since we're not going to the same school anymore. I know that I will find other people to date at school, but I feel terrible thinking that we won't be able to be friends anymore.

Riley recently got back from holidays, texted me right away, and asked to hang out. Riley wanted to meet up and talk about what happened the day before holiday and told me that when we started touching each other, Riley got nervous about dating someone with a disability. Riley got scared because of not knowing what to expect, especially because Riley's never touched anyone under their clothes before and didn't really know how to, and so just became really nervous. While away on holiday, Riley realised that it would have probably been best to just ask me what I like and what I don't like and that there was no reason to be nervous. We could always easily talk to each other about everything else, so why couldn't we also talk about our bodies and what feels good and what doesn't? Riley apologised for not being able to talk about the reaction, what happened in the moment and also not texting while being away.

I appreciated and accepted Riley's apology and we dated for a couple more weeks but yesterday I decided that I wanted to end the relationship because we're going to different schools. We talked about it A LOT today and even though we're both really sad, we both agree that it is for the best. We also agreed to continue to be friends and will still belt out the cheesiest pop songs we can think of!

Questions about Rob's Story

- 1 What surprised you about this story? Why do you think that these aspects surprised you?
- 2 What do you think this story was about?
- 3 What assumptions did you have about this story at the beginning and how did those change (if at all) towards the end?
- 4 What strategies could Rob and Riley use in their relationship to address the conflict/uncertainty as it happened?
- 5 What assumptions does Riley make? Why? How do you think that these assumptions could have been avoided?
- 6 What assumptions does Rob make? Why? How do you think that these assumptions could have been avoided?
- 7 Do you think that the conflict/uncertainty that arose is unique to people with a disability? Why or why not?
- 8 Does this story challenge or reinforce stereotypes about sex, sexuality, and disability?

Key Stage 3, Y9 – Lesson: Exploited Time: 45 min

Learning Outcomes:

- Participants will learn the definition of exploitation.
- Participants will be able to recognise indicators of exploitation.
- Participants will review aspects of a healthy relationship.
- Participants will review the parameters of consent.

Resources Required for Lesson:

Copies for all participants to have both the Power and Control Wheel along with the Equal, Consensual and Respectful Relationships Wheel

Access to internet to watch video online where you need to download the video in advance of watching

Adapted from Exploited <https://www.thinkuknow.co.uk/professionals/resources/exploited/> It is also available on https://www.youtube.com/watch?v=pJ_RtekjNLw (18:06)

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

- 1 Ask participants, "What is harmful sexual behaviour?" Provide definition.

Harmful Sexual Behaviour (HSB):

Sexual behaviours expressed by children and young people under the age of 18 years old, that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person or adult.

A more child friendly definition is:

Things that people under the age of 18 do, that may hurt themselves or other people by behaving in a sexual way e.g.

- Exposing/uncovering your genitals, breasts or buttocks
 - Forcing or pressuring another person to touch you, others or themselves sexually
 - Forcing or pressuring another person to have sex (vaginal/oral/anal) with you or others
 - Trying to force or pressure another person to sexually touch themselves, others or you
 - Trying to force or pressure another person to have sex with you or others
 - Using technology to get another person to create, view or sharing sexual images or video.
- 2 Ask participants if they know what 'exploited' means. Explain that we often use the word 'used' instead, e.g. "She's using him", and ask what this means to them.

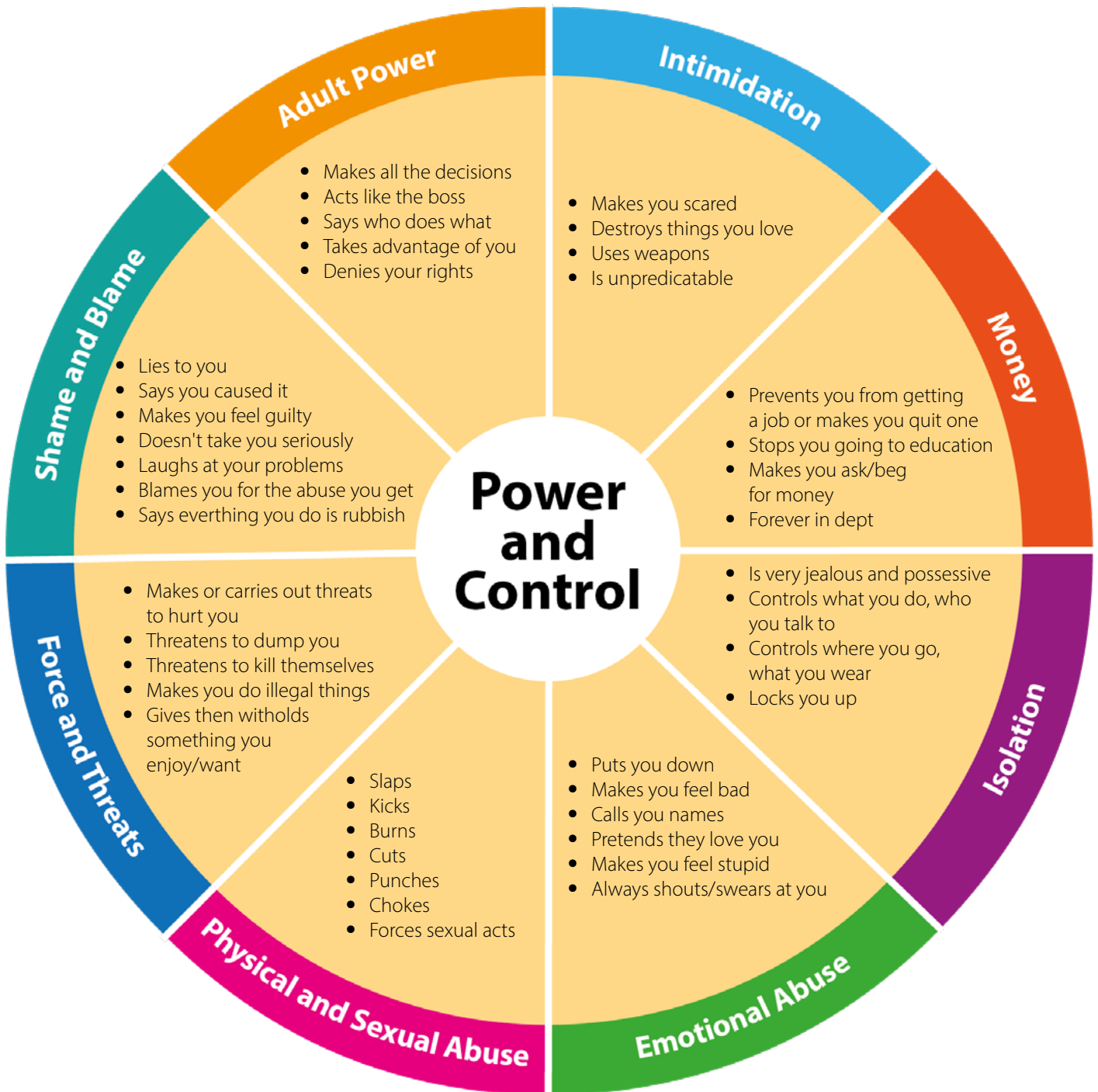
Child sexual exploitation (CSE) is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity:

- a) in exchange for something the victim needs or wants, and/or
- b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual.

Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

- 3** Watch Exploited (18:11) <https://www.thinkuknow.co.uk/professionals/resources/exploited/> or https://www.youtube.com/watch?v=pJ_RtekjNLw
- 4** Why does Lauren decide to go with them?
 - She has nothing else to do.
 - Ryan pays her compliments and gives her a can of drink.
 - Ryan, Chloe and Ash seem fun and are nice to her.
- 5** What's not right about the way Ryan treats Lauren?
 - He touches her inappropriately ('Nervous' game) and takes her belongings.
 - He tries to blackmail her by offering to trade her phone for a kiss.
 - He uses compliments to pressure her.
- 6** Ryan is trying to exploit Lauren. What does Chloe mean by "Just play the game?"
Should Lauren be worried?
 - Chloe has got used to this behaviour within the group – it seems normal to her.
 - This is exploitative behaviour and Lauren should be worried.
- 7** Why do Sophie and Danny enjoy spending time together?
 - They have things in common.
 - They enjoy each other's company.
 - They find each other attractive and want to get together.
- 8** Divide participants in to four group. Hand out the *Power and Control Wheels* along with *Equal, Consensual and Respectful Relationships Wheel*. As you read through each section of the Power and Control Wheel, ask participants to raise their hand when they hear a behaviour that they viewed during the video.
- 9** Who has power or control over another person in the video?
 - Marcus had power over Ryan, Ash and Chloe.
 - Ryan has power over Laura briefly.
- 10** As you read through each section of the *Equal, Consensual and Respectful Relationships Wheel*, ask participants to raise their hand when they hear a behaviour that they viewed during the video.
- 11** How did Sophie and Danny show equality, respect and consent in their relationship?
- 12** Does Chloe feel like she has any choice when Marcus wants them to have sex?
 - Consent means to be willing to do something, and to understand the full implications and consequences of this action. If Chloe didn't want to have sex, but she felt she had no choice, then she has not consented to sex. This is the case even if she did not say no. This means that Marcus has committed a serious crime.
- 13** Ask participants to think of different situations when someone may not be able to consent to sex.
 - If they are scared because they have been threatened or pressured.
 - If they are drunk or on drugs.
 - If they are asleep or unconscious.
 - If they have serious mental health problems.
 - It is even more serious because Chloe is under 16, the age of consent. If you're under 16, sex is illegal, even if you give permission.
- 14** How did Chloe get the help she needed to get out of this situation?

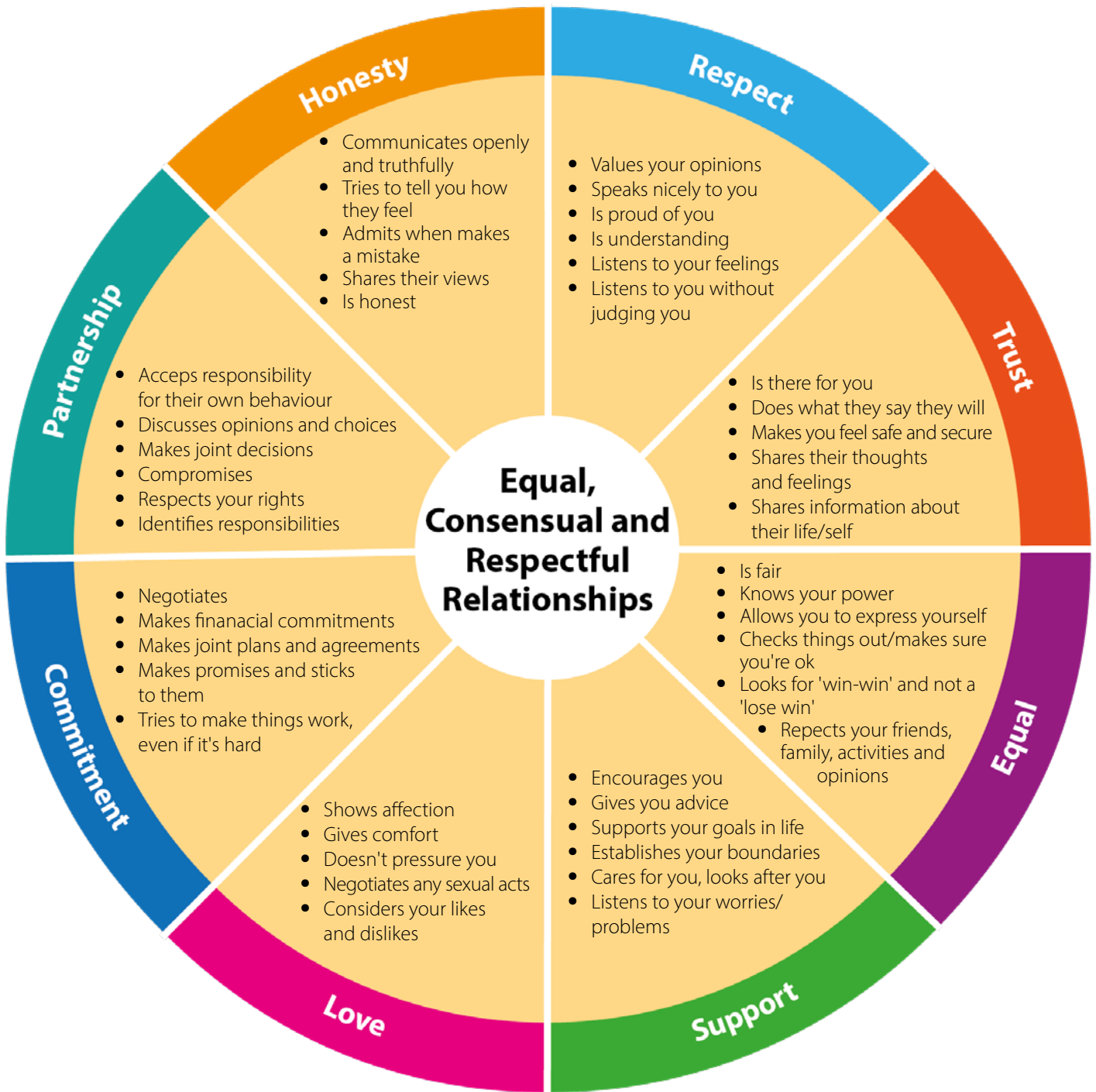
Power and Control Wheel ¹³



Adapted with kind permission from original work by Duluth Domestic Abuse Intevention Project Minnesota, USA.
www.duluth-model.org

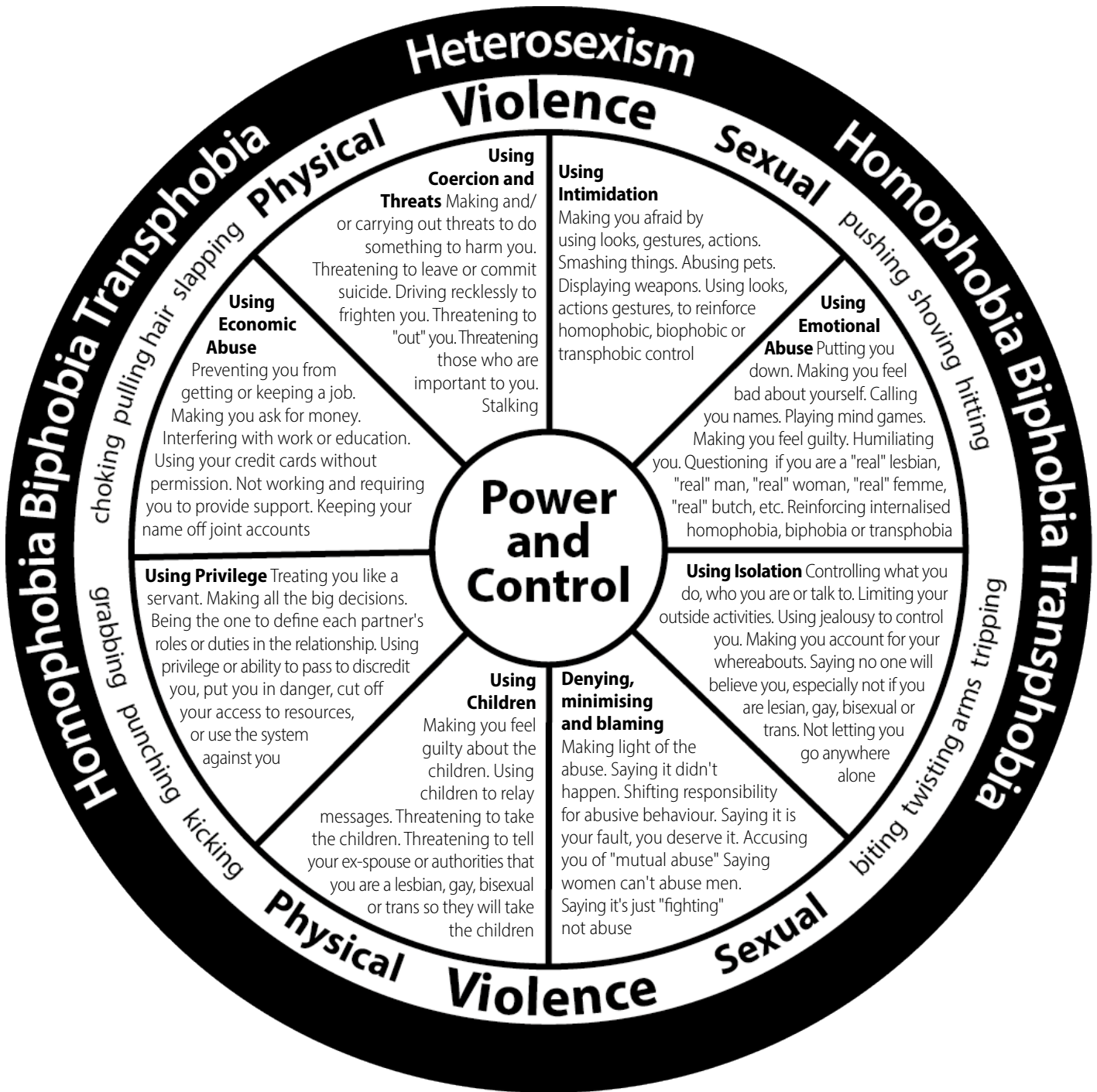
¹³ *Bwise 2 Sexual Exploitation* by Lucy Kork, Siobhan King, Katriona Ogilvy-Webb and Katherine Barnes for Barnardos, 2010

Equal, Consensual and Respectful Relationships¹⁴



¹⁴ Exploited: Preventing Child Sexual Exploitation Through Education, CEOP, 2018

Gay, Lesbian, Bisexual and Trans Power Control Wheel



Year 10

Key Stage 4, Y10 –

Lesson: 10 Ways to Know You're Over Your Ex

Time: 30 min

Learning Outcomes:

- Participants will describe difficult situations that occur when dating and develop creative strategies for addressing each of those situations.

Resources Required for Lesson:

Copies of *10 Ways You Know You're Over Your Ex*
Seven pieces of flipchart paper – six pre-labeled
Six markers
Sticky tac

Option: View *Dealing with Rejection* (2:08) <https://www.youtube.com/watch?v=RkZsDqH80Qs>

NOTE: Please watch before showing young people to assess suitability for the individuals with whom you will be working.

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

Preparation

- 10 Ways to Know If Someone Likes You.
 - 10 Ways to Get Over Someone Who Doesn't Like You Back.
 - 10 Ways to Get Someone to Like You.
 - 10 Ways to Smoothly Ask Someone Out.
 - 10 Ways to Gently Break Up with Someone.
 - 10 Ways to Know If Someone Has Cheated on You.
- 1 Introduce the topic of love, dating, and relationships by asking participants, "What are some difficult situations that young people deal with regarding love and relationships?" Solicit a few responses and point out the variety of difficult situations that typically include trust, honesty, values, culture, religion, communication, strong emotions, parental rules, being vulnerable, etc.
 - 2 Explain that the following Top 10 List was created by a young woman to help others figure out if they are over their ex-boyfriend or ex-girlfriend. Distribute copies of *10 Ways You Know You're Over Your Ex* and read together with participants. Ask the following discussion questions:
 - What did you think of the story?
 - Are there any other ways people might know they are over their ex?
 - 3 Explain that during the next activity small groups will brainstorm parts of a Top 10 List on other relationship topics. Each small group will work on more than one Top 10 List and at the end; the entire list will be read to the whole class.

- 4** Divide participants into six groups. Have participants sit together in their small group.
- 5** Distribute a piece of pre-labelled flipchart paper and marker to each group and instruct them to write **ONLY TWO** items for their Top 10 List and then stop. Give groups two minutes to complete.
- 6** Announce the end of brain storming after 2 minutes and rotate the lists, such as clockwise or anticlockwise. Instruct the groups to write only the **NEXT TWO** items for their Top 10 List, noting that they cannot repeat any item that has already been listed. Give groups two minutes to complete.
- 7** Continue rotating flipchart paper three more times until all Top 10 items have been listed for each topic. Next, instruct groups to select a volunteer to read out the Top 10 List to the entire group.
- 8** Have the groups read their Top 10 List starting with List A and continuing through List F. Ask for any additional items that might not have been included after each list has been read. Instruct young people to return to their original seats.
- 9** Discuss:
 - How did it feel to do that activity?
 - What did you learn about relationships, love, or dating as a result?
 - Were there any common themes in the Top 10 Lists? If so, what were they?
- 10** Post the remaining blank flipchart paper on the wall. Explain to the group that relationships can be very rewarding and very difficult at any age and that having resources can be incredibly useful. Explain to the group that you will create the last Top 10 List together. Write “Top 10 People or Places Young People Can Go for More Good Info about Relationships and Sex” on the remaining flipchart paper. Brainstorm items together with the group and make sure the list includes local sexual health resources and resource adults in the community.

10 Ways to Know You're Over Your Ex By J, aged 17

I had been dating a person I really liked for a little over four months. When it suddenly ended, I was devastated. So I came up with this list that helps you know if you're finally over your ex. Although many of the things on the list are hard to do, they will help. And so will time... it heals all wounds.

- 10 You no longer listen to depressing music while eating containers of ice cream.** The first couple of days after a breakup are the worst. You feel sorry for yourself and listen to depressing music while crying over junk food.
- 9 You no longer dig up old posts/messages and reminisce.** Although it's tempting to save all those mushy "I love you" messages and posts that remind you of the good times, they really need to go. The more things you save that remind you of your ex, the harder it will be to get over him or her.
- 8 You no longer find yourself talking about your ex with your friends.** They used to be all that you would talk about with your friends, but lately you've started talking about other stuff.
- 7 You no longer go out of your way to "accidentally" run into your ex.** Admit it. In those first couple of weeks, you'd just "happen" to wind up at places they usually hang out or find yourself walking past their house. Again, resist the urge.
- 6 You no longer check your Instagram, Snapchat, WhatsApp and other social media every 10 minutes.** It's enticing to check to see if your ex wrote anything about you or song lyrics that describe a (hopefully depressed) mood, but in order to get over the breakup, stop checking!
- 5 You stop breadcrumbing or talking loudly about other people around your ex, hoping they hear and become jealous.** It's tempting to show your ex that you are over the relationship, even if you're not. Bad idea. This can create hard feelings or, worse, reveal that you're putting on an act. When you stop caring what your ex thinks about your life, you can move on.
- 4 You are speaking to someone else, having a good time, and manage not to think about your ex for a good three hours!** It's hard to think about connecting with someone else when you're so hung up on your ex. But many times, seeing someone new takes your mind off your ex and sparks a new friendship or relationship.
- 3 You hear they are seeing someone else, and you're not upset.** The most dreaded fallout of breaking up is that your ex will find someone new. If you can relate to many of the situations on this list, hearing that your ex is dating someone else may not be as unbearable as you had originally thought.
- 2 You block their friends on all social media to find out what they're doing and you stop stalking their socials.** Nobody knows your ex better than their friends. You've probably become closer to them through your ex, but resist the urge to ask them about her/him.
- 1 You finally block your ex... for good.** This may be one of the hardest things to do. Erasing your ex's name from your mobile and all social media means you cannot see their day to day drama or big moments. Remember, out of sight, out of mind!

Key Stage 4, Y10 – Lesson: Only the Way I Like It Time: 30 min

Learning Outcomes:

- Participants will differentiate between appropriate and inappropriate touch by considering intention, impact and context.

Resources Required for Lesson:

Copies of *Only the Way I Like It*

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

- 1 Split the group into smaller groups of 4 hand out copies of *Only the Way I Like It* to each group.
- 2 Give participants 10 minutes to read each scenarios and answer the questions at the top of the page for each scenario.
- 3 As a large group discuss each scenario and how the smaller groups answered the questions.
- 4 Discuss with the entire group, "What makes any touch ok or not ok?"

Consent, intention and outcome.

- 5 Provide the group with the definitions of Private vs. Secret Touch.
 - **Private Touch:** everyone involved is able to control that touch in a space where they feel safe, comfortable and have privacy (e.g. masturbation is something that should be done privately).
 - **Secret Touch:** someone else is asking, manipulating, coercing and/or forcing you to keep the touch secret. Secrets are based in shame, privacy is not.

Discussion:

Scenario A

1 What is the intention behind the touch? What is the outcome?

The intention is unclear. It could be playful and friendly; it could also be a mean-spirited touch. The outcome of the touch is hurtful and painful.

2 Is the touch appropriate? Why or why not?

No, the touch is not appropriate because the outcome of the touch is painful/hurtful. The intention of the touch is unclear **and** because the student's response to Ali's reaction does not recognise the outcome of the touch as painful. If this touch was about a kind of initiation into the school/a hazing practice, make clear that these kinds of practices are not appropriate and often fall under definitions of bullying and/or harassment.

Scenario B

1 What is the intention behind the touch? What is the outcome?

The intention is unclear. It could have been the grandma's intention to connect with Sasha around femininity and growing-up but it could also have been part of a larger pattern of non-consensual and inappropriate touch/comments on Sasha's body. Without knowing more of the context, it is challenging to tell what the intention is. The outcome of the touch is feelings of discomfort, shame, and embarrassment.

2 Is the touch appropriate? Why or why not?

The touch is inappropriate. Because the intention of the touch is unclear and the outcome of the touch is unwanted and uncomfortable and the grandmother is in a position of power in relationship to Sasha.

Scenario C

1 What is the intention behind the touch? What is the outcome?

The intention is friendly, playful, and fun. The outcome is hurtful.

2 Is the touch appropriate? Why or why not?

The touch was appropriate but it became inappropriate when Amari stopped having fun, felt hurt, and tried to express that hurt. Context is important because as soon as the siblings realised that Amari was not laughing, they had the appropriate response of stopping. The outcome however was that Amari was hurt because he wanted to stop and was not being listened to.

Scenario D

1 What is the intention behind the touch? What is the outcome?

The intention is friendly, kind, compassionate, and loving. The outcome is sadness.

2 Is the touch appropriate? Why or why not?

The touch was appropriate. Because it was consensual start to finish, being sad during is not necessarily a bad or negative thing. In this context, it seems like a moment of intimacy and friendship between two people who love each other, even though they may not have the same kind of feelings for each other.

Scenario E

1 What is the intention behind the touch? What is the outcome?

The intention is to make fun of someone and to be intimidating. The outcome is unclear because the touch does not actually happen but even without the actual touch, it could have made Shai feel like a loser and possibly lose confidence before the rugby game.

2 Is the touch appropriate? Why or why not?

The context surrounding the touch is inappropriate (making fun of someone to intimidate them). It is unclear whether the actual touch is appropriate or not because it is unclear whether or not the touch actually occurs. It is positive that the high-five is not forced upon Shai but in another sense, it is a demoralising action.

Only the Way I Like It

For each scenario, answer these questions:

1 What is the intention behind the touch? What is the outcome?

2 Is the touch appropriate? Why or why not?

Scenario A

Ali, a new student, knows no one and sits alone in the refectory during lunchtime. In the hallway, a girl from maths class recognises Ali. She runs up to Ali saying, "Hi ya! Remember me?" and slaps Ali really hard on the back. The slap hurts and Ali winces in pain. The girl says, "Oh stop. I was just kidding around!"

Scenario B

Sasha's family visits their grandparents every winter holiday. It's usually fun but Sasha is dreading it this year. Last year, when Grandma gave all the grandchildren hugs, she ran her hand up and down Sasha's back and said, "Oh Sasha, what are those straps under there? Are you wearing a bra? How wonderful!" Sasha didn't answer and stayed quiet the whole visit.

Scenario C

Amari and Amari's siblings are all playing together when they start tickling each other. Amari laughs so hard that it hurts and calls out, "Stop! Stop! Stop!" but the siblings continue. At some point, they all notice that Amari is crying. They are stunned and horrified and stop the tickling. Amari runs away, very upset. The siblings yell after Amari, "What? But you were laughing the whole time!"

Scenario D

Lou has a crush on Sydney, a long-time friend. At the end of the school year, Lou gathers up the courage and says to Sydney, "Hey, I really like you. I mean I like-like you." Sydney is surprised, "Oh, I didn't know, Lou. I'm sorry... I don't feel the same way. You're one of my best friends and I don't want to ruin that." Lou nods, glad that they could still be friends while feeling more and more heartbroken. They hug – a full and whole-hearted hug – and Lou starts to cry.

Scenario E

Shai is warming up for a football game before it starts. A group of athletes from another town walk up to Shai and one of them says, "I just want to apologise to you ahead of time... because I'm going to put a hurt on you today." Everyone in the group laughs. Another one of the group says, "Give me a high five, tosser!" and holds their hand up. The others laugh harder.

Key Stage 4, Y10 – Lesson: Managing Conflict

Time: 40 min

Learning Outcomes:

- Participants will practice skills for managing conflict, while considering multiple communication styles and their impact.

Resources Required for Lesson:

Copies of Managing Conflict Scenarios for each of the small groups

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Adapted from *Expect Respect: A Toolkit for addressing Teenage Relationship Abuse* by the Home Office and Women's Aid, 2010

Main Activities:

- 1 Stress to the young people that it is possible to resolve conflict by negotiating or reaching a compromise. It is always best to try to resolve conflict in a friendly way without losing your temper.
- 2 Working in small groups of 4, distribute one of the scenarios from to each group.
- 3 Explain that there are different styles of managing conflict.

Avoidance: this might be useful if you are feeling under threat. However, the problem may not go away and you might have to face it sometime later. This is a passive manner of communicating.

Diffusion: this means being calm and trying to sort out the problem by giving you time to think about things. This could be either passive or an assertive method of communication depending on the situation.

Negotiation: (both people can win) this means you will have to compromise. Nobody gets everything they want, but everyone will get something. This is showing that you are using assertive communication skills.

Confrontation: this means tackling something head on, which may result in one person using power over the other person in order to win. This might be physical force, using threats or another type of abuse. This is not the way to deal with conflict and certain types of confrontation can actually be a criminal offence. This is an aggressive way of communicating.

- 4 Ask participants to consider the questions from each scenario and think about and discuss how the conflict could be resolved.
- 5 Take feedback from groups and ask other groups to comment on the suggested resolutions.
- 6 Ask participants for ideas on what you should not do when trying to manage a conflict.
 - Don't interrupt or shout
 - Don't do all the talking
 - Don't call names
 - Don't insult people.

Managing Conflict Scenarios

- 1** Your brother/sister has borrowed your new trainers without asking. You bought them especially for going to a concert this weekend and when you look in your wardrobe they are not there. You get them back later, covered in mud. What do you do?
- 2** Somebody tells you that they have seen your boy/girlfriend flirting with somebody else at the youth club. What do you do?
- 3** You are out with your brother who is disabled and walks with a limp. Some kids come up to you both and start making fun of him. What do you do?
- 4** One of the boys in your class is being picked on because he is quiet and shy. He hates sport but loves dancing and he has just joined an after school dance club. Now everyone is calling him a 'wimp'. Even some of the girls don't want him in their dance class. On the way home, he is confronted by a group of lads who call him names and push him into a puddle. What can he do?
- 5** You want to go to a party that finishes at midnight. Your friends have got permission to stay, but your parents/carers say you have to be in by 10 o'clock at the latest. What do you say to them?
- 6** Your parents/carers find out that you have been seeing a boy/girl in your year that they don't like. They come to your school and drag you out of the lesson. They really embarrass you, take you home and stop you from going out. Your dad starts dropping you off and picking you up from school. What do you do?
- 7** One of the girls in your class is really good at football and wants to join the all-boys football team. The boys don't want her to. They say girls are rubbish at football and she wouldn't be able to keep up. They also say all the other teams would laugh at them. What should she do?

Key Stage 4, Y10 – Lesson: Laura’s Diary – Grooming Time: 40 min

Learning Outcomes:

- Participants will be introduced the ‘grooming process’ and raise awareness of sexually exploitative relationships.
- Participants will increase awareness of risky situations and the subtleties of the grooming process.

Resources Required for Lesson:

Laura’s Diary extracts
Flipchart paper
Markers

Adapted from *Friend or Foe, Who Can You Trust?: a Sexual Exploitation and Relationship Education Programme* by Taking Stock www.safeguardingsheffieldchildren.org.uk

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

- 1 Break into small groups of 4. Give each group Extract 1 of the diary, flipchart paper and marker pens.
- 2 Ask each group to read through the diary and answer the questions at the bottom of the page.
- 3 After 10 minutes, ask each group to feedback the discussion they had about the extract. Discuss any particular issues which arise, then hand out the next extract, feedback after 10 minutes and repeat with the final two extracts.
- 4 Introduce the Grooming Line. Ask participants as a large group to identify when Jamie was engaging in behaviours from each stage of the Grooming Line.

Harmful Sexual Behaviour (HSB):

Sexual behaviours expressed by children and young people under the age of 18 years old, that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person or adult.

A more child friendly definition is:

Things that people under the age of 18 do, that may hurt themselves or other people by behaving in a sexual way, e.g:

- Exposing/uncovering your genitals, breasts or buttocks
- Forcing or pressuring another person to touch you, others or themselves sexually
- Forcing or pressuring another person to have sex (vaginal/ oral/anal) with you or others
- Trying to force or pressure another person to sexually touch themselves, others or you
- Trying to force or pressure another person to have sex with you or others
- Using technology to get another person to create, view or sharing sexual images or video.

Child Sexual Exploitation¹⁵ (CSE):

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity:

- (a) in exchange for something the victim needs or wants, and/or
- (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual.

Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Extract 1

- Put the participants in Laura's situation. If they met someone they really fancied, would they go into the takeaway with them?
- You are looking for the most honest answers. Ask them to write what they believe they would really want to do, not what they think they should do.

Extract 2

- Would your parent/carer agree to you doing this?
- A lot of the young people we work with think that Jamie is looking out for Laura. They trust him more because he didn't try to have sex with Laura straight away, and he spoke to his mother and told her where Laura was going with him.

Extract 3

- Question Jamie's motives for taking Laura to the clinic.
- Why doesn't Jamie get a key cut?
- Why is Jamie asking her to keep secrets?
- Why isn't Jamie encouraging Laura to go to school?

Extract 4

- Do you believe that Jamie really owed people money?
- Will this be the last time Laura has to do anything like this?
- Question the fact that Jamie didn't ask her to do it.

¹⁵ Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation, Department for Education, Feb. 2017

Diary Extract 1 – Laura aged 15

I met this lad today. He started talking to me outside the takeaway and asked me if I wanted to go in and get something to eat. He was well fit and I don't know why he started talking to me, but he was really nice so I went in with him and he bought me a chip butty.

His name is Jamie and at first he said he was 19, but he let slip later that he was really 24. He said he'd lied because he thought I wouldn't be interested if I knew the truth.

We talked for ages, he's a right laugh and he gave me fags and everything. He's got a flash car too. He wanted to take me to the cinema but I had to get home, so he asked me for my Snapchat and mobile number. When I told him I didn't have much credit on it, he said he'd put some money on it for me, can you believe it?!

He said he really liked me and wanted to see me again soon, so I arranged to meet him again. I hope he turns up; I think he's nice.

- **Do you trust Jamie?**
- **Is it OK for someone you've just met to buy you things?**
- **Is Jamie too old?**

Diary Extract 2 – Laura aged 15

Jamie was at home with mum when I got back yesterday. I don't know how he did it, but he managed to persuade her to let him take me clubbing. It was brilliant; he even bought me a new clothes to wear! He knows everyone and got in all the best clubs for free. All these people kept trying to talk to him, but he just ignored them and stayed with me all night.

I'm so lucky. Jamie is gorgeous; not like the lads at school. He's always interested in what I have to say, and never tries to make me do anything I don't want to, he even sticks up for me with mum! She thinks the world of him.

Last night was the best. We stayed together at his house and he just kissed and cuddled me all night. He told me he loves me and we even talked about living together, but I don't think mum would agree to that, though. He said he wants to be able to talk to me anytime he wants, so for now, he just keeps my mobile topped up, and it never leaves my side.

- **Do you trust Jamie?**
- **Should Laura have stayed at Jamie's house?**
- **Is Laura's mum right to trust Jamie?**

Diary Extract 3 – Laura aged 15

Jamie and me have been together for a while now and he really does love me. If I need to go anywhere he's always there to take me and pick me up. I haven't seen Jessica for ages, I think she's mad at me, but I haven't got time to see her. Besides, Jamie doesn't like her and says she's probably jealous because her boyfriend is just a school kid.

I stay at Jamie's most of the time now. I haven't got a key yet, so Jamie sometimes locks me in when he goes out. But that's OK, he's gonna get me a key as soon as he can. We went to the clinic the other day to get tested and some more condoms. He's so thoughtful and just wants me to be OK.

Mum's a bit annoyed that I'm spending so much time at Jamie's, and she's found out I haven't been going to school, but Jamie says there's no point me going to school. Besides, he says I could move in with him and he'd look after me. He really does love me.

He bought me a ring the other day. It's meant to be an engagement ring, but Jamie said not to tell anyone yet because it would make mum even more angry, and people wouldn't understand. I don't think it's anyone's business anyway. I'll be 16 soon and then they can't do anything, can they?

I just love him so much. I'd die if he left me. I'd do anything I can to make him happy.

- **Do you trust Jamie?**
- **What do you think of this relationship?**
- **Is it your responsibility to make your partner happy?**

Diary Extract 4 – Laura aged 15

Last night was awful. Jamie's been really depressed for the last few days and I came home yesterday and I could tell he was really fed up. It took me ages to get him to tell me what was wrong.

He said that he owed someone some money and that they were going to kill him if he didn't pay up soon. I was devastated. I couldn't let that happen. I asked him if there was anything I could do to help. He just kept talking about how he'd borrowed the money because he wanted to give me everything I wanted and how much he loved me.

He told me about his friend who had owed the same man some money and that his girlfriend had helped him to pay them off, but that he would never let me do anything like that. He wouldn't tell me what she'd done at first, and when he did, I was really shocked.

He said that she had had sex with this man and he had dropped the debt. I suppose it was my fault he was in this mess in the first place. I shouldn't have been so greedy and spoilt. So what could I do but help him?

It was horrible. I wanted to be sick. I thought it would never end. But it's over now and me and Jamie can just get back to normal. After all, we love each other, don't we?

- **Do you trust Jamie?**
- **Do you understand why Laura did it?**
- **What advice would you give to Laura?**

The Grooming Line¹⁶

Targeting stage

- Observing the child/young person.
- Selection of child/young person.
- Befriending – being nice, giving gifts, caring, taking an interest, giving compliments, etc.
- Gaining and developing trust.
- Sharing information about young people between other abusive adults.

Friendship forming stage

- Making young people feel special.
- Giving gifts and rewards.
- Spending time together.
- Listening and remembering.
- Keeping secrets.
- Being there for them.
- 'No one understands you like I do'; being their best friend.
- Testing out physical contact, accidental touching.
- Offering protection.

Loving relationship stage

- Being their boyfriend/girlfriend.
- Establishing a sexual relationship.
- Lowering their inhibitions – e.g. showing them pornography.
- Engaging them in forbidden activities – e.g. going to clubs, drinking, taking/dealing drugs, stealing.
- Being inconsistent – building up hope and then punishing them.

Abusive relationship stage

- Becomes an 'unloving' sexual relationship.
- Withdrawal of love and friendship.
- Reinforcing dependency on them – stating young person is 'damaged goods'.
- Isolation from family and friends.
- Trickery and manipulation – 'you owe me'.
- Threatening behaviour.
- Physical violence.
- Sexual assaults.
- Making them have sex with other people.
- Giving them drugs/alcohol.
- Playing on the young person's feeling of guilt, shame and fear

¹⁶ *Bwise 2 Sexual Exploitation* by Lucy Kork, Siobhan King, Katriona Ogilvy-Webb and Katherine Barnes for Barnardos, 2010

Key Stage 4, Y10 – Lesson: Body Image and Sexual Health

Time: 30 min

Learning Outcomes:

- Participants will identify the connections between negative body image and sexual decision-making.

Resources Required for Lesson:

Flipchart paper and markers

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

- 1 Prepare one large sheet of flipchart paper for each small group. On each sheet of the flipchart paper, have one of the following topics printed at the top: "Shared Sexual Behaviour", "Contraception", "Relationships" and "Sexually Transmitted Infections."
- 2 Break the large group into 4 work groups. Give one paper with one topic to each small group.
- 3 Ask participants to brainstorm all the possible ways in which a negative body image can impact sexual decisions or sexual behaviours related to the topic they are assigned. (e.g. How could having a negative body image impact someone's choices about shared sexual behaviour? How could having a negative body image impact someone's contraceptive choices?).
 - They might have sex with anyone because they think that no one else would ever be attracted to them.
 - They might not use some methods of contraception because they think some of the methods might make them gain weight.
 - They might not get an STI test because they don't want to go to see a medical professional and undress or get weighed.
 - They might be in relationships with people who are not good for them because they don't think anyone else would ever date them.
 - They might not want to get naked in front of a partner because their genitals don't look like the ones in text books.

Note to Teacher/Leader: Some of the best ideas about teaching about body image and sexuality have come directly from the young people who were asked, "What would you do?"

- Have you ever seen this negative body image/risky sexual behaviour connection? Talk about what you have seen or experienced.
- What are some concrete things people can do to fight a negative body image? Is it hard? Easy?
- What is one small thing you can do this week to fight negative body image.

Discussion:

- Do the lists have anything in common? If so, what are they?
- Why do you think it's important to talk about the connections between sexuality and body image?
- How could we teach about sexual decision making and incorporate body image awareness and body acceptance? What would you teach in this lesson if you were planning it?

Key Stage 4, Y10 – Lesson: Gender Galaxy

Time: 40 min

Learning Outcomes:

- Participants will explore the spectrum of gender identities and the impact gender expression has on individuals and on society.

Resources Required for Lesson:

Definition of Gender Terms

Option: *View Sex Assigned at Birth and Gender Identity: What's the Difference?* (3:45)

<https://www.youtube.com/watch?v=Y19kYh6k7Is>

View Gender Identity : Being Female, Male, Trans or Gender Fluid (2:10)

<https://www.youtube.com/watch?v=W9YwOE8ndnc>

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Adapted from <https://www.actioncanadashr.org/beyond-the-basics-gender-galaxy>

Main Activities:

- 1 Project or print the image of the Gender Galaxy.
- 2 Ask participants for their immediate reaction to the image.
 - How does this image make you feel? What does it mean to you?
- 3 Explain the terms and images included in the Gender Galaxy.
 - How does this image allow for an understanding of gender and sex that is not binary?
- 4 Why do you think we have strict rules and norms for interpreting or understanding gender?
 - Fear of the unknown
 - Interpretations of religious conventions and rules that have been embedded into culture
 - A societal and cultural preference for a ridged structure and rules.
- 5 What do we gain from only using 2 gender categories (male and female)?
 - It's easier
 - It's more convenient
 - It's traditional
 - Fear.
- 6 What do we lose by simplifying gender into 2 categories?
 - Freedom to be your authentic self
 - Imagination
 - Diversity
 - Inclusivity
 - Everyone is limited when gender is limited to only male and female.

7 What happens when we break or do not fit into these limited gender categories?

How does it feel? Why does it matter?

- Bullying
- Threats
- Assault
- Self-hatred
- Isolation
- Feeling like you don't belong anywhere
- Social consequences due to discrimination, stigma and prejudice.

Discussion:

Everyone had a unique story when it comes to exploring, gender, gender identity and gender expression.

Gender identity and expression are fluid and ever evolving/changing.

Respecting multiple gender expressions means avoiding assumptions about what gender expression says about a person's gender identity. Gender identity is internal and not something that you can tell about a person based on their appearance. Only gender expression should be discussed in this activity. Remind participants that we cannot tell a person's sex, gender identity or sexual/ romantic orientation by looking at them.

Gender Definitions

Agender: a person with no gender identity, although some define this more as having a gender identity that is neutral.

Androgynous or Androgyne: A person whose gender expression and/or identity is between, across (both), or outside of the binary and/or does not conform to gender norms.

Assigned Sex: The sex one is labelled at birth, generally by a medical or birthing professional, based on a cursory examination of external and/or physical sex characteristics such as genitalia and cultural concepts of male and female sexed bodies. Sex designation is used to label one's gender identity prior to self-identification.

Cisgender: A person whose gender identity, gender expression, and assigned sex all align (e.g., man, masculine, and male).

Cissexism: Systemic or individual behaviours, assumptions and rules that grant preferential treatment to cisgender people.

Gender: The social construction of masculinity and femininity in a specific culture.

Gender Affirming Surgery: Surgical procedures that alter or change physical sex characteristics in order to better express a person's inner gender identity. May include removal of the breasts, augmentation of the chest, or alteration or reconstruction of genitals. Also called gender confirming surgery.

Gender Binary: The system in which a society classifies all people into one of two categories (men and women), each with associated stereotypes and norms.

Gender Creative And Gender Independent: Terms often used to describe children who do not conform to binary constructions of gender. Children who are gender creative or gender independent may or may not grow up to identify as transgender.

Gender Dysphoria: Description of emotional or mental dissonance between one's desired concept of their body and what their body actually is, especially in reference to body parts/features that do not align or promote to one's gender identity. A term used in psychiatry to refer to the incongruence between an individual's assigned birth sex and their gender identity, with marked dissociation from one's physical body.

Gender Expression: The external display of gender, through a combination of dress, demeanour, social behaviour, and other factors, generally measured on a scale of masculinity and femininity.

Gender Fluid: a gender which varies over time. A gender fluid person may at any time identify as male, female, or any other non-binary identity, or some combination of identities.

Gender Identity: Self-conception of one's gender.

Gender Normativity: the social scripts that construct the gender binary of woman/man as "normal" and anything that exists outside of this binary as abnormal, unnatural and/or deviant.

Gender Norms: Mostly unwritten rules, scripts and roles prescribed by socially constructed binary ideas of masculinity and femininity that are reinforced by the dominant culture.

Gender Queer: An umbrella term used to describe people whose gender falls outside of the gender binary; a person who identifies as both a man and a woman, or as neither a man nor a woman.

Gender Role: Public, social and perceived expectations of gendered acts or expressions.

Gender Stereotypes: A belief or assumption about the characteristics of different groups or types of people based on prejudice. A gender stereotype is a rigid belief about how men and women typically behave on sexist prejudice. Gender stereotypes, like all stereotypes are limiting and can cause harm.

Gender Variant: someone who does not conform to the gender roles and behaviours assigned to them at birth. This is often used in relation to children or young people.

Intersex: Individuals who may have external genitalia which do not closely resemble typical male or female genitalia. They may have the appearance of both male and female genitalia.

Lgbtq+: An acronym that includes gender identities as well as identities related to sexual/romantic orientations. Fully spelled out the acronym contains lesbian, gay, bisexual, transgender, and questioning with the plus indicating more identities such as asexual, intersex and pansexual.

Non-Binary: Describes a gender identity that is neither female nor male. All gender identities that are outside of or beyond two traditional concepts of male or female.

Questioning: A term used to describe someone who is unsure of or exploring their sexual orientation and/or gender identity.

Third/3rd Gender: An umbrella term used to describe people who exist outside of the gender binary. For some people, it means the construction of a new gender. To native Hawaiians and Tahitians, Mahu is an intermediate state between man and woman or an indeterminate gender. 3rd Gender has also been used to describe Hijras of India, Fa'afafine of Polynesia. Nepal, Pakistan, India and Bangladesh have all legally accepted the existence of a 3rd gender, with India and Nepal including an option for them on passports and some official documents.

Trans*: An umbrella term that includes people who do not fit traditional male or female roles and expectations, and/or who identify with a gender other than the one assigned at birth. A person who feels the binary gender system is an incomplete description of who they are.

Transman: A transgender individual who identifies as a man.

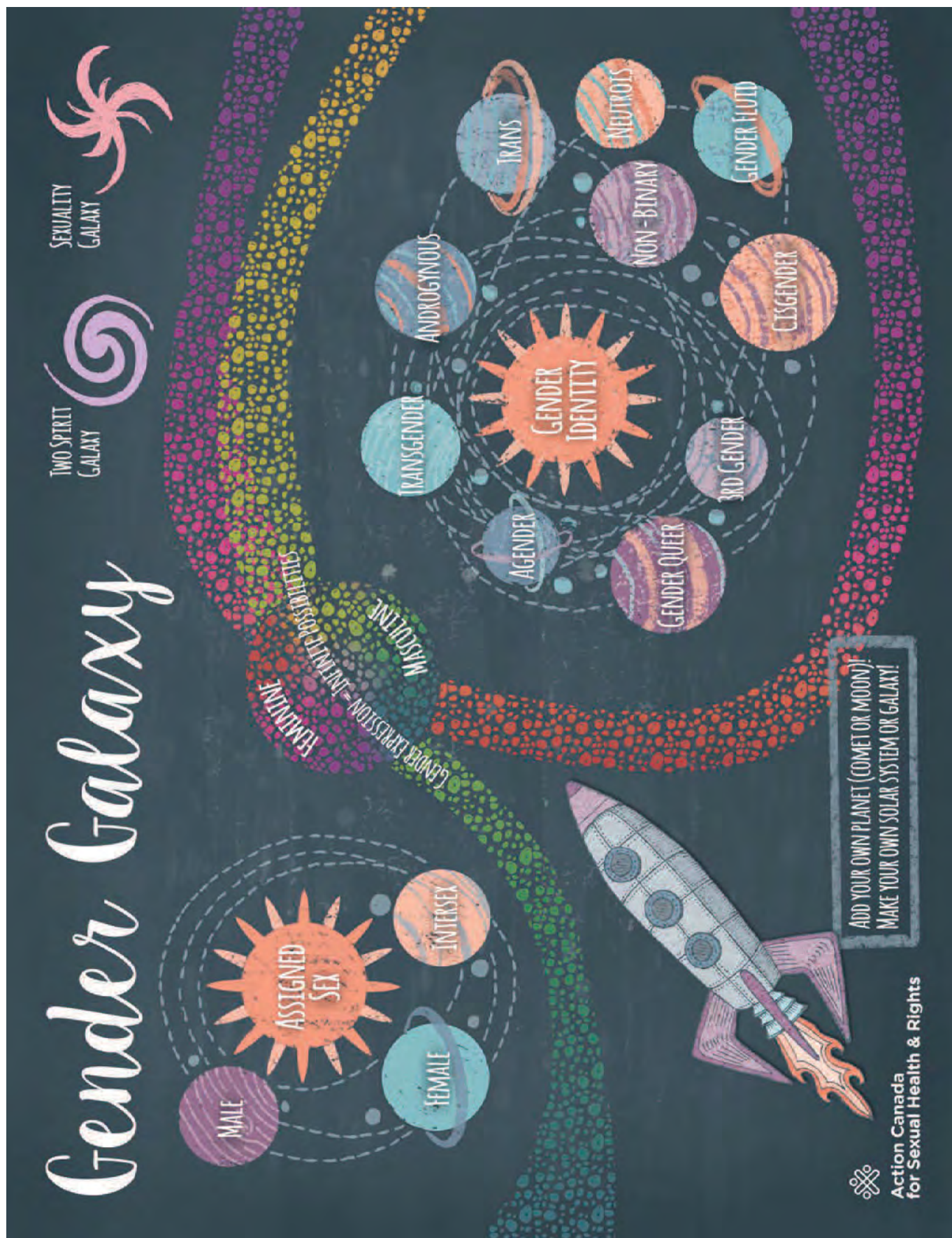
Transwoman: A transgender individual who identifies as a woman.

Transitioning: To physically change one's appearance, body, self-describing language, and/or behaviours in accordance with their gender identity. May be broken down in parts; social transition (language, clothing, behaviour, legal documents) and physical transition (medical care such as hormones, and/or surgery).

Transphobia: The fear, hatred, or intolerance of people who identify or are perceived as transgender.

Two-Spirited: A term used by some Indigenous people to self-identify. It is an Indigenous specific term that can only be used by Indigenous people to identify themselves. Two spirits can sometimes refer to sexual/romantic orientation and at other times to gender identity, depending on the specific individual or their particular nation. It can also describe roles and responsibilities specific to different Indigenous nations that may or may not be tied to sexual orientations and/or gender identity.

*Term generally used within indigenous culture in Canada and the Native American communities of the United States of America.



Key Stage 4, Y10 – Lesson: Pregnancy and Miscarriage Time: 20 min

Learning Outcomes:

- Participants will increase knowledge of foetal development
- Participants will increase knowledge of health risks and physical changes
- Participants will learn about miscarriages and the death of a new born

Resources Required for Lesson:

Rucksack with 2 shoulder straps

8 bags of dried peas/lentils in nylon wrapping that are labelled with all the components listed on the Building Baby handout

Tensor bandage

Laundry basket

Children's toys (for newborn to toddler)

If you are able to source a professionally made Empathy Belly®, you will not need the Rucksack, tensor bandage and bags of beans. You will be able to follow the assembly instructions that come with the Empathy Belly®.

Option: View *Reproduction* (2:31) <https://www.youtube.com/watch?v=OejdOS4lqeE>

View *Think you Might be Pregnant?* (3:11) <https://www.youtube.com/watch?v=qs4do1DwMrl>

NOTE: Please watch before showing young people to assess suitability for the individuals with whom you will be working.

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

- 1 Ask a volunteer to be a pregnant person (must weigh more than 7 stone (44 kg) and have no back problems).
- 2 Wrap their ribcage with tensor bandage to simulate restricted breathing and ask them to remove their shoes. Explain why breathing is restricted.
- 3 Place the rucksack on the front of the pregnant person (backwards to how you would usually wear it). The straps of the rucksack should be over the volunteer's arms. Ask the class how much weight a pregnant person should gain for a healthy pregnancy.
- 4 Use the Building Baby handout to explain the weight gain that comes with pregnancy. As you are speaking, start placing the bags of dried peas/ lentil inside the rucksack (* bigger bags on the bottom works best for packing the rucksack). Explain any aspects, such as why there would be an increase in maternal blood volume, what the amniotic fluid is, or maternal fat stores.
- 5 Now that the volunteer is feeling the full gain of the weight, take the laundry basket full of toys and spread them around the room. Explain that with the added weight, even daily chores become more difficult. Ask the volunteer to go pick up all the toys that their imaginary toddler left on the floor. Talk to the volunteer about how to stand to take pressure off the back. Provide information about how the centre of gravity changes and that women need to be conscious of their foot wear. Discuss other things pregnant people need to avoid to maintain a healthy pregnancy (alcohol, smoke etc.).

As they pick up the toys make note of any adaptations (e.g. crawling on all fours to pick up toys) the volunteer makes to accomplish the task. Ask the volunteer to explain why they chose that strategy.

This is not an exhaustive list for factors that may put a healthy pregnancy at risk, but many of these can lead to low birth weight babies, developmental abnormalities or physical malformations.

Healthy pregnancy risk factors	Consequences
<p>Medications including acne medication, antibiotics, and daily meds (for diabetes).</p>	<p>Generally a drug, substance or medication can cause harm by:</p> <ul style="list-style-type: none"> • interfering with normal fetal development • damaging the baby’s organs • damaging the placenta and putting the baby’s life at risk • increasing the risk of miscarriage • bringing on premature labour.
<p>Alcohol ¹⁷</p> <p>When pregnant people drink, alcohol passes from their blood through the placenta and to their baby.</p> <p>A baby’s liver is one of the last organs to develop and does not mature until the later stages of pregnancy.</p> <p>The baby cannot process alcohol as well as an adult can, and too much exposure to alcohol can seriously affect their development.</p>	<p>Drinking alcohol, especially in the first 3 months of pregnancy, increases the risk of:</p> <ul style="list-style-type: none"> • miscarriage, • premature birth • your baby having a low birthweight. <p>Drinking after the first 3 months of pregnancy could affect the baby after they’re born. The risks are greater the more the pregnant person drinks.</p> <p>The effects include:</p> <ul style="list-style-type: none"> • learning difficulties • behavioural problems • foetal alcohol syndrome (FAS). Symptoms of FAS include: <ul style="list-style-type: none"> - poor growth - distinct facial features - learning and behavioural problems.
<p>Illegal Drugs ¹⁸</p> <p>Cannabis, Cocaine (including crack cocaine), methamphetamine, MDMA, Benzodiazepines.</p>	<ul style="list-style-type: none"> • Growth restriction • Premature birth • Higher risk of miscarriage, early labour, and placental abruption • Baby may go through withdrawal (Shaking, muscle spasms and problems with sleeping and feeding) • Poorer mental and motor development • Not as able to regulate their temperature (being cold) • having breathing problems.

¹⁷ <https://www.nhs.uk/conditions/pregnancy-and-baby/alcohol-medicines-drugs-pregnant/> accessed 20.02.2020

¹⁸ <https://www.tommys.org/pregnancy-information/im-pregnant/drugs-and-medicines/illegal-drugs-and-pregnancy> accessed 20.02.2020

Healthy pregnancy risk factors	Consequences
<p>Tobacco¹⁹</p>	<ul style="list-style-type: none"> • Deliver their babies early. • Low birth weight. • Baby is three times more likely to die from Sudden Infant Death Syndrome (SIDS). • Baby has weaker lungs than other babies.
<p>Cleaning out a cat litter box²⁰</p> <p>Mothers may become infected with the parasite toxoplasma gondii and will pass it on to the foetus.</p>	<ul style="list-style-type: none"> • Miscarriage • Stillbirth • Damage to the baby’s brain and other organs, particularly the eyes <ul style="list-style-type: none"> - brain malformations, deafness, vision abnormalities.

- 6 Ask the volunteer how they normally sleep and ask them to take a nap on the floor for you. While getting comfortable, talk about the use of pillows to get comfortable. Ask them how they would feel if their partner wanted to have sex at this point in the pregnancy. Ask the group if there is a time when people should stop having sex if they are pregnant. Give them the facts about the time line and the changes couples need to make if they choose to have sex at this point of the pregnancy.
- 7 Offer to help the volunteer up off the floor and have them sit in a chair. Talk about how the support of a partner can be helpful both physically and emotionally. Discuss how the pregnant person may feel differently about the pregnancy based on circumstance and it may change as the pregnancy progresses.
- 8 Let the volunteer sit down “safely” in a chair and put on their shoes. Explore with the group the changes this person is experiencing doing the mundane again. As a supportive partner you could offer to help the volunteer put their shoes on.
- 9 Volunteer can be released from the belly at this time.
- 10 Discuss that not all pregnancies result in a live birth, even if the pregnant person has done everything they can to avoid the risk factors we have already talked about. Ask if participants know what a miscarriage (spontaneous abortion) is. A miscarriage can have a profound emotional impact, not only on the pregnant person, but also on their partner, friends and family.

¹⁹ https://www.cdc.gov/tobacco/basic_information/health_effects/pregnancy/index.htm accessed 20.02.2020

²⁰ <https://www.tommys.org/pregnancy-information/pregnancy-complications/infections-pregnancy/toxoplasmosis-pregnancy> accessed 20.02.2020

Physical Changes for the Pregnant Person

Body changes during pregnancy:

- Nausea
- Fatigue
- Heartburn
- Increased blood flow that may cause the blood vessels in the face to swell
- Increased oestrogen that results in thin dry hair
- Increased vaginal secretions
- Decrease in blood circulation due to weight gain
- As the fetus grows the space within the body is cramped and therefore the stomach cannot hold as much food at one sitting and the bladder may have additional pressure upon it that results in frequent urination
- Breathing is restricted due to the inability for the lungs to fully expand due to the organs being cramped as the fetus grows
- Constipation
- Backache due to additional weight gain and lack of knowledge of proper posture.

Simple Remedies

Minor discomforts are the inevitable result of the changes in their body in the second half of pregnancy. But knowing that everyone has them doesn't make them easier to bear.

Vaginal secretions increase early in pregnancy and continue to increase throughout pregnancy; many women find that wearing panty liners or cotton-crotch underwear helps. The secretions may cause itching; unless the itching is severe (indicating an infection), daily washing with water should help relieve it.

Varicose veins are swollen veins that appear in their legs as a result of decreased blood circulation, heredity, or weight gain. To help prevent or improve varicose veins they could, increase circulation by wearing graduated-compression support hose, change position if they must sit for a long time, and keep their feet elevated while they sit. If they must stand for long periods, occasionally rotate their feet at the ankles, or contract their leg muscles. Try to sit for about 15 minutes every two hours could also help.

Heartburn is probably the most common complaint of pregnancy. It occurs because stomach acid creeps upward from the stomach, which is being squeezed by the growing uterus. Eating smaller, more frequent meals, avoiding greasy and highly seasoned foods, and drinking skim milk may help. They can take an antacid in small amounts, especially at bedtime, but they should check with their doctor before they do because certain antacids are high in sodium.

Constipation is almost as common as heartburn, because pregnancy hormones relax the intestinal muscles. They can prevent and treat constipation through diet and exercise. Prune juice is an old standby for stimulating the bowels, and high-fiber foods, such as bran cereal, celery, fresh fruits, and whole-grain breads, also will help. Every day try to get some exercise – walking is an excellent choice – and drink eight glasses of water.

Hemorrhoids, which are varicose veins in the rectum, will get worse if they're constipated. Using preventive measures for constipation can help avoid having to strain during a bowel movement. They could ease the pain of hemorrhoids by sitting on soft pillows or soaking in a warm bath. They should tell their doctor about hemorrhoids that bleed or are particularly painful.

Backaches are a natural result of a loosening of their muscles in preparation for delivery, but more often they are the result of poor posture. There's a natural tendency in pregnancy to thrust the stomach forward, but this makes the back muscles ache. The pregnant person can try to stand with shoulders back and down, their head erect, their buttocks tucked under, and their stomach pulled in. Wear low-heeled shoes can help. If they must lift something heavy, such as a toddler, bend from their knees, not from your waist can help.

Tingling or numbness in the fingers comes from a squeezed nerve in the wrist. Stretching or shaking out their hands and avoiding sleeping on their arm can help relieve symptoms, which usually go away after pregnancy.

Building Baby

Extra "Stores" of energy for the foetus

3.6kg – 4.5kg

Placenta

0.9kg – 1.4kg

Amniotic Fluid

0.9 kg – 1.4kg

Extra maternal blood volume

1.6kg – 1.8kg

Breasts

0.7kg – 0.9kg

Uterus

1.4 kg – 1.8kg

Foetus

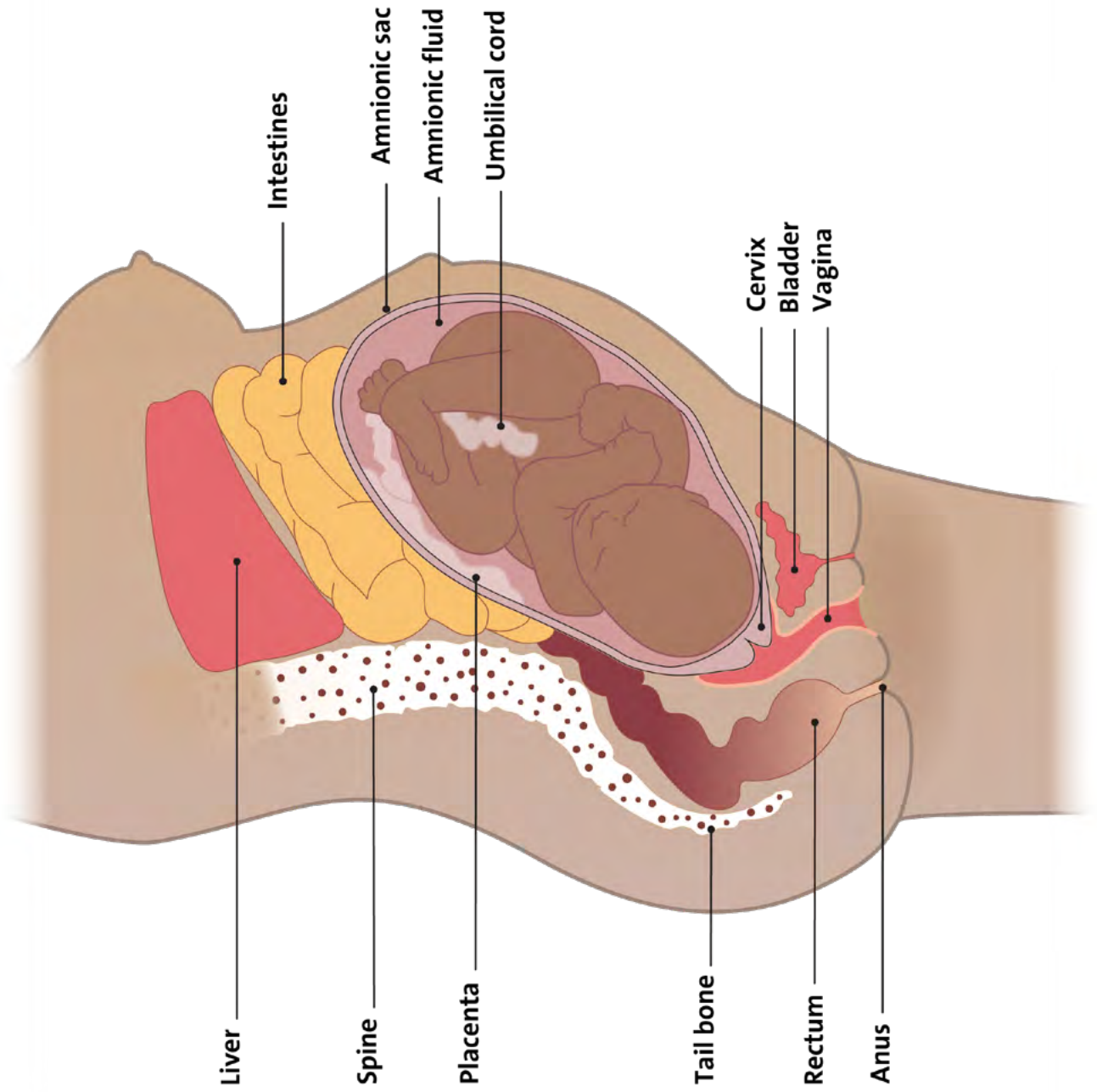
2.7 kg – 3.6kg




Extra tissue and fluid


0.9 kg – 1.4kg




TOTAL



11.3 kg – 16kg



Week of Pregnancy	Embryonic Development (according to the <i>Mayo Clinic: Complete Book of Pregnancy and Baby's First Year</i>).	Foetal Size (according to the <i>Mayo Clinic: Complete Book of Pregnancy and Baby's First Year</i>).
Weeks 1 – 4	<ul style="list-style-type: none"> • Rapid cell division; first called a morula (a cluster of 13 – 32 cells), then a blastocyst (which embeds in the lining of the uterus) and then a zygote. 	
Weeks 5	<ul style="list-style-type: none"> • 3 layers of tissue from which tissue and organs will develop has divided. • Neural tube taking shape which will form brain, spinal cord, spinal nerves and backbone. • The middle layer forms the beginnings of the heart and a primitive circulatory system. • The first heartbeats occur at 21 – 22 days. 	<p>1.5mm (about the size of the tip of a pen).</p> 
Weeks 6	<ul style="list-style-type: none"> • The brain is developing distinct regions. • Eyes and ears are beginning to form. • The heart is starting to pump blood. 	<p>< 6mm in length</p>
Weeks 7	<ul style="list-style-type: none"> • Brain continues to develop. • Lenses of the eyes are forming. • Arms, legs, hands and feet are taking shape though fingers and toes have yet to form. • Hands and feet still are little more than stubs growing on the torso. 	<p>8mm in length (a little bigger than the top of a pencil eraser. The foetus weighs less than a tablet).</p>
Weeks 8	<ul style="list-style-type: none"> • The eye lids are beginning to form. • The pituitary gland is forming. • Arms are growing and wrists and elbows are evident. • Hands and feet are shaped like paddles and fingers are beginning to form. • Ears take shape. • The heart is pumping about 150 times a minute (twice the adult rate). 	<p>1.2cm in length</p> 

Week of Pregnancy	Embryonic Development <i>(according to the Mayo Clinic: Complete Book of Pregnancy and Baby's First Year)</i>	Foetal Size <i>(according to the Mayo Clinic: Complete Book of Pregnancy and Baby's First Year)</i>
Weeks 9	<ul style="list-style-type: none"> • Hands and feet are forming fingers and toes. • Pancreas, bile ducts and gall bladder have formed. • The embryonic tail is disappearing. • Reproductive organs are starting to develop as male or female but external genitals have no noticeable male or female characteristics. 	2.5cm in length
Weeks 10	<ul style="list-style-type: none"> • The beginning of all major body organs are formed. • Bones of the skeleton are forming. • Fingers have formed. • The eyelids have formed and the outer ears are forming. 	6mm in length or 3.2cm from head to rump < 14g in weight
Weeks 11 – 14	<ul style="list-style-type: none"> • All organs organ systems are in place. • The brain, nerves, and muscles are beginning to function. • Genitals are beginning to have male or female characteristics. • Movement is not felt although body may jerk and flex the arms or legs. 	At the end of the 12th week, almost 7.6cm in length and weighs about 42.5g
Weeks 15 – 18	<ul style="list-style-type: none"> • Eyes and hair have developed. • Eyebrows and scalp hair start to appear. 	About 14 cm long from crown to rump and weighs 198g 

Week of Pregnancy	Embryonic Development (according to the <i>Mayo Clinic: Complete Book of Pregnancy and Baby's First Year</i>)	Foetal Size (according to the <i>Mayo Clinic: Complete Book of Pregnancy and Baby's First Year</i>)
Weeks 19 – 22	<ul style="list-style-type: none"> • A white cheesy protective coating called the vernix forms; fine, down like hair called lanugo covers the skin. • Foetus can hear and react to noise; not certain if foetus recognises or remembers sound. • Foetal movement may be felt at 20 weeks. 	About 19cm in length and weighs about 453g 
Weeks 23 – 27	<ul style="list-style-type: none"> • Lungs are beginning to mature to allow them to expand easily. • Retina has not finished forming. • Blood vessels in the brain are very immature; if born prematurely, can increase the risk of spontaneous bleeding in the brain. 	Length with legs extended is 28 – 38cm and weighs 453g – 907g 
Weeks 28 – 31	<ul style="list-style-type: none"> • Eyelids can open. • Testicles move from near the kidneys through the groin on their way to the scrotum. • Labia are still small and don't yet cover the relatively prominent clitoris. • Most active during weeks 27 – 32. • At risk for infections and anaemia if born now; still need help breathing; decreased risk of brain bleeding. 	30 – 40 cm in length and weighs 907g – 1.588kg 

Week of Pregnancy	Embryonic Development (according to the <i>Mayo Clinic: Complete Book of Pregnancy and Baby's First Year</i>)	Foetal Size (according to the <i>Mayo Clinic: Complete Book of Pregnancy and Baby's First Year</i>)
Weeks 32 – 36	<ul style="list-style-type: none"> • Testicles have moved to the scrotum. • Gain in fat deposits. 	<p>40 – 48 cm and weighs 1.360kg – 2.960kg</p> 
Weeks 37 – 40	<ul style="list-style-type: none"> • Fluid present in the lungs begins to be absorbed to prepare for breathing air. • A surge in foetal hormones that may aid in maintenance of blood pressure and blood sugar levels after birth. 	<p>46 – 53 cm and weighs 2.720kg – 4.082kg</p> 

Miscarriages²¹

A miscarriage is the loss of a pregnancy during the first 23 weeks.

What are the symptoms of a miscarriage?

The main sign of a miscarriage is vaginal bleeding, which may be followed by cramping and pain in your lower abdomen.

If you have vaginal bleeding, contact your GP or midwife. Most GPs can refer you to an early pregnancy unit at your local hospital straight away if necessary. You may be referred to a maternity ward if your pregnancy is at a later stage.

However, bear in mind that light vaginal bleeding is relatively common during the first trimester (first 3 months) of pregnancy and doesn't necessarily mean you're having a miscarriage.

Other symptoms of a miscarriage include:

- cramping and pain in your lower tummy
- a discharge of fluid from your vagina
- a discharge of tissue from your vagina
- no longer experiencing the symptoms of pregnancy, such as feeling sick and breast tenderness.

If you've had 3 or more miscarriages in a row (recurrent miscarriage) and are worried about your current pregnancy, you can go straight to an early pregnancy unit for an assessment.

On rare occasions, miscarriages happen because the pregnancy develops outside the womb. This is known as an ectopic pregnancy. Ectopic pregnancies are potentially serious as there's a risk you could experience internal bleeding.

Symptoms of an ectopic pregnancy²² may include:

- a missed period and other signs of pregnancy
<https://www.nhs.uk/pregnancy/trying-for-a-baby/signs-and-symptoms-of-pregnancy/>
- tummy pain low down on 1 side
<https://www.nhs.uk/pregnancy/related-conditions/common-symptoms/vaginal-bleeding/>
- vaginal bleeding or a brown watery discharge
<https://www.nhs.uk/pregnancy/related-conditions/common-symptoms/vaginal-bleeding/>
- pain in the tip of your shoulder
- discomfort when peeing or pooing.

Symptoms of an ectopic pregnancy usually appear between weeks 5 and 14 of the pregnancy.

If you experience any of the symptoms above, visit your nearest accident and emergency (A&E) department immediately. If you're unable to travel, call 999 and ask for an ambulance.

What causes a miscarriage?

There are many reasons why a miscarriage may happen, although the cause is often not identified.

If a miscarriage happens during the first trimester of pregnancy (the first 3 months), it's usually caused by problems with the unborn baby (foetus). About 3 in every 4 miscarriages happen during this period.

If a miscarriage happens after the first trimester of pregnancy, it may be the result of things like an underlying health condition in the mother.

²¹ Adapted from www.nhs.uk/conditions/miscarriage/ accessed 20.02.2020

²² <https://www.nhs.uk/conditions/ectopic-pregnancy/> accessed 20.02.2020

These late miscarriages may also be caused by an infection around the baby, which leads to the bag of waters breaking before any pain or bleeding. Sometimes they can be caused by the neck of the womb opening too soon.

An increased risk of miscarriage is not linked to:

- a pregnant person's emotional state during pregnancy, such as being stressed or depressed
- having a shock or fright during pregnancy
- exercise during pregnancy – but discuss with your GP or midwife what type and amount of exercise is suitable for you during pregnancy
- lifting or straining during pregnancy
- working during pregnancy – or work that involves sitting or standing for long periods
- having sex during pregnancy
- travelling by air
- eating spicy food.

What happens next?

The hospital can carry out tests to confirm whether you're having a miscarriage. The tests can also confirm whether there's still some pregnancy tissue left in your womb (an incomplete or delayed miscarriage) or if all the pregnancy tissue has been passed out of your womb (a complete miscarriage).

If there's still some pregnancy tissue in your womb, your options are:

- wait for the tissue to pass out of your womb naturally
- take medication that causes the tissue to pass out of your womb
- have the tissue surgically removed.

The risk of complications is very small for all these options. It's important to discuss them all with the doctor in charge of your care.

How does miscarriage make people feel, other than sad?

Sometimes the emotional impact is felt immediately after the miscarriage, whereas in other cases it can take several weeks. Many people affected by a miscarriage go through a bereavement period.

It's common to feel tired, lose your appetite, and have difficulty sleeping after a miscarriage. You may also feel a sense of guilt, shock, sadness and anger – sometimes at a partner, or at friends or family members who have had successful pregnancies.

The father of the baby may also be affected by the loss. Men sometimes find it harder to express their feelings, particularly if they feel their main role is to support the mother and not the other way round. It may help to make sure you openly discuss how both of you are feeling.

Miscarriage can also cause feelings of anxiety or depression, and can lead to relationship problems.

The Miscarriage Association <https://www.miscarriageassociation.org.uk/> is a charity that offers support to people who have lost a baby. They have a helpline (01924 200 799, Monday to Friday, 9am to 4pm) and an email address (info@miscarriageassociation.org.uk), and can put you in touch with a support volunteer.

Key Stage 4, Y10 – Lesson: Asking for Help and What to Expect Time: 20 min

Learning Outcomes:

- Participants will increase knowledge of preventative exams and screening
- Participants will become familiar with local health services
- Participants will learn about the importance of regular visits as part of a health maintenance routine

Resources Required for Lesson:

Flipchart paper
Markers
Sticky tac

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

1 Place 4 pieces of flipchart paper around the room and write the following questions on each:

- **What are some of the reasons young people might go to a sexual health clinic?**
 - Get contraception
 - Get Condoms
 - STI, infestation and HIV testing
 - Pregnancy testing
 - Emergency Contraception
 - Sexual health exams (pelvic, breast , testicular, prostate, and cervical screenings)
 - Information on pregnancy options (abortion, adoption and parenting support)
 - Information on consent and information about where you could go if you have been sexually assaulted
 - Information on sexual exploitation, domestic violence, harmful sexual behaviour and where to go for support
 - Information about sexual orientation and gender identity and where you could go to get support.
- **What kind of help could you get by visiting the school nurse?**
 - Information on pregnancy options (abortion, adoption and parenting support)
 - Information on consent and information about where you could go if you have been sexually assaulted
 - Information on sexual exploitation, domestic violence, harmful sexual behaviour and where to go for support
 - Discussing your readiness to become sexually active
 - Discussions about peer pressure and choosing to delay having sex until you and your partner are ready

- Information about contraception
- Information on STIS, HIV and infestations
- Information about sexual orientation and gender identity and where you could go to get support
- At some schools, you could get free condoms as part of the C-Card scheme
- Get Chlamydia screening kits you can do at home and then just put in the post
- Pregnancy testing.

- **If you can get many of the same services and resources from your GP, why might it be helpful to seek out a sexual health clinic?**

- Some people like the anonymity of going to a sexual health clinic rather than their GP. They may not want their GP to know all of their family history. If you have been with your doctor since you were a child, you may feel more embarrassed.
- It can be a faster way to get the services you need
- You may not need an appointment because there are walk-in times
- They have clinics just for young people
- Staff at asexual health clinic may have more specialist training. Not all GPs can insert a contraceptive implant etc.
- Get free condoms as part of the C-Card scheme
- Get Chlamydia screening kits you can do at home and then just put in the post.

- **Where can you go in Swindon to access sexual health care?**

- **For all up to date information about clinic times, outreach services, pharmacies that distribute emergency contraception/ condoms/ chlamydia kits, clinic locations and more, go to <http://www.swindonsexualhealth.nhs.uk/clinics/>**

- 2** Provide each participant with a marker and ask them to consider each question, then walk around the room in groups of 3 or 4 and place at least one answer on each page.
- 3** Once they are seated again, provide participants with information sheets regarding genital exams, testicular self – exams, breast self – exams, cervical screenings and their first pelvic exam. Review the content within the information sheets with them.

Discussion:

- Did participants name preventative health exams as part of the services they identified offered by the sexual health clinic?
- Where there preventative exams they had not heard of before?
- What part of asking for help from a health professional would make it the most embarrassing?
- What could clinics/health professionals do to make it more comfortable for young people.
- What could participants do to become more confident about seeking services?
- Here is an appointment checklist to help participants get the most out of their visit to a sexual health clinic:
 - **How to make the most of my time with the health care provider:**

Write down questions that come up between appointments (in a place you will remember writing them like on your mobile). It is easy to forget what you meant to bring up once sitting with the health care provider. Keep track of scheduled appointments on your phone, in an online calendar etc.
 - **What is useful to share during my first visit?**
 - Current health issues and whether you are being treated for them
 - Any allergies to medication or foods (some vaccines or medication can contain traces of allergens)
 - Medications you are currently on (including contraception)
 - Whether you have ever been hospitalized or had surgery (for what and when)
 - Tobacco, alcohol, and/or drug use
 - Any personal circumstances or preferences that are important to share.
 - **What should I prepare and bring to my appointment?**
 - Your phone to write down important information.
 - Your phone to put in your calendar follow-up appointments.
 - A list of questions you have prepared in advance. Remember that it is okay to keep asking questions until you fully understand. It is okay to ask for simpler answers in clearer language.
 - If it would make you feel safer, more comfortable, or more in control, you can bring a family member, friend, or other support person (Youth Engagement Worker, Social Worker etc.) with you during your appointment. They can help take notes, ask questions to clarify information, and help you remember what your health care provider says.
 - **Questions to ask yourself before the appointment:**
 - What questions or concerns do I want addressed during the appointment?
 - Do I have any symptoms? If so, how long have I had them? Have I done anything to make them better? Has it worked?
 - Can I think of any recent changes in my life or my routine?
 - **Questions to ask your provider during the appointment:**
 - What is the diagnosis and next steps?
 - I don't quite understand. Can you explain what the diagnosis means?
 - Do I need to take medication? What is the name of the medication?

- What should I know about how to take the medication safely and effectively?
- What should I watch out for when taking the medication?
- What are the details I need to know about how to proceed for the treatment, follow-up, surgery, etc.?
- What are the risks and benefits of this medication, treatment, surgery, etc.?
- How soon will I start seeing results from the medication, treatment, surgery, etc.?
- Do I need follow-up tests? What are they? Where can I get them done?
- Am I being referred somewhere else? Why?
- **Questions to ask your provider when you are getting ready to leave:**
 - Could you tell me what I need to do after I leave this appointment?
 - What can I do at home to care for myself?
 - Do you have any recommendations for leaflets, websites, groups, or any sources of information and/or support about this diagnosis, test, medication, etc.?
 - Did I get this right [list what you are asked to do to care for yourself]?
 - I am not sure I understand this. Could you clarify? Could you write these instructions down for me?

Genital Examinations

What is a genital exam?

The genital examination is a clinical or medical examination of the reproductive organs to determine if they are healthy and to detect if there are any problems or infections.

When should you have one?

Everyone should have an examination of their genital organs once a year beginning with the onset of sexual intercourse or by age 18 for the rest of their life.

Earlier exams or more frequent examinations are recommended if you have:

- unprotected sexual intercourse (without the use of a condom/or dam)
- discharge
- pain or burning during urination
- any changes in appearance of the skin of your genitals (sores, growths).

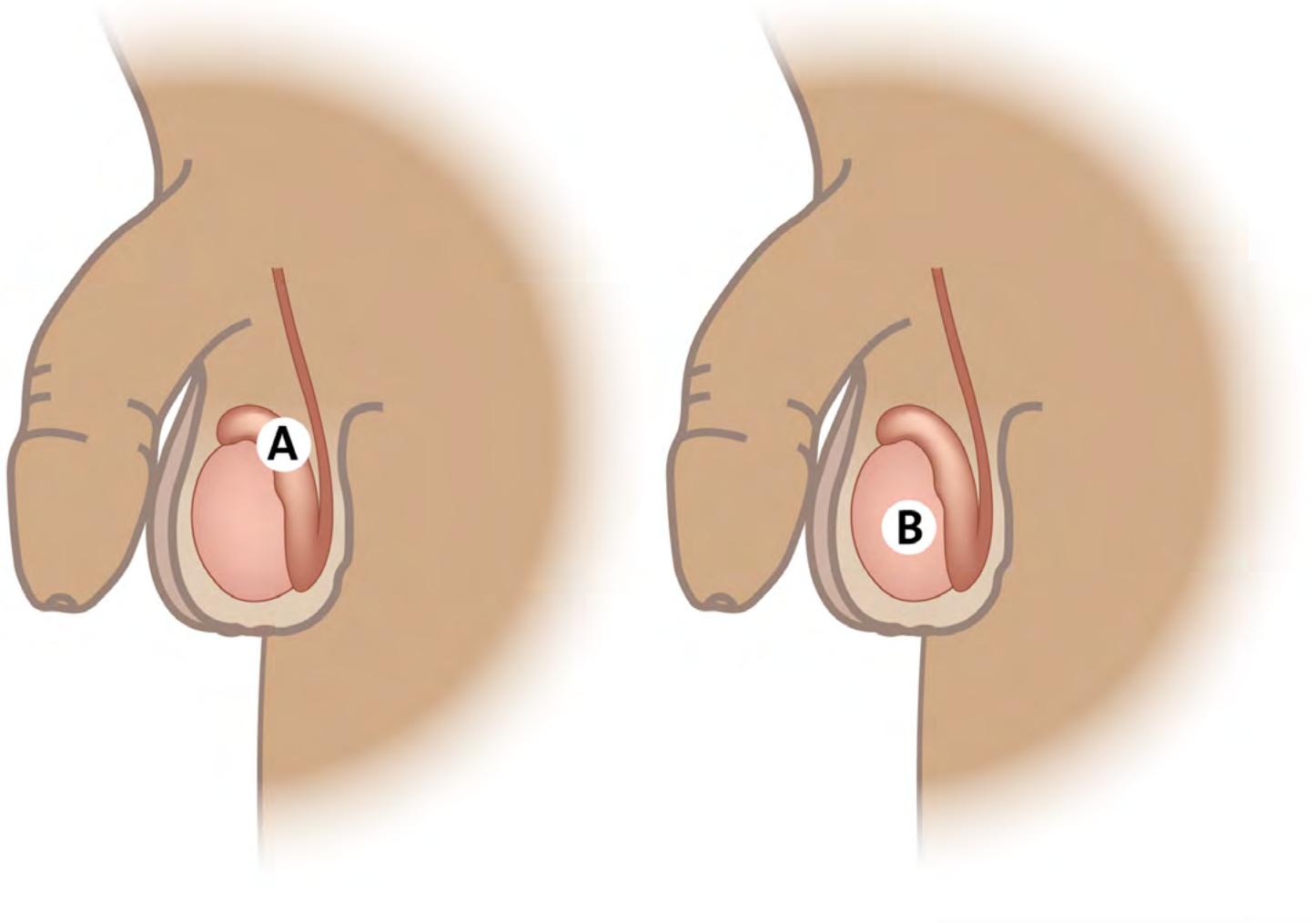
What to expect

- You should not urinate for 2 hours before you have an examination
- Before the exam it will be necessary to give information about your medical and sexual history
- You may feel anxious and tense about talking about private things
- Try to relax – it will make the examination more comfortable
- Feel free to ask any question during the exam
- The whole exam usually only takes a few minutes and includes the following:
 - visual examination of the genitals
 - palpation of the testicles and inner thighs
 - swabs might be used to collect samples from the opening of your penis for the diagnosis of possible infections (including gonorrhoea and chlamydia) – you may feel some discomfort and burning for a few seconds.

If laboratory tests indicate anything unusual, you will be contacted. Practicing safer sex can prevent sexually transmitted infections and pregnancy.

Testicular Self-Exam

- 1 The best time to examine your testicles is following a hot bath or shower because the skin around the testicles is more relaxed and it is easier to feel the testicles and the epididymis.
- 2 Put your index finger and middle finger on the underside of one of your testicles and your thumb on the top. Roll your testicle between your thumb and fingers gently. A healthy testicle feels slightly soft with an even consistency and a smooth surface. The epididymis (A) can be felt at the back of the testicle and feels slightly different. If you feel any thickening or lumps (B), even small ones, tell your health care provider right away. Repeat the process with your other testicle.



Cervical Screenings – “Smear Test”

What is a cervical screening?

It is a simple test that checks for abnormal cells on a cervix (the opening to the uterus). A cervical screening is done during a pelvic exam. It is recommended that people with a cervix, start having regular cervical screenings three years after they have vaginal intercourse or once they reach the age of 21, whether they have had vaginal intercourse or not. The best time to have a cervical screening done is one week after her period is finished.

How is a cervical screening done?

To do a smear, a doctor or nurse examines the vulva (outside genital parts) to check for signs of redness, discharges or irritation. The doctor will also put one hand on the patient’s stomach and place their fingers in the vagina to check for any conditions that may need attention. Then an instrument called a speculum, will gently slide into the vagina. This will let them see the cervix. Some of the cells from the cervix are gently wiped off with a small brush and a small wooden spatula that looks like an ice-lolly stick. These cells are put on a glass slide and are sent to the laboratory.

What does an abnormal test mean?

If a test result showed “benign atypia” this means that there was a slight change in the cells of the cervix. This result is usually nothing to worry about. It may be because the cervical screening was done near the time when the person had their period or near the time when they last had vaginal intercourse. Douching and having an infection like yeast can cause benign atypia. If a screening showed benign atypia, they may be advised to have another one in six months.

A screening may also show abnormal cell growth that is called “dysplasia”. Dysplasia is not cancer. Dysplasia means that there is a change in the cells of your cervix that in the future might become cancer if they are not treated.

What is a colposcopy?

Colposcopy is an exam that looks at the cells of a cervix more closely. Colposcopy is done by a doctor called a gynaecologist.

How is colposcopy done?

The doctor will use a special microscope called a colposcope to look at a cervix. The colposcope is placed near the opening of the vagina. It will not touch the patient or go into the vagina. The doctor puts a speculum into the vagina just like when a cervical screening is done. The cervix will be washed with a mixture of vinegar and water. This may sting a little. The doctor may take tiny samples of the cells from the cervix. These are called biopsies. This can be uncomfortable. A patient might feel cramps like when menstruation occurs. There may also be some spotting or bleeding for a few days so the patient may want to wear a panty-liner in their underwear. Biopsies will be sent to a lab for special testing. A colposcopy exam usually takes 10 –15 minutes and results are usually in about 2 weeks later.

A colposcopy and the treatment for an abnormal cervical screening should not affect a person’s ability to have children. The physician will recommend a follow up visit and cervical screening in 4 – 6 months.

Things to remember:

- A patient should not be menstruating when they go for a colposcopy exam. A patient should not have sex, douche or use a tampon 24 hours before the colposcopy exam.
- Ask the doctor or nurse how to take care of yourself after the colposcopy.
- Ask when they should have another smear and how often they should have them done.

Your First Pelvic Exam

You may be worried about your first pelvic exam. It's very normal to be anxious about something when you don't know what to expect. Hopefully after reading this information, you will be reassured that it is simple, isn't painful and takes only about 5 minutes. It is also normal to feel embarrassed or uneasy about your first exam. However, if you know what to expect, it may help you relax. Your health care provider understands how you feel and will be sensitive and gentle, and answer any questions you have.

What is a pelvic or gynaecological exam?

A pelvic exam is a way for your health care provider to examine your reproductive organs and check for any gynaecological problems.

When should I have my first pelvic exam?

There are no definite rules as to when you should have your first pelvic exam. Most health care providers agree that you should have your first exam in the first few years after you become sexually active or when you turn 21, whichever comes first. There are other important reasons to have a pelvic exam.

These may include:

- unexplained pain in your lower belly or around the pelvic area, where your vagina is
- vaginal discharge or wetness on your underwear that causes itching, burns or smells bad
- no menstrual periods by age 15 or 16
- vaginal bleeding that lasts more than 10 days
- missed periods; especially if you are having sex
- menstrual cramps so bad that you miss school.

Remember, it doesn't matter how old you are or if you are sexually active, if you have any of the above symptoms, you should make an appointment with your health care provider or gynaecologist.

Will I need a pelvic exam if I'm a virgin?

Even if you are a virgin (you've never had vaginal intercourse), you may need a pelvic exam if you are having any of these problems. Having a pelvic exam doesn't change anything, just as using tampons doesn't change your hymen (the skin that partly covers the opening to a vagina).

What should I do before the exam?

When you make your appointment, be sure to let the reception staff or nurse know that this is your first pelvic exam. The nurse can answer your questions and help explain what to expect so you won't be worried.

Do **not** have sex, use vaginal creams or douche for 24 hours before the exam.

What kinds of questions will my health care provider ask me?

Your health care provider will ask you questions about:

- your general health, allergies and medications you are taking
- your menstrual period, such as how old you were when you first got it, how long it lasts, how often it comes, how much you bleed, the first day that your last period started, if you have cramps; and at what age your breasts started to develop
- whether you have ever had sex or have been sexually abused
- if you have vaginal itchiness or an unusual discharge (drainage) or odour from your vagina.

Getting Ready

If you find it comforting, your parent/carer or friend can stay with you. The nurse or a medical assistant will too. After you have given your medical history, been weighed and had your blood pressure checked, you will be asked to put on a gown or just take off your pants and trousers. You may need to remove the bra if a breast exam is going to be done at the same time. Just ask if a breast exam will be happening too, so you know which clothing to remove.

What happens during the exam?

Your health care provider will explain the steps to the exam and ask you to lie down on the exam table. You will be given a sheet to put over your stomach and legs. You will then be asked to move down to the end of the table and place your feet in stirrups (these are holders for your feet). Some examining tables don't have stirrups so you will be asked to place the bottoms of your feet together and you will be asked to let your knees fall to each side allowing your legs to spread apart.

This is usually the part when some people feel embarrassed. This feeling is normal too. Just remember that although this is your first exam, this is routine for health care providers and their only concern is for your health.

There are 3 parts to this exam. Sometimes not all parts of the pelvic exam are necessary. Ask your health care provider which part(s) will be done for your examination.

The External Exam

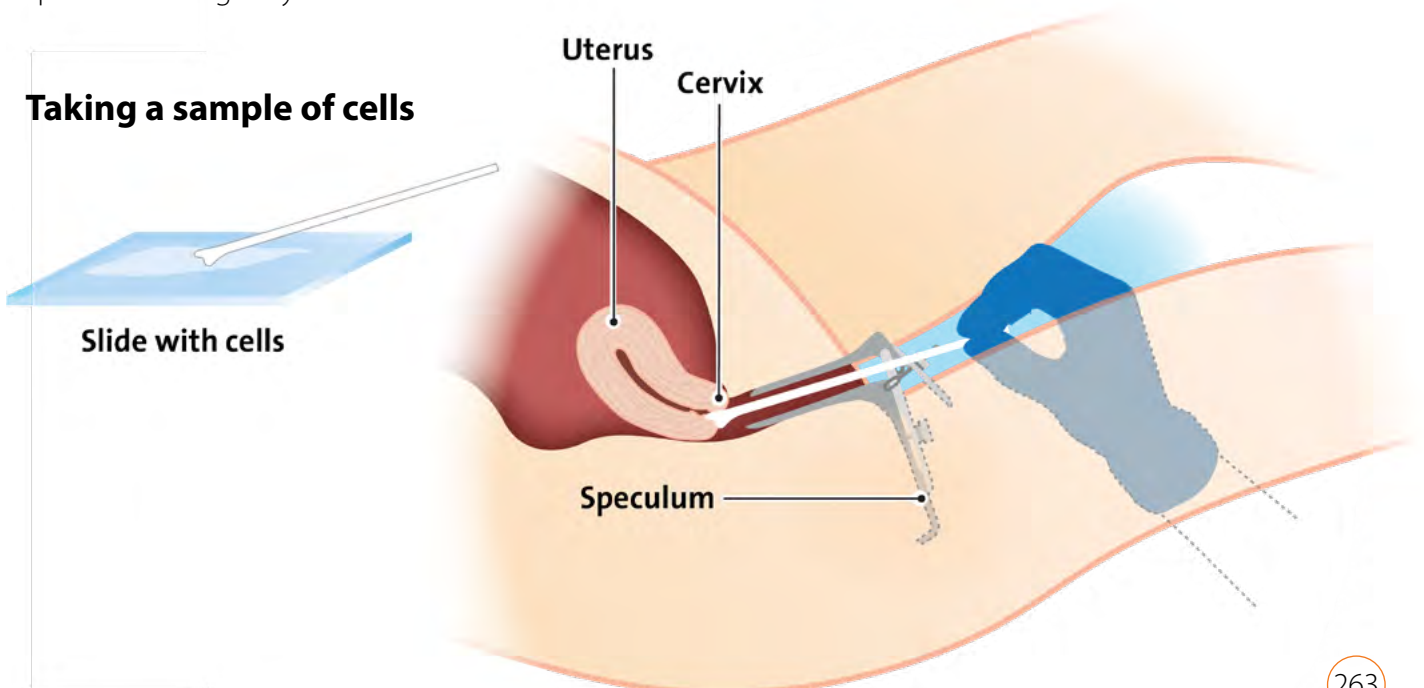
Your health care provider will first look at the area outside of your vulva (clitoris, labia, vaginal opening) and rectum.

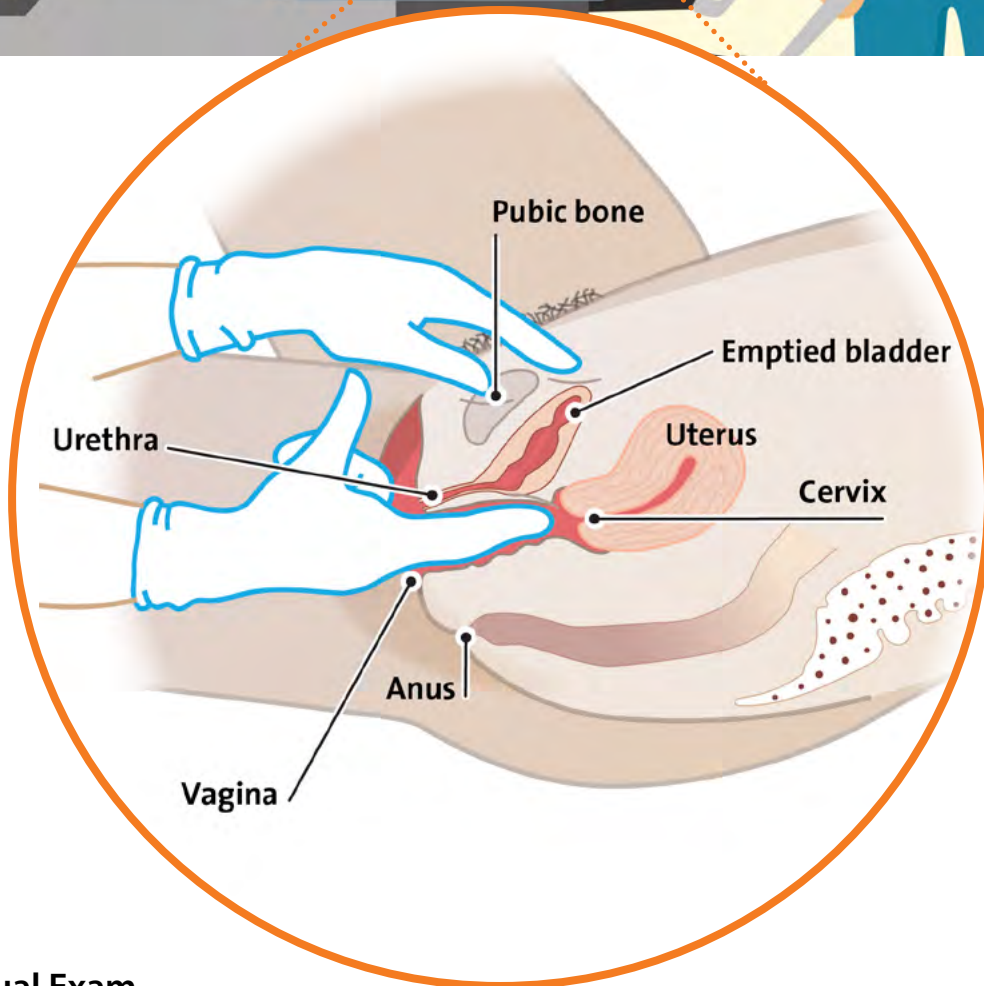
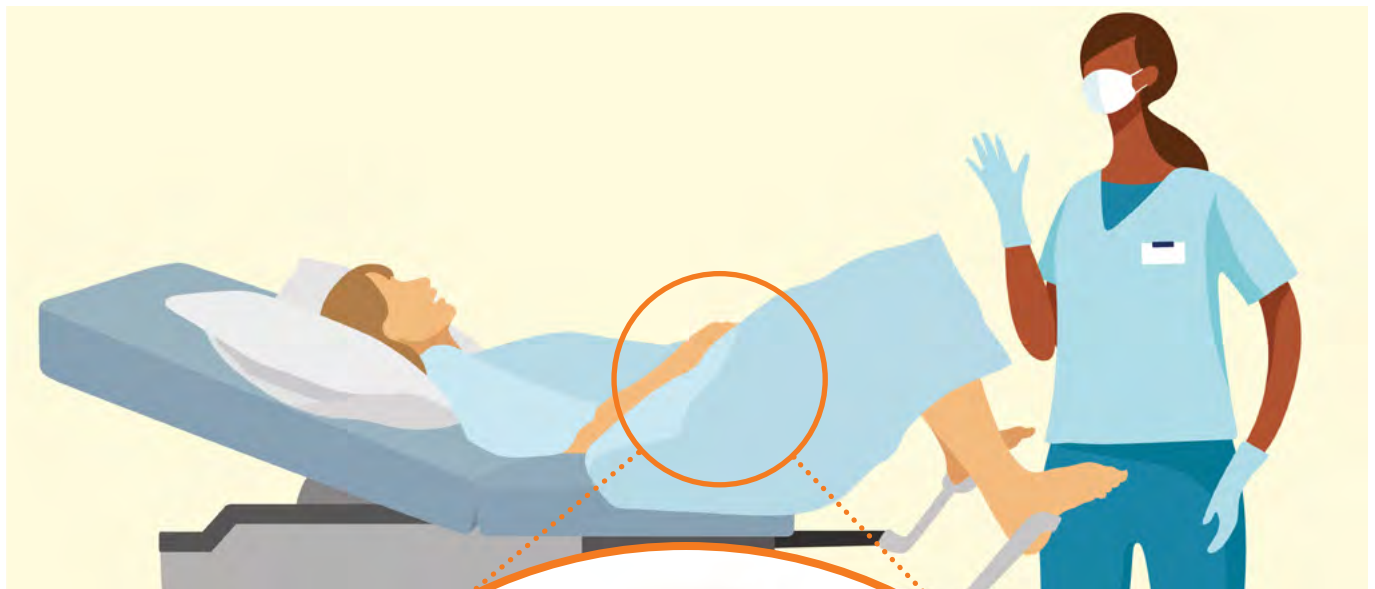
The Speculum Exam

The speculum is an instrument made of metal or plastic. Your health care provider will place the speculum into your vagina. After it is inserted, it will be gently opened so that your health care provider can see your vagina and your cervix (the opening to your uterus). If you like, you can ask your health care provider for a mirror so that you can see what your cervix looks like.

After checking your vagina and cervix, your health care provider may take a thin plastic stick and a special tiny brush or a small "broom" and gently wipe away some of the cells from your cervix. This is a cervical screening, which detects early changes of the cervix before they become cancer. Most people have normal screenings.

If you are having vaginal discharge, your health care provider will take another sample to check for yeast and other causes of discharge. When the samples have been taken, your health care provider will close the speculum and gently take it out.





The Bimanual Exam

The last part of the pelvic exam is done to check your internal reproductive organs (your fallopian tubes, ovaries and uterus or womb). Your health care provider will insert one or two gloved fingers into your vagina. With the other hand, your health care provider will gently apply pressure to the lower part of your belly. You may feel slight discomfort or pressure when they press in certain places, but it shouldn't hurt. If you do feel pain, it is important to tell your health care provider.

What happens after the exam is over?

When the exam is over, your health care provider will answer any questions you have and tell you when to make your next appointment. They will also talk to you about any medications you may need and tell you when and how you will get the results of the exam.

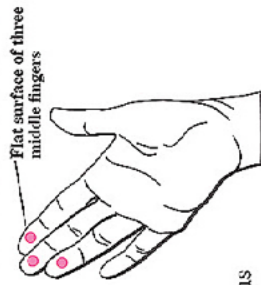
Self Breast Examination

Beginning Breast Care

Performing breast self-examination (BSE) every month is a first step in developing a lifelong habit of breast care. Although your breasts may still be developing, BSE helps you become familiar with the normal feel of your breasts. Knowing what is normal for you can help you detect any abnormal changes in your breasts. In teenagers, an abnormal change in the breasts likely indicate a benign (noncancerous) condition, but only a healthcare professional can make a diagnosis. As you get older and your risk of breast cancer increases, breast care also will mean periodically having a healthcare professional do an examination (clinical breast exam) and an X-ray (mammogram) of your breasts.

Breast Self-Examination (BSE)

BSE means examining your breasts with your fingers using the basic BSE method (see below) in a pattern that covers your entire breast and looking for any changes you can see. If you feel or see any abnormal changes in your breasts, contact your healthcare professional. The best time to perform BSE is every month a few days after your period ends, when your breasts are not swollen or tender. Young women who are pregnant, breastfeeding, or have breast implants can still do BSE.



Basic BSE Method

Use the flat surface of the three middle fingers to make overlapping, 5p coin size, circular motions on the breast tissue. Apply light, medium, and firm pressure to examine all levels of breast tissue as you follow a pattern, such as the vertical pattern (see below).

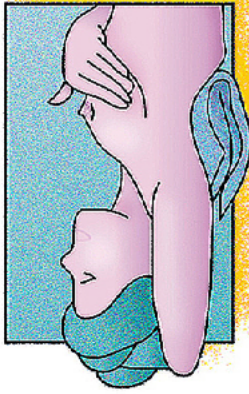
Vertical Pattern

Begin moving the fingers in an up-and-down pattern from the collarbone to the ribs, continuing the up-and-down pattern across the breast from the armpit to the middle of the chest bone.

Lying Down*

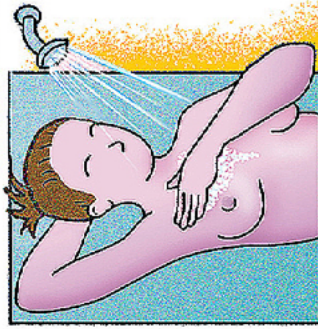
Place a pillow or folded towel under your shoulders. Place your left arm under your head. Using the vertical pattern, feel your left breast with your right hand. Reverse the procedure to examine your right breast.

* Lying down spreads the tissue evenly over the chest wall, and you can feel all of the breast tissue more easily.



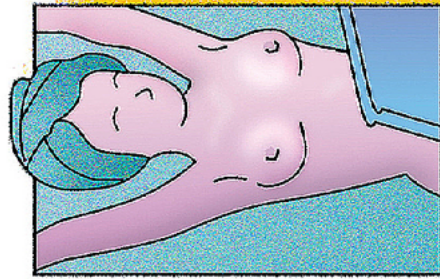
In the Shower

Start by gently lathering each breast. With one arm raised, examine each breast and underarm area with the opposite hand.



In the Mirror

Look for visible changes in your breasts with 1) arms at your sides, 2) hands pressing on your hips, 3) arms over your head, and 4) hands on your hips while you are bent forward.



Key Stage 4, Y10 – Lesson: Gender-Based Violence

Time: 40 min

Learning Outcomes:

- Participants will gain knowledge in the definition of gender-based violence.
- Participants will have greater understanding of the components of some aspects of gender-based violence and where to go for help.

Resources Required for Lesson:

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Adapted from *FGM Lesson Plan* by FORWARD, 2014

Main Activities:

- 1 Ask participants if anyone has heard of the term, “gender based violence”, what they know or think it means.

Gender – Based Violence: is not only rape and attempted rape, but also sexual abuse, sexual exploitation, forced marriage, domestic violence, trafficking and female genital mutilation which is committed against a person based on their culture’s expectation of gender roles.

- 2 Ask if participants don’t know the definitions of Female Genital Mutilation, Honour based violence or Forced Marriage. Provide the definitions below.

Female Genital Mutilation (FGM): the partial or total removal of the female genitalia for cultural or other non-therapeutic reasons.

FGM occurs in some parts of Africa, the Middle East, Indonesia, Malaysia, Pakistan and Iraq. Some girls living in Britain will be affected as they are taken from their homes to other countries to undergo this procedure. This practice is against the law under the Female Genital Mutilation Act (2003) even if the procedure is undertaken abroad. If a person carries out or helps in carrying out FGM or if it is arranged for someone to undergo FGM, they face up to 14-years in prison. This means that parents or family members who help arrange FGM in any way are committing a crime.

FGM is not an Islamic requirement. There is no reference to it in the Holy Qu’ran that states girls must be circumcised. Nor is there any authentic reference to this in the Sunnah, the sayings or traditions of the Prophet. Most Muslims and Muslim countries around the world do not practice FGM. The practice of FGM predates Islam.

FGM is often performed on girls between the ages of five and eight. However FGM can be performed on babies, teenagers, and sometimes even on adult women. The age differs from community to community.

‘Honour’ based violence (HBV): is a form of domestic abuse which is perpetrated in the name of so called ‘honour’. The honour code which it refers to, is set at the discretion of male relatives and women who do not abide by the ‘rules’ are then punished for bringing shame on the family. Infringements may include a woman having a boyfriend; rejecting a forced marriage; pregnancy outside of marriage; interfaith relationships; seeking divorce, inappropriate dress or make-up and even kissing in a public place.

Males can also be victims, sometimes as a consequence of a relationship which is deemed to be inappropriate, (e.g. if they are gay, have a disability or if they have assisted someone else experiencing HBV). This is not a crime which is perpetrated by men only, sometimes female relatives will support, incite or assist.

Forced Marriage: a marriage that takes place without the full and free consent of both parties. Coercion to marry may involve physical threat or emotional blackmail. In an arranged marriage, families take the lead in selecting a marriage partner but the couple have the free will and choice to accept or decline the arrangement. The government's Forced Marriage Unit provides further advice and a list of warning signs. www.gov.uk/forced-marriage

3 Ask participants "If someone was experiencing gender based violence, why might they hesitate to report it or ask for help?"

- Not aware of their rights
- Not aware of available help
- Think that getting help will cost them money
- Poor perception of police and other agencies
- Fear of lack of confidentiality
- Fear of losing contact with family members or being disowned
- Fear of making their situation worse
- Language barriers
- Fear of ejection of asylum application by Home Office
- Fear of deportation.

4 Ask participants "What kind of health problems do you think a girl might have if she had experienced FGM?"

Bleeding – Whenever you cut any part of your body it bleeds. The vulva (external genital area) and clitoris has a lot of blood vessels and so cutting to this area will lead to a lot of bleeding. In some cases, girls loose too much blood and this could lead to them dying.

Severe pain and shock – The external genital have a lot of nerve endings and so if girls are cut (especially without any medication to numb the area – anaesthetic) it will cause a lot of pain. Girls can go into shock because they are in too much pain.

Infections – If girls are cut with unclean (unsterilized) instruments they can get infections e.g. tetanus from rusty metal.

Urinary Tract Infections – Particularly when girls are sewn up (Type 3) this can make it very difficult for the urine to leave the body (as the opening is very small). This could lead to infections e.g. urinary tract infections.

Difficulties with menstruation – Particularly when girls are sewn up (Type 3) this can make it very difficult for blood to leave the body (as the opening is very small). This may make periods very painful and they could last for a very long time.

Complications in pregnancy and child birth in the future – FGM may cause difficulties in delivering a baby because the external female genitals have been cut – particularly when girls are sewn up (Type 3) because this makes the opening for the baby to leave the body smaller. In some cases a woman might need a caesarean section.

Difficult or painful sex – FGM may cause difficulties with sexual intercourse because the external female genitals have been cut – particularly when girls are sewn up (Type 3) and the opening is smaller. Some girls and women also have a lot of pain in the genital area which would make it difficult or painful to have sexual intercourse.

Emotional health problems – FGM is not usually explained to girls and may be a painful and traumatic experience; this may cause emotional or mental health problems. These can include anxiety, lack of trust, not wanting people to touch them, and flashbacks from when they were cut.

5 Why might FGM be performed?

FGM is performed in many countries as an important part of their culture and tradition. People practice it because it is something that their mothers, grandmothers and great-grandmothers had practiced for centuries. Often both men and women support the practice of FGM.

Social reasons

- To keep the cultural identity of a community.
- To signal that a girl has now become a woman.
- To protect a girl's virginity – to prove she has not had sex before marriage.
- To decrease a woman's sexual desire.
- To prepare a girl for marriage. Once FGM has been performed, a girl is seen as ready for marriage. There is a link between FGM and child marriage.
- To enhance men's sexual pleasure.
- To increase a girl's beauty.
- To follow a religious requirement (although there is no evidence to suggest that FGM is required by any religion).

Economic reasons

- It is believed that FGM ensures a girl's virginity, making sure she has not had sex with anyone before marriage. This may make men more willing to marry her and pay more money for her (her bridal price is money paid to her parents).
- Circumcisers also get paid for each circumcision performed and so this provides them with a good income (source of money).
- The FGM celebration also provides gifts and money to a girl and her family.
- In some communities traditional leaders and chiefs are paid to give permission for girls to be cut.

6 If you or someone you knew was experiencing gender-based violence, how could you get help?

- NSPCC – have a helpline dedicated to FGM that is anonymous and open 24/7, you can call them on: 0800 028 3550. For more information go to, <https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/female-genital-mutilation-fgm>
- Tell a trusted adult (Police, Teacher, School Nurse, Doctor, Social Worker, Family Service Worker, Edge of Care Worker or Youth Engagement Worker).

Note to Teacher/Leader:

There may be strong feelings about gender-based violence issues. Remind participants the rules are there to create a safe space to talk about ideas and we challenge an idea; not a person.

For additional information on Violence Against Women and Girls (VAWG), please see the Appendix as well as <https://www.forwarduk.org.uk/violence-against-women-and-girls/female-genital-mutilation>
<https://www.forwarduk.org.uk/violence-against-women-and-girls/child-forced-marriage>
<https://www.forwarduk.org.uk/violence-against-women-and-girls/key-facts-about-vawg>

Key Stage 4, Y10 – Lesson: Youth Produced Sexual Images and its Consequences

Time: 45 min

Learning Outcomes:

- Participants will understand the pressures on young people to send naked pictures (sexts).
- Participants will understand the possible consequences of sending a sext, including the legal consequences.

Resources Required for Lesson:

Access to internet to watch video online

Adapted from *Crossing the Line* <https://www.childnet.com/resources/pshetoolkit>

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

- 1 Ask participants, “What is harmful sexual behaviour?” Provide definition.

Harmful Sexual Behaviour (HSB)²³

Sexual behaviours expressed by children and young people under the age of 18 years old, that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person or adult.

A more child friendly definition is:

Things that people under the age of 18 do, that may hurt themselves or other people by behaving in a sexual way, e.g.

- Exposing/uncovering your genitals, breasts or buttocks
- Forcing or pressuring another person to touch you, others or themselves sexually
- Forcing or pressuring another person to have sex (vaginal/oral/anal) with you or others
- Trying to force or pressure another person to sexually touch themselves, others or you
- Trying to force or pressure another person to have sex with you or others
- Using technology to get another person to create, view or sharing sexual images or video.

Ask participants, “What is sexting or Youth Produced Sexual Images” Provide definition.

Sexting: Sending and receiving naked pictures or ‘nudes’, ‘underwear shots’, sexual or ‘dirty pics’, sexually rude text messages or videos. They can be sent to or from a friend, boyfriend, girlfriend or someone you’ve met online.

- 2 Sexting can easily happen. Things can go wrong – even when you didn’t mean for them to. Watch *Just Send It* (7:00) <https://www.youtube.com/watch?v=C7z6lMbl3mw> or <https://www.childnet.com/resources/pshetoolkit/sexting/just-send-it>
- 3 Is this story realistic?
- 4 Could a similar situation happen in your school?

²³ Hackett: *Children and Young People with Harmful Sexual Behaviours*, 2014

- 5** In this film, where do you think the line was crossed?
 - When Josh asked for the photo
 - When Abi sent the photo
 - When Brandon shared the photo?
- 6** Why does Josh mention possible involvement from the police at the end of the film?
- 7** Who do you think broke the law in this film?
 - If a person under the age of 18 takes and then sends a sexually explicit or partially nude image of themselves to someone else (potentially a boyfriend or a girlfriend), they have broken the law, under the Protection of Children Act 1978. If they take a sexually explicit image of themselves, they have generated an indecent image of a child.
 - If they send it, they have distributed an indecent image of a child and if they have naked pictures of themselves or of other children on their device, they are in possession of an indecent image of a child.
 - Abi created explicit images.
 - Josh was in possession of indecent images.
 - Brandon distributed an indecent image (although it may be difficult to prove it was Brandon that sent the image instead of Josh as it was on his mobile).
- 8** Abi was reluctant at first to send the image to Josh. What made her change her mind?
 - Influence from her friends
 - Pressure from Josh
 - Wanting to keep Josh as her boyfriend.
- 9** Did Abi give consent for her photo to be shared around the school?
- 10** In this situation, who is more at fault – Josh, Abi or Brandon? Anyone else?
- 11** Some of the comments under Abi's photo are quite mean. None of them seem to portray Josh in a negative light. Do you think there are different standards between girls and boys e.g. if a boy shares the picture or if a girl does?
- 12** What do you think of the comment that Eve makes when she says, 'Gotta keep your man happy'? Is this how girls can feel; that they must keep their boyfriends or friends happy?
- 13** Instead of sharing the naked photo, what could Abi have done to let Josh know that although she likes him, she doesn't want to send him a nude photo?
 - Made a joke
 - Shared a selfie of herself and not a naked selfie
 - Tell Josh directly that she doesn't want nudes from him and she won't be sending him any either.
- 14** When Abi discovered that the picture had been shared with others, she didn't want to go to school. She eventually told her mum, but who else could she have spoken to about her situation?
 - A Pastoral Head in school
 - Head of Year
 - Teacher
 - School Nurse
 - Police
 - Youth Engagement Worker
 - Childline.

15 What could the other characters have done to help Abi?

- Asked others to delete the picture
- Not share the picture
- Explain/consider the consequences more.

Discussion:

For additional information, read Laws About Online Behaviour in the Appendix

Year 11

Key Stage 4, Y11 – Lesson: Parenting Diamond 9 Time: 30 min

Learning Outcomes:

- Participants will explore key characteristics necessary to raising children.

Resources Required for Lesson:

Sticky tac

Diamond 9 Cards

Blank Diamond 9 Cards

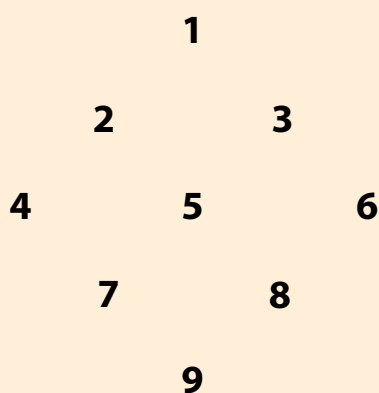
Adapted from *Are you getting it right?: A toolkit for consulting young people on sex and relationships education* by Sex Education Forum, 2008

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

- 1 Write the following question up on the Whiteboard or flipchart:
"Good parents...". Ask the participants to work in groups of 4 and give each smaller group a set of the Diamond 9 Cards describing qualities or behaviours in addition to four blank Cards.
- 2 Ask them to discuss these and decide which are the most important to them.
- 3 Their task is to rank 9 of the statements in terms of their importance, putting the ones they think best describe important qualities/behaviours of a parent at the top of the diamond (Position #1 – 6), and the ones they think are least relevant or important last (Position #7 – 9).
- 4 At the end, the arrangement of their statements should resemble a diamond like this:



It helps people to be clear about what they're expected to do, if you mark a piece of flipchart paper out for each group with the positions in advance to show where to place their statements to make up the diamond.

- 5** When the pupils have finished this activity in their small groups, ask each small group of four to feed back their top three Cards. Write these on the whiteboard/flipchart. Discuss why the groups thought these were the most important priorities.
- 6** Ask the pupils to review the list of top three priorities on the whiteboard/flipchart and reflect on whether they already have those important qualities, or are they ones they still need to develop to become parents someday if they chose to have a family.

**Is willing to do the
gross stuff (changing
nappies, cleaning up
sick) that comes with
caring for a child**

**Is hard
working**

Is trustworthy

Is caring

Is loving

**Is willing to take on
the challenges if the
child has disabilities
or special needs**

Is a laugh

**Knows the values
and beliefs they
want to pass on
to their child**

**Is a friend to
their child**

Is responsible

**Is a good
listener**

**Is a good
role model**

**Is able to give
discipline without
it being cruel,
harmful or violent**

**Actually
likes
children**

**Able to
keep their
child safe**

Is entertaining

Is dependable

**Can provide
financially for
their child**

Is patient

**Is interested
in sport**

**Will put their
child's needs
ahead of
their own**

**Doesn't use
drugs or alcohol
that would put a
child at risk**

**Has a safe place
for themselves
and the child
to live**

Is playful

Key Stage 4, Y11 – Lesson: Do Finances Matter? Time: 15 min

Learning Outcomes:

- Participants will learn about the economic realities of being a young parent.

Resources Required for Lesson:

Fake money

Do the Finances Matter Answer Sheet

Blank Budget sheet

What If I Am Getting Social Assistance? Answer Sheet

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

- 1 Ask participants how much money they think a single teen parent with a new born would get from benefits if their parents kicked them out of the house and they had to live in a safe, clean (not flashy) one bedroom flat in Swindon.
- 2 Designate one person to be the banker that handles all money transactions.
- 3 Designate another person to be the accountant (who is good at simple maths) to keep track of the expenditures from the budget using the blank form.
- 4 Ask the group how they are going to spend their money for themselves and the baby.
- 5 As they suggest expenditures (£600 for rent for the month), the single teen parent must pay the banker the money and the accountant must write the amount on the budget sheet.
- 6 Correct misinformation as they go along so that realistic amounts of money are applied to the budget (e.g. Participant suggests rent will only cost £120/month for a one bedroom flat).
- 7 Work through the entire budget and see if the group can come up with creative (but realistic) ways to save money so that they aren't broke at the end of the month. After the budget sheet is complete see if there is any money left over to buy the items needed to set up for a new-born (pram, clothes, bathing supplies, crib etc.).

Do Finances Matter?

Items		Cost
Clothing	Undershirts (5 – 7)	£25
	Sleepers (6 – 8)	£24
	Booties/socks (3 – 4)	£8
	Hat (2)	£8
	Receiving Blankets (4 – 6)	£32 – £48
Bathing	Plastic tub	£10 – £30
	Washcloths (4 – 6)	£12
	Soft towels (3)	£20
	Unscented soap (e.g. Ivory)	£4
	Cotton balls	£2
	Cotton buds (special ones to clean around umbilical cord)	£5
	Disposable nappies (2 – 3 dozen)	£15/week = £60/month
	Plastic/nylon pants (6 – 8)	£6 – £9
	Nappy pail and disinfectants	£20 – £35
	Disposable wipes or cloth squares	£30/month
	Nappy cream with zinc oxide	£5
Feeding Supplies	8 ounce bottles	£10
	Nipples	£10
	Bibs (6 – 8)	£6 – £9
	Formula	£60/month
	Breast pump	£20
Bedding	Crib Sheets (4)	£80
	Blankets, light and heavier (2 – 3)	£60
	Safety bumper pads	£20
	Changing bag and quilted pads	£20
	Mattress cover or alternative	£10
Furniture	Safety approved crib or cradle with mattress	£120 – £200
	Storage for Baby clothes and supplies	£50 – £100
	Safety approved infant car seat	£50 – £100
	Push chair/pram	£90 – £200
	Baby monitor	£30 – £90
	Change table	£70
	TOTAL =	£942 – £1299

What If I Am Getting Benefits?

Universal Credit (£257/month) and Child Benefit (£237/month)		Get £494/month
Basic Allowance	Mobile/telephone	£30
	TV license	£13
	Food	£150
	Cleaning/household supplies	£20
	Personal hygiene	£25
	Formula	£60
	Nappies	£60
	Baby-sitting	£10
	Transportation	£40
	Internet	£20
	Clothing for parent	£0
	Insurance	£0
	Tobacco	£0
	Medication	£0
	Gifts	£0
	Entertainment	£0
Sub Total =		£428
Rent	Unfurnished (water and electricity excluded)	£550 – £600/month
	Water	£20
	Electricity (in winter)	£65
	Council Tax with (single person reduction)	£98
TOTAL =		£1161

* Housing Benefit (max £1076/month) if eligible

Budget Form

Universal Credit (£257/month) and Child Benefit (£237/month)		Get £494/month	
Basic Allowance	Mobile/telephone	£	
	TV license	£	
	Food	£	
	Cleaning/household supplies	£	
	Personal hygiene	£	
	Formula	£	
	Nappies	£	
	Baby-sitting	£	
	Transportation	£	
	Internet	£	
	Clothing for parent	£	
	Insurance	£	
	Tobacco	£	
	Medication	£	
	Gifts	£	
	Entertainment	£	
		£	
		£	
		£	
		£	
	Sub Total =	£	
Rent	(Unfurnished, water and electricity excluded)	£	/month
	Water	£	
	Electricity (in winter)	£	
	Council Tax with (single person reduction)	£	
	TOTAL =	£	

The Circle, Young Family Scheme

88 The Circle, Swindon, SN2 1RF
01793 511672

About Us

The Circle is a Young family scheme run by. Riverside Care and Support team. We offer Housing related Support and are based on site for 37.5 hours per week between the hours of 9.00 am to 5.00 pm Monday to Friday and the service is funded by the local authority through Supporting People fund.

What we do

The level of housing related support which can be provided is dependent upon need but will cover: Setting up and maintaining a home and/or tenancy* Developing domestic, parenting, life, social skills and behaviour management, support in managing finances and benefit claims, Access to other services and local community organisations, Emotional support and advice, health and wellbeing.

What we charge

£155.17 pw

What we offer

The accommodation offers 7 self-contained two bedroom flats which are carpeted and contain white goods, such as a washing machine, cooker and fridge. There is also a large communal facility for use by our colleagues and customers.

Eligibility/Suitability

Single pregnant females (not pregnant less than 29 weeks). Single parents with no more than 2 children under the age of 5. Couples – 1 child only under age of 5. Vulnerable, homeless, threatened with homelessness. Demonstrate a willingness to engage with a personal programme focussing on education, training, employment and life skills.

Beaumaris Road Young Family Scheme

15 – 16 Beaumaris Road, Swindon, SN5 8LJ
01793 882604

About Us

Beaumaris Road is an accommodation based scheme located in Swindon for Young Parents aged between 16 – 25 years. We offer Housing Related Support for up to 2 years. The accommodation offers 12 self-contained two bed roomed flats which are carpeted and contain white goods, such as a washing machine, cooker and fridge. There is also a large communal facility for use

What we do

Riverside Care and Support team provide support for 37.5hrs per week between the hours of 9.00am to 5.00pm Monday to Friday and the service is funded by Swindon Borough Council Supporting People. We provide housing support for young parents. Our service is designed to help young parents gain and maintain the skills and confidence they need to live independently.

What we charge

£142.26 pw

What we offer

The level of housing related support which can be provided is dependent upon need but will cover: Setting up and maintaining a home and/or tenancy * Developing domestic, parenting, life, social skills and behaviour management, support in managing finances and benefit claims, Access to other services and local community organisations, Emotional support and advice. health and wellbeing.

Eligibility/Suitability

Single pregnant females (not less than 29 weeks). Single parents with no more than 2 children under the age of 5. Couples – 1 child only under age of 5. Vulnerable, homeless, threatened with homelessness. Demonstrate a willingness to engage with a personal programme focussing on education, training, employment and life skills.

Gateway Furniture

Families, couples or individuals who are living on a low income, a retirement pension, receiving state benefits or on low-income tax credits are referred to Gateway Furniture via organisations such as Swindon Social Workers, Housing Officers and Children's Centres.

We then contact the client to arrange an appointment for clients to visit the Gateway Furniture warehouse. Here they are allowed to choose the items they have been referred for (up to 4 items of furniture) from our stock. In addition they can take any bric-a-brac, kitchen utensils and bedding for a small donation.

All the furniture is supplied free of charge. A minimum donation of £10 is required for delivery. A small donation is requested for any bric-a-brac, kitchen utensil and bedding etc.

Depending on availability, we aim to have most things you need to set up home:

- **Furniture:** including sofas, beds, tables and chairs, wardrobes and chests of drawers.
- **Household Goods:** like curtains, bed linen, crockery and cutlery.
- **Electrical Items:** such as cookers, microwaves, fridges and freezers, washing machines, tumble dryers, vacuum cleaners, televisions and stereos.

(All electrical items are safety checked before they are re-distributed.)

Key Stage 4, Y11 – Lesson: Negotiating Safer Sex Practices Time: 40 min

Learning Outcomes:

- Participants will identify solutions to better communicate about boundaries and safer sex practices.

Resources Required for Lesson:

Negotiation Problems for each pair or group of three

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

- 1 What might someone say if they were trying to talk their partner into having sex or having sex without a condom?
 - I don't have a condom with me
 - Just this once
 - I know lots of people that don't use condoms and they haven't got pregnant yet
 - It doesn't feel as good if we use condoms
 - I don't have any STIs
 - You're on the pill (or implant or shot or...) so we're already covered
 - You tryin' to say I'm dirty?
 - Why? Have you been cheating on me? Cause I haven't cheated on you.
 - I just can't keep it up if I use a condom
 - If you don't, I'll find someone who will
 - I thought you were grown up enough to do this. Guess I was wrong.
 - Should we have a few drinks to get things started?
- 2 Ask participants to define negotiation.
Negotiation: a mutual discussion and arrangement of the terms of an interaction or agreement.
- 3 Which of the previous statements were negation, and which were manipulation?
- 4 What can impact how a negotiation goes?
 - Communication styles (aggressive, passive, manipulative, or assertive)
 - Knowledge of the subject being discussed
 - How well you know the other person
 - How strongly you feel about your position in the negotiation.
- 5 Have participants get into pairs or group of three. Give each small group a Negotiation Problem and have them brainstorm ways to solve the issue. Ask them to consider if there were any coercive or manipulative behaviours happening as well. Give them 10 minutes to complete the task.
- 6 Return to the larger group and have the smaller groups present their problem and potential solutions.
- 7 What could get in the way of negotiating your boundaries with a partner?

Negotiation Problems

- 1** Maya only wants to have sex if a condom is used. Tai is allergic to latex and says he cannot use condoms.
- 2** Nadia says she is not ready to have sex yet but she is comfortable with snogging. Ally suggests having oral sex as a compromise since she feels it does not count as “real sex” and Nadia could still claim she is a virgin.
- 3** Callum has herpes but doesn’t currently have an outbreak so he says he doesn’t need to use a condom. Bria would still like him to use a condom but is afraid Callum will think she’s judging him for having herpes.
- 4** Eve has never had sexual intercourse before, but Brendon has. Eve does not feel like she needs to use condoms as long as Brendon pulls out in time. Brendon says he does not need to pull out because Eve just had her period.
- 5** Max has never had sex and is really nervous about STIs. Max told their new partner Flo, that they would feel more comfortable having sex if Flo got tested first. Flo has had two previous sexual partners and assured Max that they know they do not have an STI, even though they have never gotten tested. They are insulted that Max wants them to get tested because they feel like Max thinks that they are dirty and cannot be trusted.
- 6** Carli wants to get tested with Lana before they start having sex. Lana says that because they are both lesbian, cisgender women, she does not feel like they need to be tested before they start having sex.
- 7** Noah and Davie are ready to take their relationship to the “next level.” For Noah, this means creating a video of them having sex. For Davie, this means oral sex.
- 8** Kat is on the pill so she doesn’t think she and her partner need to use a condom to have sex. Nav would like to use a condom to have sex but is afraid Kat will think it means he does not trust her or that he cannot be trusted.

Negotiation Problems Possible Solutions

- 1** Tai may not know that there are such things as non-latex condoms. If Tai is allergic to latex, he could do research on alternative options. Maya can also point out that there are non-latex, polyurethane condoms that protect from pregnancy and STIs and that she would like to try these with Tai.
- 2** Nadia has stated what she is comfortable with sexually and this does not include oral sex. Ally is pressuring Nadia by using heterosexist virginity myths about what is and is not sex. It is unclear whether Ally is purposefully being manipulative or if she really believes the heterosexist myths. Either way, it is coercive. Nadia could re-state what she is comfortable with and be clear with Ally that to her, oral sex is still sex.
- 3** It is possible that Callum doesn't think that his herpes is contagious when he doesn't have visible symptoms but he should ask Bria what she is comfortable with so that she can decide. Bria can ask Callum to use a condom and preface the conversation by saying that it isn't about judgment, she is worried about asymptomatic viral shedding that occurs even when there is no herpes outbreak. Asymptomatic viral shedding is one of the ways that herpes is transmitted.
- 4** Eve has stated what her comfort level is in using the withdrawal method and Brendon needs to respect this. By telling her why he does not need to pull-out, Brendon is being coercive and manipulative. Just because Eve has never had sexual intercourse before, does not mean that she cannot get an STI. This is especially the case if Brendon has had sexual intercourse before. If Eve and Brendon both want to and are committed to using the withdrawal method, they need to communicate about and get STI testing. They also need to know that there is still a 22% chance of getting pregnant (typical use of withdrawal). Eve can re-state her boundary and if Brendon does not respect this boundary, then he does not have her consent to proceed.
- 5** STIs are very common and many are asymptomatic. Flo could have an STI and not know it. Getting tested is in Flo's best interest as well as Max's. Max could assure Flo that it is not because they think Flo is dirty or that they cannot be trusted, it is because STIs are common and even though many are asymptomatic, they can still be transmitted if undetected and untreated.
- 6** Carli can respond to Lana by saying that lesbian, cisgender women can get STIs. Lana is making a big assumption: that lesbian, cisgender women don't do anything that puts them at risk of STIs because it isn't with a penis. Even if true in this scenario, other kinds of sexual activity still put lesbian, cisgender women at risk of STIs.
- 7** Noah and Davie need to have a conversation about what the euphemism "taking it to the next level" means for each of them.
Once this is established, they will need to come to a compromise in line with what each of their boundaries and desires are before moving forward.
- 8** Nav can tell Kat that wanting to wear a condom isn't about not trusting her. Either of them could have been exposed to an STI from previous partners and not know it because STIs are common and often asymptomatic. A condom will protect both of them. Nav can also suggest that both him and Kat get STI testing so that they know for sure whether or not they have an STI.

Key Stage 4, Y11 – Lesson: Consent, Equality and Respect Time: 60 min

Learning Outcomes:

- Participants will understand the definition of consent.
- Participants will explore how to say “No” for themselves and hear “No” from a partner.
- Participants will explore the media’s impact on how sex, relationships and bodies are perceived.

Resources Required for Lesson:

Access to internet to watch video online <https://truetube.co.uk/film/screwball>

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

1 Ask the group, “What does consent mean?”

Consent: a person consents to something if that person agrees by choice and has the freedom and capacity to make that choice.

Consent is:

- An enthusiastic “Yes” to a specific activity, partner and occasion.
- Ongoing and can be changed or revoked at any time
- Coercion-free: no one is forced, pressured or manipulate in participating.
- Conscious; all parties are awake, aware and informed
- Specific: saying “Yes” to one act, doesn’t mean “Yes” to other acts
- Informed; no deceiving or lying.

2 Watch the *Screwball* video (12:21)

3 Ask participants, “How do you know if someone wants to have sex with you?”

- They say they do; silence does not equal consent. Asking for consent doesn’t have to be awkward. It could be part of the way you show them you care. e.g. “I’ve been thinking about you all day. Can I kiss you?”, “Can I take your shirt off?”, “Do you want to try something different?”

The words they use should be enthusiastic. If someone is feeling unsure or pressured, they may say Yes but their tone of voice might indicate that they are not enthusiastic.

4 What is the body language of someone that wants to have sex with you?

- They are leaning in; not pulling away
- Their face looks happy or relaxed; not uncomfortable or scared
- They are kissing you back; not just staying still
- They are thinking clearly and are conscious; if someone is drunk, high or unconscious they can’t give consent.

5 When is it too late to change your mind?

Never. Just because you have had oral sex before doesn’t mean you want to do that every time you are with the person. Consent is specific. Just because you agree to sex, doesn’t mean you agree to sex without a condom. Consent is about both parties agreeing to what is going to happen, how it is going to happen and it all stops as soon as either person changes their mind.

- 6** In this film, where do you think the line was crossed?
- If your partner seems hesitant, uncomfortable or quiet, ask if everything is ok.
 - Ask if they want to keep going.
 - Give them the opportunity to make a choice without feeling pressured or that they didn't have the chance to change their mind.
 - Ask if you're taking things too fast.
 - Ask if they just want to cuddle instead.
- 7** How do you tell someone that you want to stop or slow down?
- I'm not sure I'm ready for that
 - I like kissing you. Can we go back to that?
 - I don't want to have sex if we don't use a condom. I'd be too stressed.
 - I've had a few drinks tonight and I want to actually enjoy when I have sex with you. I don't think I'd remember it and I might throw up if we had sex right now.
 - I'm tired
 - I'm not really into it today.
 - I need to finish what I'm doing and then I'd be able to give you my full attention a bit later.
- 8** How might it feel if you were really into someone and they said "No" to your sexual advances or just didn't have the same limits as you?
- Unsure if you misread the situation
 - Embarrassed
 - Like less of a man or less of a woman
 - Annoyed
 - Frustrated
 - Like an idiot
 - Suspicious as to why they are saying "No"
 - Worried that they want to end the relationship
 - They are just not that into me
 - Glad that the other person trusted you enough to be honest
 - Relieved because if you know they are willing to tell you "No" then when they say "Yes" you can be fairly sure they aren't doing it for any other reason other than they are choosing it, they are ok with the consequences and they want you both to enjoy yourselves.
- 9** If you said No to someone how would you want them to react to you?
- Just accept it and not try to pressure or manipulate
 - Respect me
 - Don't yell
 - Don't make it about something it's not e.g. "Who else are you hooking up with then?"
 - Don't make me feel bad eg "Can't you get it up?"
 - Don't insult me e.g. "You're such a tease. I should have known you were just a child".

If you use the Screwball video, here are additional questions:

- 10** What negotiating did Ryan and Natalie do as a couple? What are the ways that families are diverse?
- Getting rid of the cats
 - How much sound they were comfortable with
 - Did she want to deal with her phone in the moment
 - The kind of touch that feels good e.g. "You're doing it too hard"
 - Their expectation e.g. "You're supposed to make sound, right?"; "It's supposed to hurt for girls, right?"
 - Asking directly about what the other person wants
 - Limits "I agreed to come upstairs. That doesn't mean I want to have sex, right now please."
 - Condom use
 - Taking photos while partially undressed
 - Who they told about their choice to have sex.
- 11** How did the media shape Ryan and Natalie's ideas about sex, relationships and their bodies?
- Supposed to make noises during sex
 - Don't talk during sex
 - Hard is good right
 - It's supposed to hurt for girls
 - Sending photos showing what you're doing sexually
 - Women should not have pubic hair
 - Ways to "impress" a partner
 - Feel like girls have to be "walking sex dolls"
 - Looking perfect all the time
 - Needing to have a thigh gap to be attractive
 - Boys are supposed to know what they are doing when it comes to sex
 - Sex is supposed to be "explosively perfect"
 - Feeling you'll be judged if you get something wrong
 - Boys are not supposed to talk about their feelings or insecurities because they are supposed to be "macho and stuff".
- 12** What was brilliant about Ryan's reaction to Natalie becoming upset about all the pressure she was feeling?
- Listened
 - Empathised
 - Asked until he understood her point of view
 - Ripped down the poster to show he didn't support the media image of beauty that was making her feel so bad
 - He was honest and vulnerable about his feeling of insecurity and pressure too
 - They kept talking to each other in a caring way
 - They made each other laugh
 - Encouraged each other to be comfortable talking about their bodies with each other
 - He asked her directly if she was still in the mood for sex
 - When Natalie said she wasn't ready for sex, "just maybe other stuff", Ryan accepted it with a smile
 - They asked each other about what they were allowed to touch on each other's bodies
 - Was comfortable and assertive enough to say "No"
 - Respected each other's limits.

Discussion:

The most important things that can happen when people are becoming physically intimate is to make sure every interaction is about consent, equality and respect. If they use the ECC model to make decisions they are well on their way to having a happy, healthy and safer relationship.

Ongoing

Anyone can change their mind about what they're interested in doing, anytime.

Freely given

Saying yes without pressure or manipulation.

Specific

Saying yes to one act (e.g kissing) doesn't mean you've said yes to others (e.g. oral sex).

consent

Informed

Not deceiving or lying. For example, if someone says they'll use a condom and then they don't, there isn't full consent.

Enthusiastic

It's about wanting to do something, not feeling like you have to or should do something.

Navigating Consent²⁴

What consent sounds like	What non consent can sounds like
Yes	No
I'm sure	I'm not sure
I know	I don't know
I'm excited	I'm scared
Don't stop!	Stop
Ooo Ya!	(Silence)
More!	No more
I want to...	I want to, but...
I'm not worried	Wait, I feel worried about...
I want you/it/that	I don't want you/it/that
Can you please do...	Can you please not do...
I still want to...	I thought I wanted to, but...
That feels good	That hurts
Mmmmmmmm.	Stop
Yes	Maybe
I love you and I love this	I love you/this, but...
I want to do this right now, like this	I want to do this, but not right now/this way
I feel good about this	I don't know how I feel about this
I'm ready	I'm not sure I'm ready
I want to keep doing this	I don't want to do this anymore
This feels so right	This feels wrong
YES!	NO!

²⁴ Adapted from http://www.scarleteen.com/article/abuse_assault/drivers_ed_for_the_sexual_superhighway_navigating_consent

Nonverbal Consent

<u>Possible signs of consent</u>	<u>Possible signs of non consent</u>
Direct eye contact	Avoiding eye contact
Initiating sexual activity	Not initiating any sexual activity
Pulling someone closer	Pushing someone away
Actively touching someone	Avoiding touch
Nodding "yes"	Shaking head no
Laughter and/or smiling	Crying and/or looking sad or fearful (clenched or downturned mouth)
Open body language (Turning toward someone, leaning in, relaxed in general)	Closed body language (Tense, stiff or closed arms and legs, tight or tense facial expressions, turning away from someone)
Sounds of enjoyment, like a satisfied hum or enthusiastic moan	Silence or sounds of fear or sadness, like whimpering or a trembling voice
Active body	Just lying there

Key Stage 4, Y11 – Lesson: Safer Sex Mountain

Time: 30 min

Learning Outcomes:

- Participants will increase their awareness of the barriers/ obstacles to safer sex and healthy choices.
- Participants will be introduced to strategies that can be used to overcome barriers to safer sex.

Resources Required for Lesson:

Markers, *Safer Sex Mountain* sheet or draw a mountain on a piece of Flichart paper
Copies of the *Boulders* (or just use sticky notes if you prefer)
Copies of the *Mountain Climber* x3 / small group
Flipchart paper
Sticky tac

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

1 Describe the activity to the group:

"We want to get to the top of this Safer Sex Mountain because, at the top, there is a city with no HIV, no STIs, and no unintended pregnancy. We'll divide into small groups of 4, and each group will be given 3 'Mountain Climbers'. To help our climbers get to the HIV, STI, and unintended-pregnancy-FREE city, we'll have to come up with ideas and strategies for preventing HIV, STIs, and unintended pregnancy."

2 Divide the group into smaller groups of 4. Distribute three Mountain Climbers to each group. Ask the groups to record a behaviour, a choice, a feeling, or information needed to prevent HIV, STIs, or unintended pregnancy on each Mountain Climber. Also encourage participants to include some individual or relationship **qualities that would make it easier for people to make healthy choices for themselves**. Examples some groups have come up with:

- Using condoms and dams correctly and consistently
- Delaying sex
- Masturbating
- Communication
- Getting tested and knowing your STI status
- Talking to your partner(s) about your status and getting tested every time you have a condom break or you start new relationship
- Taking medication as directed to manage or get rid of an STI or HIV
- Using contraception consistently
- Having information about risks and prevention
- Being assertive
- Healthy self esteem
- Love, caring about the person.

3 Give the groups 5 minutes to label their climbers, and then ask a representative from each group to sticky tac their Mountain Climbers somewhere on the mountain while reading aloud what they've written on each one. Review and discuss all the responses.

4 Continue with the script:

“Now mountain climbing is not easy and sometimes a climber’s ascent can be hindered by rock slides or other obstacles.” Hand out the Boulders. Ask the groups to think about obstacles to safer sex or making healthy choices. (What would make it hard to do what we must do to prevent HIV, STIs and unplanned pregnancy?). Again, encourage participants to think broadly; to consider characteristics of relationships or individuals.

Some examples of Boulders:

- No money for condoms (or access to free ones)
- Drugs/alcohol in their system
- Having incorrect information
- Dishonesty
- Embarrassed to talk about condoms, testing and their STI and HIV status
- Sexual feelings take over
- Afraid to lose their partner
- Nervous about seeing a doctor about contraception or testing
- Afraid of partner, not able to speak up.

5 When the groups are ready, have a member of each group sticky tac their Boulders up on the mountain as well. Review each Boulder and facilitate a discussion about how the various obstacles may be overcome. If there is an important Boulder that you think has been missed, raise the issue. Record the strategies the group has identified for dealing with the Boulders on the Whiteboard or a piece of Flipchart paper.

6 Conclude the discussion with a review of the choices people can make to prevent HIV, STIs, and unintended pregnancy, the barriers that may make it difficult to make healthy choices, and the strategies that can be employed to overcome barriers to sexual health.

Discussion:

If the process of using condoms or dams has not already come up as part of the discussion, close by demonstrating dams, internal and external condoms.

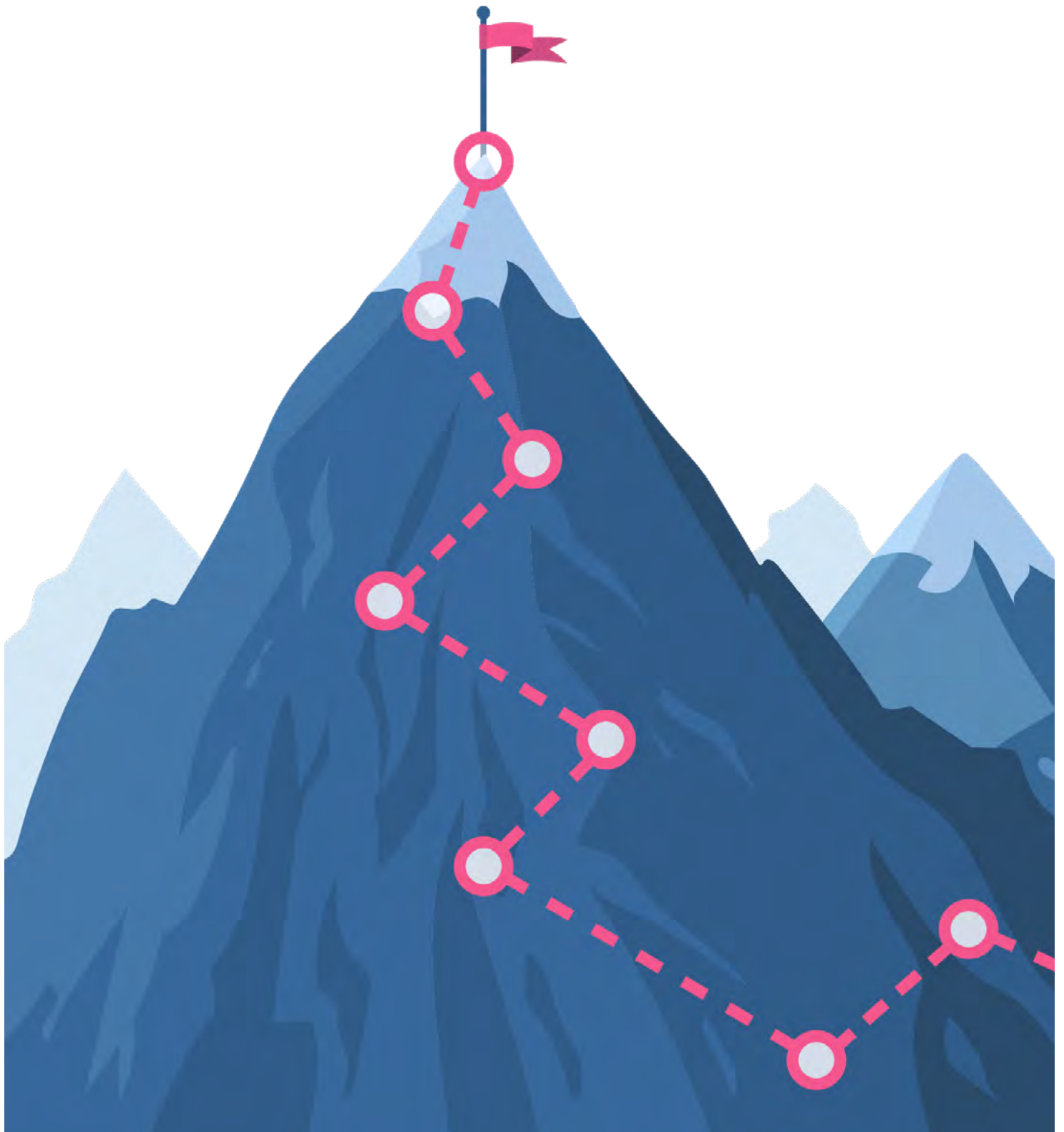
The Boulder



The Mountain Climber



Safer Sex Mountain



Internal Condom Instructions

Remember:

The internal condom does not include spermicide (unless it says so on the package). If you want additional protection, you must add your own spermicide.

If it is made from polyurethane, you can use oil-based lubricants with the internal condom.

Use a new internal condom each time you have sex.

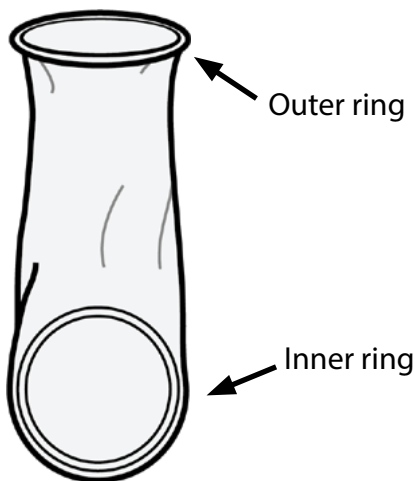
Use an internal condom only once.

For best results, store internal condoms in a cool, dry place.

Do not use an internal condom that may be old or damaged.

Do not use a condom if:

- the package is broken
- the internal condom is brittle or dried out
- the colour is uneven or has changed
- the internal condom is unusually sticky.



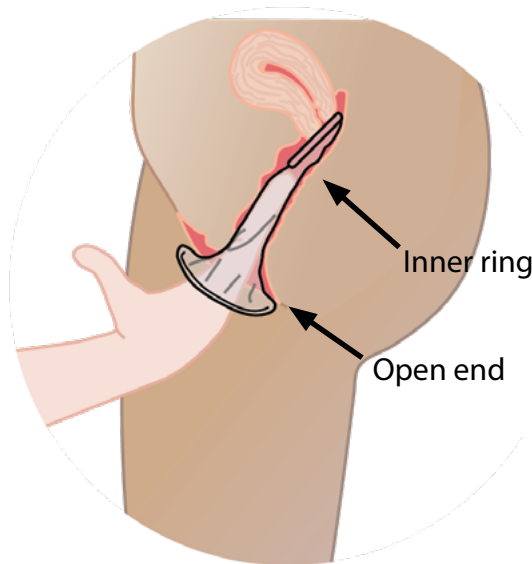
Before Intercourse:

1 Remove the internal condom from the package, and rub it between two fingers to be sure the lubricant is evenly spread inside the sheath. If you need more lubrication, squeeze two drops of the extra lubricant included in the package into the condom sheath.



2 The closed end of the internal condom will go inside the vagina. Squeeze the inner ring between your thumb and index. Insert the ring into your vagina. Using your index finger, push the sheath all the way into your vagina as far as it will go. It is in the right place when you cannot feel it. Do not worry, it can't go too far.

NOTE: The lubrication on the internal condom will make it slippery, so take your time to insert it.



- 3** The ring at the open end of the internal condom should stay outside your vagina and rest against your labia (the outer lip of the vulva). Be sure the condom is not twisted.

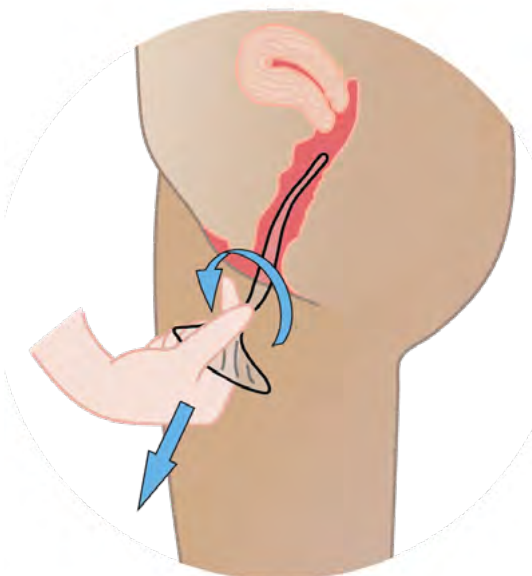


- 4** Once you begin to engage in intercourse, you may have to guide the penis into the internal condom. If you do not, be aware that the penis could enter the vagina outside of the condom's sheath. If this happens, you will not be protected.

During Intercourse:

Remove and insert a new internal condom if:

- the condom rips or tears during insertion or use
- the outer ring is pushed inside
- the penis enters outside the pouch
- the condom bunches inside the vagina
- you have sex again.

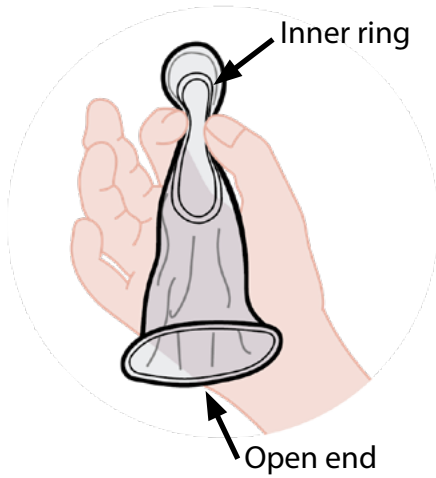


After Intercourse:

- a** You can safely remove the internal condom at any time after intercourse. If you are lying down, remove the condom before you stand, to avoid spillage.
- b** Throw the internal condom away. Do not reuse it.

Some people who have anal sex use internal condoms to reduce their risk of HIV and STIs.

A person may choose from two methods when using the internal condom for anal sex. The first method with the inner ring is illustrated below. With the second method, the inner ring is removed and the internal condom is put over the partner's penis, lubricant is applied to the penis, and rectum before slowly entering.



Step 1: Squeeze the inner ring between your thumb and index finger.



Step 2: Insert the inner ring into the anal opening, using your index finger to guide it.



Step 3: Insert another finger inside the condom and gently push it into the anal cavity. The inner ring can be removed after inserted if desired.

External Condoms Instructions

- 1 Remove your external condom from your storage place where it has been kept away from heat, sunlight or sharp objects.
- 2 Check the expiration date.
- 3 Check for the pictures that tell you it is a safe external condom to use.



- 4 Check to make sure the package is puffy (like a new bag of crisps).
- 5 Push the condom in the package to one side so that you don't rip it.
- 6 Open the package and take it out.
- 7 Make sure it is pointing the right way around.



Wrong Way



Right Way



- 8 If you put it on the wrong way, you need to throw that one in the bin and get a new one and start back at step 2.
- 9 Check for reservoir tip, if it doesn't have one, create one. Leave about 2 cm of the tip.
- 10 Squeeze air out of tip and place it in the head of the penis.
- 11 Roll condom down to the base of penis when the penis gets hard (has an erection).
- 12 Have sex as long as you and your partner both want to.
- 13 Hold condom to base of penis and pull out of your partner.
- 14 Tie the condom in a knot and throw away. Don't flush it down the toilet.
- 15 Wash your penis and hands after sex.

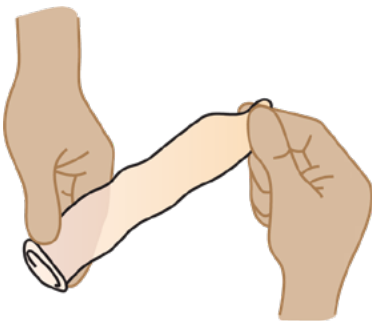
Using Dams for Oral Sex



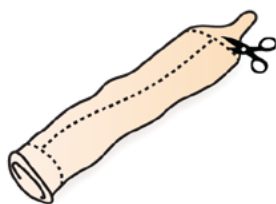
Dams are small pieces of flavoured latex that prevent the spread of STIs during oral sex (licking of the vulva or anus). If a person goes mouth-anal to mouth-vulva without changing the dam, they may be putting themselves or their partner at risk for infections.

Dams are available at most sexual health clinics and some pharmacies. If you cannot find any, below are instructions on how to make them from non-lubricated flavoured male condoms.

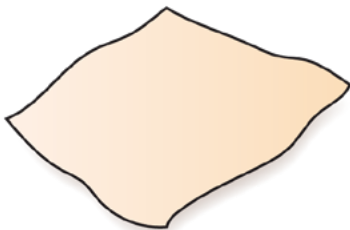
Try to use non-lubricated flavoured condoms.



Carefully take the condom out of its package and unroll it.



Cut off the tip and base of the condom and cut down the length of the tube.



Unroll the condom into a rectangular sheet.

And that's it! you now have a highly effective dental dam.

- 1 Check the dam for any holes or tears, because they'll get bigger when you stretch it
- 2 Lubricant can be added to the dam if either partner would like it. Flavoured lubricant is available at some pharmacies and sexual health clinics.
- 3 Stretch and hold the dam over the entire vulva or anus.
- 4 You are then able to have oral sex.

Key Stage 4, Y11 – Lesson: Emergency Contraception Quiz Time: 20 min

Learning Outcomes:

- Participants will challenge common myths associated with emergency contraception

Resources Required for Lesson:

Emergency Contraception Quiz
Emergency Contraception Quiz Answers
Pens

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

- 1 Hand out copies of *Emergency Contraception Quiz* to each participant.
- 2 Give the group 10 minutes to fill in the quiz by circling T for True or F for False.
- 3 Go through each question as a group making sure to expand on each answer provided on the *Emergency Contraception Quiz Answers*.

Emergency Contraception Quiz

1	You can only take emergency contraception the morning after unprotected penis-vagina intercourse.	T	F
2	Emergency contraception causes you to have an abortion	T	F
3	If you use the Coil as emergency contraception, it can be left in as a longer term method of contraception.	T	F
4	You can take the emergency contraception tablet more than once during the same month.	T	F
5	I can buy emergency contraception tablets from a pharmacy.	T	F
6	You need a parent/ carer's permission to use emergency contraception.	T	F
7	If you do not get your period right away after taking emergency contraception, you are probably pregnant.	T	F
8	The emergency contraceptive pill won't continue to protect you from pregnancy.	T	F
9	The emergency contraception tablet can cause side effects.	T	F
10	The emergency Coil is 100% effective.	T	F

Emergency Contraception Quiz Answers

1 You can only take emergency contraception the morning after unprotected penis-vagina intercourse.

False: You can take oral (hormonal) emergency contraception up to 5 days after unprotected penis-vagina sex if you have access to Ella One, but if you can only get Levonorgestrel, is most effective within the first 3 days. The copper IUD can be used up to 7 days after as emergency contraception.

2 Emergency contraception causes you to have an abortion.

False: Emergency contraception may stop ovulation (releasing an egg), fertilisation of an egg, or a fertilised egg from implanting in the uterus (womb). Medical research and legal judgement are quite clear that emergency contraception prevents pregnancy and is not abortion. Abortion can only take place after a fertilised egg has implanted in the uterus.

3 If you use the Coil as emergency contraception, it can be left in as a longer term method of contraception.

True: You can keep the Coil as your regular method of contraception if you want to. If you want to go back to using your usual contraception, speak to a doctor or nurse about having the Coil removed.

4 You can take the emergency contraception pill more than once during the same month.

True: While you can technically take the emergency contraception pill more than once in the same month, if it did not work the first time, you may already be pregnant. You can take the same type of emergency pill more than once in any menstrual cycle if you need to, but it may not be possible to take a different type of pill in the same cycle. It can also become hard to discern where you are in your menstrual cycle, so it is important to follow up with a pregnancy test if you are concerned about pregnancy.

5 I can buy emergency contraception tablets from a pharmacy?

True: You can buy both types of emergency pill from most pharmacies. It will cost around £25 – £35. The pharmacist may not be able to sell it to you, for example if:

- it's been more than 3 – 5 days (72 – 120 hours) since you had unprotected sex
- you think you might already be pregnant
- you're taking certain prescribed or complementary medicines
- you have certain health conditions.

In these circumstances you'll need to see a doctor or nurse. All the advice and treatment you receive is confidential – wherever you receive it.

6 You need a parent/ carer's permission to use emergency contraception.

False: It is up to you if you would like to tell your parents/carers. They should not be informed or notified by the chemist or medical staff. You have the right (regardless of your age) to confidentiality.

7 If you do not get your period right away after taking emergency contraception, you are probably pregnant.

False: You will not necessarily get your period immediately after taking oral emergency contraception. Most people will get their period within 7 days of when they usually expect it. If you do not have your period within 21 days of taking the emergency contraception pill, you should take a pregnancy test.

Do a pregnancy test to make sure you're not pregnant if:

- you feel pregnant
- you haven't had a normal period within 3 weeks of taking an emergency contraceptive pill or having the emergency IUD fitted
- you started a method of hormonal contraception soon after using emergency contraception; you should do a test even if you have a bleed.

A pregnancy test will be accurate if the test is done 3 weeks after the last time you had unprotected sex.

8 The emergency contraceptive pill won't continue to protect you from pregnancy.

True: If you have unprotected sex again you're at risk of pregnancy. Seek advice – you may need emergency contraception again.

9 The emergency contraception pill can cause side effects.

True: Nausea, dizziness, and breakthrough bleeding are some possible side-effects. These possible side-effects generally pass quickly.

10 The emergency Coil is 100 % effective.

False: About 1 in 1,000 women will become pregnant after having an emergency Coil fitted. If you can't feel the IUD threads at your cervix (neck of the womb, at the top of your vagina) or if you can feel the IUD itself, you may not be protected against pregnancy. See your doctor or nurse straight away and use additional contraception.

Key Stage 4, Y11 – Lesson: Choices with an Unplanned Pregnancy Time: 20 min

Learning Outcomes:

- Participants will explore their attitudes and values concerning unplanned pregnancy.

Resources Required for Lesson:

Dealing with an Unplanned Pregnancy handout.

Option: View *Think You Might be Pregnant?* (3:11) <https://www.youtube.com/watch?v=qs4do1DwMrl>

NOTE: Please watch before showing young people to assess suitability for the individuals with whom you will be working.

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

- 1 Distribute the handout and ask participants to answer the questions individually. Allow 10 minutes for participants to complete the handout.
- 2 Reconvene the group and ask the following questions:
 - What values, beliefs, and issues would people need to consider when making a decision about an unplanned pregnancy (e.g. attitudes/values about pregnancy, children, parenting)?
 - What information would people need to have about each option (e.g. cost of raising a child, medical information about abortion, rights of birth parents in adoption)?
 - Who would help a couple/individual as they make this decision (e.g. parents, clergy, counsellor, other trusted adult, and health agencies)?

Discussion:

Conclude the activity by pointing out that dealing with an unplanned pregnancy is a complex issue. It is important that, when faced with one, individuals consider the impact of their decision on themselves, and other important people in their lives. Support from parents/carers, other family members, friends, and/or clergy are valuable during such a time.

Dealing with an Unplanned Pregnancy Handout

If you or your partner were to wake up tomorrow as the same person, but unintentionally pregnant, how would you feel?

a) I would be happy because...

b) I would be unhappy because...

c) My greatest adjustment would be...

Use three words to describe your attitudes regarding the following options:

a) pregnancy _____

b) adoption _____

c) abortion _____

d) parenting _____

If you were faced with an unplanned pregnancy, what four issues would you consider before making a choice?

1 _____

2 _____

3 _____

4 _____

Deciding which Option is Right for You

Deciding what to do about an unplanned pregnancy is an important process and can be difficult for some people. You and health professional may have discussed the choices you have. Hopefully you've asked for some time to make the best decision for you, without pressure or coercion from anyone else.

You might want to spend some time thinking about the questions below either alone, or discussing them with your partner, parent/carer, or a trusted friend. Some people find that writing things down helps to clarify their thoughts and feelings; you may want to try that as well.

No choice is without obstacles or challenges. If, after answering the questions below and others that might arise, you don't have a clear sense of which decision is right for you, you might want to consult a counsellor, spiritual leader, parent/carer, or health professional to help you work things through.

Become a parent: continuing your pregnancy and keeping your child

- How would this decision affect me, my family, my partner, the child?
- What role would my partner play?
- What role would the biological partner play?
- Could I manage alone?
- Would my family or friends help?
- What does my religion/culture say?
- Where could I go for prenatal and delivery care?
- Could I support a child myself?
- Where would I live during and after my pregnancy?
- Are there others in my life willing to help me? Have I talked with them about it?
- How would having a child affect my education and job plans?
- Am I healthy? Would I have a healthy child?
- Am I emotionally strong enough to take on the responsibility of parenting?
- How will I feel about this decision in one year? Five years? What does my religion tell me? What are my own beliefs and values?
- If I choose this option, will I be doing it for myself or someone else?
- If I were to choose the ideal situation for becoming a parent, what would it look like?
- What are the pros and cons of this decision?

Place your child for adoption

- How would this decision affect me, my family, my partner, the child?
- What role would my family or partner play?
- What role would the biological partner play? Have I talked with them about it?
- Are there others in my life willing to help?
- Where would I go for prenatal and delivery care? Where would I live during my pregnancy?
- How would a pregnancy affect my education or job plans?
- Am I healthy? Would I have a healthy child?
- How would I feel about this decision in one year? Five years?

- Do I know my legal rights? Do I know the legal rights of adoptive parents and children? Where can I find out?
- If I choose this option will I be doing it for myself or someone else?
- What are the pros and cons of this decision?

Have an abortion

- How would this decision affect me, my family, my partner? What role would my family or partner play? What role would the biological partner play? Have I talked with them about it?
- Where would I go for an abortion?
- What does my religion/ culture say?
- What are my own beliefs and values?
- How will I feel in two months? One year? Five years?
- If I chose this option, would I be doing it for myself or someone else?
- What are the pros and cons of this decision?

Key Stage 4, Y11 – Lesson: I Choose Abortion Time: 30 min (+20 min for extension activity)

Learning Outcomes:

- Participants will explore their beliefs about abortion.

Resources Required for Lesson:

Copy of *I Chose Abortion*
Copy of *The Last Abortion Worksheet*
Pens
Paper
Prepared flipchart paper with stem sentences
Flipchart paper
Markers
Sticky tac

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

Preparation –

Write the five stem sentences on a sheet of flipchart paper and sticky tac to the front of the room so that you can reveal one stem sentence at a time.

Stem Sentences:

- A young girl that gets pregnant is...
- A young lad that gets a girl pregnant is...
- A young girl that chooses to have an abortion is...
- A young girl that chooses to parent her baby is...
- A young girl that chooses to place her baby for adoption is...
- The best thing for a lad to do if his partner becomes pregnant, is...

- 1** Remind about class ground rules (challenge an idea; not a person, right to pass, respect others, one person speaks at a time, etc.), since today you will be talking about a sensitive topic.
- 2** Distribute paper and pens, so that each pupil has one.
- 3** Instruct young people to write down their gut reaction to the following stem sentences. Tell them that they do not have to share their answers unless they want to, so they should be totally honest in their responses.
- 4** Reveal and read aloud the first stem sentence, and allow young people time to write a response. Continue reading one stem sentence at a time and allowing response time, until you have completed all five.
- 5** Read them through again, one at a time, asking for volunteers to share their responses.

Teacher/Leader Note: The purpose of this activity is to briefly assess the attitudes that your participants already hold about abortion and to allow the young people to hear the variety of opinions in the group. This is not a time to spark discussion or debate, but simply to listen and reflect.

6 Distribute the article “I Chose Abortion” to young people and read together with the young people. Guide discussion with the following questions:

- What are some reasons some young people might have sex and not use contraception?
- What do you think about the boyfriend’s role in this situation? Did he act responsibly? Could he have done anything differently in your opinion? If so, what?
- If the author was your friend and she told you she was pregnant and didn’t know what to do, what advice would you give.
- What are some ways to prevent the need for abortion? How could parents/carers help? How could schools help?

7 Divide young people into groups of four and distribute The Last Abortion Worksheet. Read the directions aloud at the top of the worksheet and ask if there are any questions about the directions. Allow groups 10 minutes to complete the worksheet and try to reach consensus.

Teacher/Leader Note: Participants may initially resist sitting in judgment of other people and their decisions. Push them to struggle with this activity, and invite them to share their feelings about the activity at the end.

Discussion:

Process the activity by asking participants:

- How did it feel to complete this worksheet?
- Why was it difficult for some people?
- What factors did your group consider as you made your decisions?
- What can happen when someone else makes a personal, medical decision for another person?
- What might happen if abortion became illegal in the UK?
- What might some possible consequences be?

Close the discussion by thanking the participants for their hard work on this difficult topic and remind them that comprehensive sexuality education can help teens prevent the need for abortions by preventing pregnancy.

Extension Activity:

- 1** Separate the class into groups of four.
- 2** Give each group a copy of the Last Abortion.
- 3** Ask participants to imagine that they are all Judges. Parliament has just passed a law making it illegal to have an abortion for any reason. Before the law takes effect tomorrow, you are able to grant one woman the last safe, legal abortion before the legislation becomes law.
- 4** Explain to participants, that the only information they have been given about each woman who is seeking this last abortion is on the sheet. Their task is to discuss each case with their fellow judges within their small groups and try to come to a consensus about which woman they believe should receive the last abortion and why. Give them 15 minutes to debate amongst themselves.
- 5** At the end of the 15 minutes, have 1 Judge from each group share with the class their decision and how they came to that conclusion.

Discussion:

- Did anyone have their opinion changed by something another judge said?
- Did any group come to the decision quickly and easily? What made it so easy or difficult to come to a decision?

I Chose Abortion By Ally, 16 years old

Last year, I ran away from home to live with my 18-year-old boyfriend, because I was having a lot of problems with my mum and I couldn't handle it anymore. My boyfriend wanted to help me out.

I hadn't been using any contraception with my boyfriend, because I felt safe with him, and he'd recently been tested for sexually transmitted infections.

But then I missed my period and started getting very sick in the morning, so I took a home pregnancy test. It was positive.

Only my boyfriend, his mother, and my close friend knew about my pregnancy. I told them because I knew they'd understand and help me in any way. My boyfriend and I decided I should have an abortion. We didn't want to place the baby for adoption and we weren't capable of being parents at our age (financially or emotionally). Some people can be good parents at our age, but we knew we wouldn't be able to be the kind of parents we would want to be for a child.

After we made the decision, we didn't know where to go for the procedure, so we went to a local sexual health clinic to talk with a nurse. During the visit, which was confidential, I took another pregnancy test (to make sure it was positive), and then the nurse referred us to another clinic, because that clinic didn't perform abortions.

I wasn't sure what to expect when we got there, and I was very nervous.

After we got there, they talked to me about adoption and parenthood. I told them that these options weren't going to work for me. They just wanted me to be sure that abortion was the road I wanted to take. It was, and I chose it.

I had to wait two weeks before I could get the procedure done, because the clinic was very busy. Other than that, everything went off without a problem. That day, the people who did my abortion were professional and compassionate. The clinic was clean, and the procedure was over quickly.

I wish that I could've been in a better situation to keep my baby. It still hurts me to know that I had an abortion, but, at the time, I thought it was the solution. I don't think that abortion is the best answer, but it's what many girls choose. It all depends on your situation.

It's important for both partners to be involved in the decision and get as much support as they can. The decision definitely weighs on you. My boyfriend was involved in the whole process and told me that the choice was really up to me.

In many ways after an abortion, you're relieved that you won't have this new responsibility or bring something into the world that you can't provide for. On the flip side, though, it hurts, because you think of all the things that could've been. For a while after, it goes through your mind every day. You definitely remember the whole situation for a long time. I'm now on the shot to prevent pregnancy.

The Last Abortion

- 1** A 14 year-old teenager who was sexually abused by a friend of the family. That abuse resulted in her pregnancy.
- 2** A 39 year-old single mother of five children who is dependent on benefits to help provide for her family. She is only able to work outside of the home part-time.
- 3** A 36 year-old woman who was recently diagnosed with breast cancer and requires immediate chemotherapy in order to have a good chance of surviving the cancer.
- 4** A 30 year-old woman whose pre-natal tests show serious foetal anomalies, meaning severe birth defects.
- 5** A 34 year-old mother of three, whose marriage is on the brink of divorce due to her husband's severe depression, became pregnant as a result of sex she and her husband had on one of his very infrequent "good days". Her husband has told her that having another child would almost certainly result in divorce given his mental health status.
- 6** An 18 year-old who is planning to go to university on full academic scholarship. The condom broke that she and her boyfriend were using. She will lose her scholarship if she misses a term at school.
- 7** A 48 year-old woman who thought she was going through menopause when she did not get her period. Her children are all grown and she is about to become a grandmother.
- 8** A 25 year-old woman with moderate developmental disabilities who lives in a group home. Her long-term boyfriend lives there as well although the group home cannot provide housing for infants.

Abortion methods²⁵

Abortion procedures change according to the gestation (stage) of the pregnancy. The gestation is measured in weeks counting from the first day of the woman's last menstrual period.

Consultant gynaecologists who oversee abortion services can decide which methods of abortion they prefer to be used at which stages of pregnancy. Depending on the stage of pregnancy and the preference of the doctor, women are sometimes given choice about abortion method or form of anaesthetic.

The information below gives a general picture of the abortion methods that are available in the UK (not including Northern Ireland), but the methods and time limits vary in different areas. In parts of the UK it is harder to access an abortion after 12 weeks.

Up to 9 weeks – Early medical abortion

This method is also known as the abortion pill but this is not a very accurate description, as it does not involve simply taking a pill.

During an early medical abortion, drugs are used to cause an early miscarriage. One works by blocking the action of the hormone that makes the lining of the uterus (womb) hold on to the fertilised egg. The other, given 48 hours later, causes the uterus to cramp. The lining of the uterus breaks down and the embryo is lost in the bleeding that follows, as happens with a miscarriage. Medical abortion requires two or three visits to a clinic.

5 to 15 weeks – Vacuum aspiration abortion

Vacuum aspiration simply means suction. During a vacuum aspiration abortion a thin, round-ended plastic tube is eased into the uterus through the cervix, the passage that links the vagina to the womb. The contents of the uterus pass into the tube using a gentle pump. It is possible to have a vacuum aspiration abortion under local anaesthetic or general anaesthetic.

15 to 19 weeks – Surgical dilatation and evacuation (D&E)

After the woman has been given a light general anaesthetic, the doctor gently stretches the passage through the cervix until it is wide enough for narrow forceps to be used to remove most of the contents of the uterus. Then a tube attached to a vacuum pump is used to remove any remaining tissue.

20 to 24 weeks – Surgical two-stage abortion

This method involves two procedures. Each procedure requires a general anaesthetic. During the first procedure the foetal heart is stopped. The next day the abortion is carried out using the dilatation and evacuation procedure described above.

>20 weeks – Medical induction

During a medical induction, the foetal heart is stopped and the doctor uses drugs to induce premature labour.

²⁵ Abortion: decisions and dilemmas An educational resource for those working with young people aged 13 to 18, Education For Choice at Brook, 2013

How does abortion affect women?

Abortion is a safe procedure and major complications resulting from it are rare. Statistically, legal abortion is safer than childbirth. The risk of a complication occurring increases as the gestation increases so it's important that anyone who has decided to have an abortion books an appointment as soon as possible.

Having an abortion does not increase a woman's chances of developing breast cancer:

"Pregnancies that end in an abortion do not increase a woman's chances of developing breast cancer later in life." – Cancer Research UK

It does not cause infertility:

"Women should be informed that there are no proven associations between induced abortion and subsequent ectopic pregnancy, placenta praevia or infertility." – Royal College of Obstetricians and Gynaecologists.

And abortion does not cause serious mental health problems:

"The rates of mental health problems for women with an unwanted pregnancy were the same whether they had an abortion or gave birth." – The National Collaborating Centre for Mental Health.

Adoption

- Adoption is the legal transfer of parental rights and obligations from birth parent(s) to adoptive parent(s). The adoptive parents become the legal parents of the child. It's a permanent, legally-binding arrangement by which, a child or teenager becomes a member of a new family.
- A birth mother is the woman giving birth to a child who is placed for adoption.
- Home study is a professional assessment of a prospective adoptive parent's suitability to adopt.
- A child becomes adopted when an adoption order is made. This removes the parental responsibility of the child's parents and passes it to the adopter.
- A child under 6 weeks old may be placed with prospective adopters with the agreement of the child's parent(s).
- Formal consent to place for adoption which can only be given the mother and by a father with parental responsibility when their baby is 6 weeks old. Any consent given by the mother to the making of an adoption order is ineffective if given when the child is less than 6 weeks old.
- The adoption agency will be able to share with birth parents information about prospective adopters without identifying them.
- If the birth parents agree to their child being placed with prospective adopters, birth parents can only have contact with the child by agreement with the agency or by order of a court.
- All adopters have to have a number of checks including criminal records, attend training, disclosure and health checks, undergo a home study assessment, and providing three referees.
- The process of the home study and checks takes up to 8 months and a report is presented to the adoption panel to recommend whether or not adoptive families are suitable to adopt and the agency decision maker consider whether to the recommendation of the panel should be accepted.
- Consent to placement for adoption can only be given by signing a prescribed form, witnessed by a Children and Family Court Advisory and Support Service Officer, who must be satisfied that consent is given unconditionally and with a full understanding of the consequences.
- It is possible for adopters and birth family to agree to send letters to each other once or twice a year through the Letterbox system operated by the adoption agency. If the birth parents and the adoption agency agree that such contact should happen then every effort will be made to place the child with adopters who are willing to send birth parents news. They may also be willing to meet up with birth parents perhaps once a year.

- If a father of a child does not have parental responsibility, and the baby's mother has asked for the child to be adopted the father will not be asked to give agreement or to give consent, but the social worker and the courts will want to know your views on the plan for adoption for the child. It is possible for the birth father to apply to the court for parental responsibility and if the mother had not yet given formal consent to placement, you would be asked if you are willing to give consent to placement for adoption.
- A birth father can acquire parental responsibility by registering the child's birth with the mother, marrying the child's mother, by agreement with the mother using the prescribed form or through a court order.
- Whether the child is yet to be born or has already been born, a social worker will explore with birth parents the options for child's future care:
 - The baby staying with birth parents with close support.
 - Short term foster care, with the aim of returning the baby to birth parents.
 - Long term placement with the child's wider family
 - Placement for adoption.
- If a woman decides she wants adoption for her baby, the adoption agency still has to consider and make a decision whether the child should be placed for adoption. It has to consider and decide this for all children who may need adoption whatever their age or situation.
- A social worker will write a Child's Permanence Report for the adoption panel about the child and will ask the birth parent(s) to supply information about the child and themselves and the birth parent's views about the baby's future. Birth parents will be able to see what is written about them.
- Birth parent(s) can withdraw the agreement and ask for the child to be returned, but birth parents cannot remove the child from the prospective adopters. The agency will remove the child from the prospective adopters and will do so within 7 days of the birth parent's request.
- If it is important to the birth parents to meet the adopters, then this would be included when considering the best match for the child. Many adopters are willing to meet with the birth parents, either before or after the child is placed with them for adoption.
- If a birth father of a child does not have parental responsibility, and the baby's birth mother has asked for the child to be adopted the birth father will not be asked to give agreement or to give consent, but the social worker and the courts will want to know his views on the plan for adoption for the child. It is possible for the birth father to apply to the court for parental responsibility and if the mother had not yet given formal consent to placement, he would be asked if he was willing to give consent to placement for adoption.

Key Stage 4, Y11 – Lesson: Contraception Card Game

Time: 20 min

Learning Outcomes:

- Participants will review information and skills to protect themselves and their partner from unplanned conceptions.

Resources Required for Lesson:


Contraceptive Kit
Sticky tac
There are 4 sets of cards:
- Name Cards
- Picture Cards
- Good News Cards
- Bad News Cards

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

Divide half of the participants into Group 1, which gets all the *Name Cards* and *Bad News Cards*. The Group 2 gets the *Picture Cards* and *Good News Cards*. Participants are given 10 minutes to match the correct Name Card, Picture Card, Good News and Bad News Cards. Once the matches are made, participants attach them to the wall as a grid, eg:

<p>Internal Condom</p>		<p>Good News Non-latex</p>	<p>Bad News May get pushed too far into the vagina</p>
-------------------------------	---	---------------------------------------	---

Once complete, check the grid for correctness and makes any changes while explaining why the change of information is necessary. The contraception kit should be available to show participants examples of the methods in addition to handle the methods themselves.



1



3



7



10



8



6



4



9



2

5



Emergency Hormonal Contraception

Contraceptive Patch

Injection – “The Shot”

Implant

Vaginal Ring

External Condom – “Male Condom”

Contraceptive Pills

Intra-Uterine Device (IUD) – “The Coil”

Diaphragm

Internal Condom – “Female condom”

9 Good News

- Widely available from clinics, chemists, vending machine
- Cheap. Can even be obtained free from clinics
- Protects against many STIs including HIV
- Males can take more responsibility for contraception
- No side effects
- Very effective in preventing pregnancy if used properly
- Many different types, colours, flavours to choose from
- 98% effective if used according to instructions

5 Good News

- You don't have to think about it every day
- Doesn't interrupt sex
- Easy to use
- If used properly it is very effective in preventing pregnancy
- Can make periods more regular and lighter
- Can reduce period pains and pre-menstrual tension (PMT)
- Over 99% effective if used according to instructions

7 Good News

- Very effective in preventing pregnancy
- Gives up to 3 years protection against pregnancy
- You don't have to think or do much
- It does not interrupt sex
- Once it is removed fertility returns to normal
- Over 99% effective

10 Good News

- Easy to use
- Doesn't interrupt sex
- If used properly it is very effective in preventing pregnancy
- Over 99% effective if taken according to instructions
- May be used by women who can't take the contraceptive pill for health reasons or have side effect from oestrogen
- If there are side effects a different brand could be tried
- Can reduce pre-menstrual tension (PMT) and painful periods
- Over 99% effective if taken according to instructions

8 Good News

- Effective in preventing pregnancy if a woman has had unprotected intercourse
- Can be taken up to 72 hours after unprotected intercourse
- If taken within 24 hours, it is about 95% effective, but it is more effective the sooner it is taken after the act of intercourse
- Can be obtained from Accident and Emergency (A&E), GP's surgeries and walk-in clinics and chemists
- Occasional use should not have serious or lasting side effects

4 Bad News

- Putting it in can interrupt sex
- You need to plan ahead for sex
- It needs to be used with a spermicide cream and this can messy and cause irritation
- You need to be taught how to put it in correctly
- It needs to be left in the vagina for at least 6 hours after intercourse
- It needs to be washed and dried after use
- It will not protect against sexually transmitted infections
- If you gain or lose weight you may need a new one of a different size
- Not usually recommended for young women

4 Good News

- Doesn't involve taking hormones and has no side effects
- There are different types to choose from
- Can be effective in preventing pregnancy if used very carefully
- Latex types are 92% – 96% effective if used correctly

3 Good News

- Very effective in preventing pregnancy
- Gives 12 weeks of protection
- Doesn't interrupt sex
- You don't have to remember to do anything once you've had it
- Over 99% effective

2 Good News

- Doesn't interrupt sex
- Works as soon as it is fitted
- Can stay in the womb for a number of years
- You don't have to think about it everyday
- Very effective in preventing pregnancy
- Can sometimes be used for 'emergency contraception' when a woman has had unprotected intercourse
- Around 99% effective

1 Good News

- Can be put in up to 8 hrs before sex
- May protect both partners from some STIs
- No major side effects
- Available from walk-in clinics and chemists
- Protects against many STIs including HIV
- Can be used if either partner is allergic to latex
- Very effective in preventing pregnancy if used properly
- 95% effective if used according to instruction

6 Good News

- Doesn't interrupt sex
- Easy to be removed and inserted
- Unlike the pill, the hormones do not need to be absorbed by the stomach, so it is not affected if you vomit or have diarrhoea
- Bleeding will usually become more regular, lighter and less painful
- You don't have to think about it every day

8 Bad News

- Only for use in an emergency. Not for regular use
- Occasionally they do not work
- Side effects may include headaches and vomiting
- If a woman is sick within 3 hours of taking it, it may be less effective and she will need to go back to the doctor
- If taken 25 – 28 hours after unprotected sex it becomes up to 85% effective. If you wait until 49-72 hours after your contraception has failed, it may be only up to 58% effective
- Provides no protection against STIs or HIV

5 Bad News

- Can have side effects like headaches, feeling sick and slight weight gain
- Not suitable for some women who already have health problems such as heart disease or high blood pressure
- Not effective if taken over 12 hours late
- Not effective if you vomit or have diarrhoea
- May be ineffective if using other drugs such as antibiotics
- Increased risk of health problems if a woman also smokes cigarettes
- No protection against STIs

7 Bad News

- Periods are often irregular. They may be longer or be missed altogether
- Some women have spotting between periods
- Side effects may include headaches, weight gain, or acne (spots)
- No protection against STIs
- Involves the health care provider making an incision (cut) into the arm to have it inserted or removed
- There may be problems having it removed

10 Bad News

- Need to remember to change it each week
- It is unlikely to fall off, but if it does, women may be unprotected
- People may see it and know you are using contraception
- Some women may experience skin irritation
- When first using it some women experience headaches, tender breasts, and mood changes. These should stop a few months after beginning use.
- Some women experience bleeding between periods and spotting when they first use it
- No protection against STIs

9 Bad News

- Not suitable for breastfeeding mothers
- Can interrupt sex
- May slip off or split if not used correctly
- If not used correctly will not be effective in preventing pregnancy
- Some oil based creams, lubricants, or pizza grease can damage it
- You need to check the 'use by' date and kite mark on the packet

2 **Bad News**

- Can come out or be dislodged – women need to regularly check that it is in place by feeling the threads
- Some types can make a woman's periods heavier, longer and more painful
- Can cause pelvic infections
- Unsuitable for women who already have heavy or painful periods
- No protection against STIs

3 Bad News

- Possible health problems and mood swings
- Possible weight gain
- A woman's periods may become irregular or stop
- Regular periods and fertility may take a year or more to return after using it
- No protection against STIs
- May reduce bone density

1 Bad News

- Putting it in can interrupt sex
- Need to make sure the man's penis enters the condom and not between the vagina and the condom
- May get pushed too far into the vagina
- If not obtained for free, can be expensive to purchase

6 Bad News

- May get temporary side effects at first including increased vaginal discharge and headaches, nausea, breast tenderness and mood changes
- Unexpected vaginal bleeding on days you are not using the ring may occur in the first few months of ring use
- Does not protect you against STIs
- Some women may not feel comfortable inserting it themselves

Answer Card

	Picture Card	Good/Bad Cards
Contraceptive Pills	10	5
Contraceptive Patch	1	10
Diaphragm	7	4
Emergency Hormonal Contraception	6	8
Implant	4	7
Injections "The Shot"	8	3
Intra – Uterine Device (IUD) "The Coil"	3	2
External Condom – "Male Condom"	2	9
Internal Condom – "Female Condom"	9	1
Vaginal Ring	5	6

Key Stage 4, Y11 – Lesson: Harassment vs Flirtation

Time: 15 min

Learning Outcomes:

- Participants will understand the difference between flirting and harassment.

Resources Required for Lesson:

Flipchart paper or board
Markers

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

Sometimes people are confused about whether they should tell someone that they find them attractive or whether that may be interpreted as sexual harassment. Sometimes comments about attractiveness are welcome and they feel the same way about you.

1 How would you define flirting?

Flirtation: comments, actions or suggestions that result in a person feeling equal, flattered, complimented, confident, in control, respected, comfortable, and positive about themselves.

2 How would you define harassment?

Harassment: comments, actions or suggestions that result in a person feeling demeaned, invaded, degraded, powerless, threatened, angry, worthless and negative about themselves.

3 What are some behaviours that you would think of as flirtation?

4 What are the things you have experienced or seen, that made you/or someone else feel harassed?

Harassment	Flirting
<ul style="list-style-type: none"> • Brushing against another person’s body. • Unwelcome sexual comments. • Threatening sexual violence. • “Outing” a person about their gender identity or sexual orientation. • The use of obscene gestures, whistling or staring at someone. • Unwanted touching of another person. • Frequent unwanted contact such as appearing at the person’s home, workplace, contact on social media, telephone calls, text messages, letters, notes or e-mails. • Following, watching, or hanging about near the other person. • Sending unwanted ‘gifts’. 	<ul style="list-style-type: none"> • Ask them about themselves; don’t just talk about yourself. • Going into their personal space only briefly until you know they are comfortable with you being that close. • Giving a compliment about who they are; not the way they look. • Maintain eye contact without staring. • Going into their personal space only briefly until you know they are comfortable with you being that close. • Start by touching his/her hand; not intimate places like face, breast, bum or genitals.

5 What could you do if you intend to flirt with someone, but it is received as harassment?

- Physically give the person space
- Apologise for the misunderstanding
- Ask what you can do to make them feel safe/understood
- It may mean not talking to them again.

Key Stage 4, Y11 – Lesson: Sex and the Law: Rape and Sexual Assault Edition Time: 25 min

Learning Outcomes:

- Participants will have an increased awareness of laws pertaining to rape, sexual assault and consent.

Resources Required for Lesson:

Quiz questions for *Sex and the Law: Rape and Sexual Assault Edition*

2 Joker cards

Team Answer Sheets

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

- 1 Divide the group into two teams. Give the teams 2 minutes to come up with a team name (they could even do a team cheer or special dance).
- 2 Provide each team with Joker Card. Each team decides on which question they would like to 'play their Joker'. They will get quadruple points on this question if they get it correct. The Joker can only be played once by each team during the quiz.
- 3 For each correct answer given, the team wins 2 points.
- 4 When a question is posed, both teams are given 1 minute to consider if they want to answer. To answer, the entire team must stand up. The first team to get everyone to stand up, must state they want to use their Joker prior to giving an answer. If they do not want to use their Joker for this question, the entire team stands and once the Quiz Master (Teacher/Leader) recognises the team, one member of the team offers their answer.
- 5 If a team answers incorrectly, the other team may steal if they can offer a correct answer. If it is a True/False question that is being stolen, a correct answer is only worth 1 point because the answer is then obvious.
- 6 The winning team can get a reward at your discretion.
- 7 Discuss if there were any answers that the group found surprising or had additional questions about.



Team Name: _____

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

Sex and the Law: Rape and Sexual Assault Edition Quiz

1 A man would commit rape if he intentionally penetrates with his penis in the _____, _____ or _____ of another person, male or female, without that person's consent or if they are under 13, as young people aged 12 and under are not legally able to give consent to any sexual activity.

✓ **vagina**

✓ **mouth**

✓ **anus**

This particular sexual offence can only be committed by a man. A woman cannot be charged with the offence of rape as this is defined as penile penetration, but she could be charged with another offence such as causing a person to engage in sexual activity without consent, sexual coercion or assault, or assault by penetration.

2 It is an offence for someone, male or female, intentionally to penetrate the vagina or anus of another person with a part of their body or anything else, without their consent. The purpose also has to be sexual. This offence is called _____.

✓ **sexual assault by penetration**

3 How many women suffer rape or attempted rape?

a) 1 out of 10

c) 1 out of 100

b) 1 out of 4

d) 1 out of 50

4 It is illegal for a man to have intercourse with a 15 year old girl.

True or False?

True – The age of consent is 16 years old in the UK.

5 How many women said they had been raped on at least one occasion since age 16.

a) **Around 1 in 20 (5%)**

b) Around 1 in 40 (2.5%)

c) Around 1 in 50 (2%)

d) Around 1 in 80 (1.25%)

6 If a 19 year old male has a sexual relationship with a 17 year old male he could be prosecuted.

True or **False**?

False – The age of consent for gay men in the UK has been reduced from 18 to 16 years old.

7 How often does a woman know and trust the man who raped her?

a) 17% of the time

b) 37% of the time

c) 67% of the time

d) **97% of the time**

8 If two 16 year old girls have a sexual relationship together they are breaking the law.

True or **False**?

False – The age of consent is 16, regardless of sexual orientation.

9 What is the average sentence for someone convicted of rape?

a) life

b) 8 months

c) **4 years**

d) 2 years

c) **4 years** – is the average, although life in prison is the maximum sentence.

10 Conservative estimates indicate alcohol is involved in _____% of reported rape cases, and drugs in 12% of cases.

✓ 34

I Can't Believe It's Happening to Me

If you find yourself in a situation where someone is trying to force sexual activity on you, here are some ideas that may help you survive the attack.

- Stay as calm as you can and think. Figure out what your options are and how safe it is to resist.
- Say "NO!" strongly in a loud voice. Do not worry about being polite or creating a scene.
- Assess the situation. Are there any people around? Is there an escape route?
- Assess your physical risk. Is it safe to resist physically? People who fight back initially, who hit and scream, have a much higher chance of avoiding the successful completion of an assault than victims who plead to try to talk her/his way out of the situation. If you cannot resist, it doesn't mean that you want it to continue. You may be choosing the best plan to survive.

If the attacker is unarmed you could choose to:

- punch them in the Adam's apple if the attacker has one
- say you need to use the bathroom
- shout "Fire!"
- run away
- try to get them to see you as an individual
- poke them in eye
- use passive resistance (vomit)
- kick
- hit with available items.

If the attacker is armed you may choose to:

- try to talk them out of it
- try passive resistance.

If you have a viable plan, act quickly before your options change.

After the Assault

- Go to a safe place to call your family or a friend.
- Do not clean yourself or your clothes.
- Call the Sexual Assault Referral Centre (SARC) – **0808 168 0024**
- Get to the hospital as soon as possible.
- Consider if you want your family doctor notified.
- Consider if you want the Police to be available at the hospital.
- Consider if you want to press charges.
- Consider if you would like to talk to the counsellors at the hospital/SARC or would like to use the support services
- Write down every detail about the assault that you can remember.
- Write a letter to the offender expressing your feelings about the attack that you never intend to send
- Write a letter to yourself about what you would like to happen next.
- Understand that you are not to blame. Everyone has the right to live a life free of violence.
- Contact the Wiltshire Rape Support Helpline when you need to talk to someone (0808 800 1144 on Thursdays 9:30 – 12:30 or 19:00 – 22:00).

How Can I Help You?

- 1 Listen.** Ask what is needed from you and respond accordingly. Let them know that you care and that you want to listen. Do not promise to be there for them anytime unless you mean to follow through with it. They need honesty from you.
- 2 Believe.** Victims need to be believed that what occurred was, in fact, rape – especially if they know the offender. It took a lot of courage to share this with you. Let them know you believe them.
- 3 Remove blame.** Most victims feel guilty and feel that the attack was somehow their fault. They need to know that the responsibility for this lies solely with the offender. Asking questions like “Why did you start fooling around with them?” or telling them that they should not have had so much to drink are not helpful. Instead, statements like “You consented to kissing, not sex. You have every right to stop or change your mind at any time. You were not asking to be raped”, are non-blaming and show that you support them.
- 4 Respect the survivor’s privacy.** Let them decide who they want to tell. Don’t repeat their story to anyone unless they asks you to do so. The survivor needs to be in control of who knows what has happened.
- 5 Put your feelings aside.** As the victim shares their story, you may feel angry and want to express it through negative words or actions. This is not about you. If you need help supporting them, call a crisis line to talk about your own issues.
- 6 Encourage the survivor to seek medical attention.** They may have injuries that they are unaware of. They may want to press charges immediately or in the future, so it is important to gather evidence. More evidence can be collected if they haven’t yet showered, urinated or cleaned themselves or their clothes. There is also a risk of pregnancy or STIs. The medical care will include: an examination and treatment of physical injuries, treatment of STIs, assessment and treatment for pregnancy where appropriate, and the collecting and recording of physical evidence in the event that the victim chooses to proceed with legal action.

The survivor could contact Sexual Assault Referral Centre (SARC) at
The Gables, Shrivenham Road, South Marston, Swindon SN3 4BB
Phone: 01793 781 916
<https://www.firstlight.org.uk/swindonwiltshiresarc/>

To arrange an appointment at the SARC, survivors can call the freephone helpline number even if they don’t wish police involvement.
- 7 Be patient.** Everyone had their own timetable for recovering from a rape. Do not impose your agenda on the survivor. Telling someone that it’s time to get over it, is not being helpful.
- 8 Encourage the survivor to talk to a counsellor.** There are trained professional who have experience working with rape survivors.
- 9 Let the victim make their own decision.** Encourage them to make her/his own decisions. Rape strips a person of their right to choose for themselves. You can begin to allow the survivor to feel a sense of empowerment by not being overly protective. They needs to feel in control of their life and part of this is being able to exercise their right to make decision free from pressure and coercion.
- 10 Accept the survivor’s choice of solutions to the rape.** You might also think that they should report the crime to the police, but they might know that the process would be too difficult and humiliating for them. Let them know that you will support them in whatever they thinks is best.

Key Stage 4, Y11 – Lesson: Domestic Violence

Time: 30 min

Learning Outcomes:

- Participants will understand the definition of domestic violence.
- Participants will identify the different types of abuse that can be present within abusive relationships.

Resources Required for Lesson:

Sets of *Relationship Abuse Matching Cards* for each small group

Copies of *Domestic Violence Scenarios*

Adapted from *Expect Respect: A Toolkit for addressing Teenage Relationship Abuse* by the Home Office and Women's Aid, 2010.

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

1 Ask participants "What do you think domestic violence means?"

Domestic Violence²⁶: Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional.

2 Ask participants "What is controlling behaviour?"

Controlling Behaviour: A range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance, and escape, and regulating their everyday behaviour.

3 Ask participants "What is coercive behaviour?"

Coercive Behaviour: An act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

4 Divide the group in to 6 smaller groups. Distribute one set of Relationship Abuse Matching Cards too each group.

5 Ask participants to match the different categories of abuse with the definitions.

6 Ask small group to say which definition goes with each category card in their opinion. (The correct answers are: 1E; 2F; 3B; 4A; 5C; 6D.)

7 Were there any behaviours that surprised the groups?

²⁶ <https://www.gov.uk/government/news/new-definition-of-domestic-violence> accessed 20.02.2020

- 8** Are there any that they would not have really considered as abuse?
- 9** Handout the one of the scenarios to each group so they can read the story. Give the groups 5 minutes to read and discuss which abuses are occurring in the stories.
- 10** Have small groups share how they categorised the abuse and why with the rest of the larger group after the 5 minutes.
- 11** Ask the smaller groups to figure out how the person in the story could get out of the situation. Give them 10 minutes to generate ideas.

Ask for a summary response about how the person could get out of the situation from each group.

Possible solutions:

Ayisha's story...

I told him that I was finishing it because I could not put up with his anger and jealousy any longer. He was really angry and said I must be seeing somebody else.

I kept repeating that there was nobody else and it was his behaviour that had ruined our relationship. He said all sorts of things and tried to make me believe it was my fault that he got angry. But I still finished it. At first he would ring and text me at all times of the day and night, but after a couple of months that stopped and I haven't heard from him since.

My friends (that I thought I had lost because of him) were all really great. They were really supportive and helped me to see that it was not my fault, I wasn't the bad person. Eventually, I told my mum. She helped me to see that I had been both physically and emotionally abused and that it was wrong.

If it happened to you, tell someone in your family, a friend or a teacher/support worker whom you trust. If you don't feel that you can, call the domestic violence national helpline on 0808 2000 247 (run in partnership by Women's Aid and Refuge) and you will be able to speak to someone in confidence who will give you advice. You can also email them; if you don't want to talk helpline@womensaid.org.uk

Remember – it's not your fault – you haven't done anything to cause this. It's the person that is abusing you that is in the wrong.

Naomi's story...

We have been split up for about a year now. I am much happier and I am much more sure of what I want in a relationship. He still sends me texts saying he loves me and he has changed and that he wants me back. I just tell him that we are never getting back together again.

My friends and my mum were great. They helped me through the rough times and now I know that I am strong and powerful.

What I would say to someone that is being abused was that I know that I could have got hurt that night. I knew in my heart of hearts that things were not right long before that awful night. I have learned to listen to and trust my instincts. The most important thing that I would say to someone being abused is to trust yourself; if something doesn't feel right, it probably isn't.

Samira's story...

One night I overheard my dad and my uncle discussing a trip abroad. I don't know why, but I instinctively knew that it would involve me and that if I went with them, that would be the end of me having any control over my own life. The next day I rang the support service and told them what was happening.

They arranged for me to go and stay somewhere safe while we worked out what to do next.

The support service helped me to see that what was happening to me was wrong and helped me to explore how I could get safe. Speaking to other girls who had been through similar experiences to me showed me that I was not alone.

Arranged marriage is not the same as a forced marriage and no one should be forced to do something they don't want to. Trust your instincts and ask for help if you think something is wrong.

Discussion:

Domestic Violence can happen to anyone regardless of their sexual orientation.

Every individual's experience of domestic abuse will be unique. However LGBT+ individuals are likely to face additional concerns around discrimination due to sexual orientation, gender identity and gender discrimination. They may also be concerned that they will not be recognised as victims or believed and taken seriously. Abusers may also be able to control their victims through the threat of 'outing'.

Relationship Abuse Matching Cards

2

Threats

1

**Financial
Abuse**

3

**Sexual
Abuse**

5

**Emotional
Abuse**

6

Isolation

4

Physical Abuse

A

- Hitting, pushing, punching, kicking.
- Biting, slapping, hair pulling.
- Throwing or smashing things.
- Punching the wall, smashing the windows.
- Burning, strangling, stabbing, murder.

B

- Making someone do sexual things that they don't want to do or raping them.
- Calling the person a slag, slut or telling them that they are frigid.
- Not allowing the person to dress in the way they want to or only in a certain way.

C

- Constantly putting someone down, making them feel bad about themselves – insulting them by calling them fat, ugly, stupid.
- Always lying to them, ignoring them, withholding affection.
- Threatening to leave or to throw them out, threatening to commit suicide if they leave.
- Checking up on where they are and what they are doing, timing a person when they are out, making them explain every movement.

D

- Stopping someone from seeing friends and family, not allowing the person to have visitors.
- Stopping them from going to school or college, or having a job.
- Not allowing the person to talk to their friends or family on the phone.
- Going everywhere with them.

E

- Taking a person's money, making a person ask for money.
- Not allowing them to work and earn money.
- Making a person give them all their money.
- Making all the decisions about how to spend money.

F

- Making the person afraid by using looks and gestures.
- Saying they will hurt or kill them, someone precious to them or their pet.
- Threatening to smash things.
- Threatening to tell other people how stupid they are.

Domestic Violence Scenarios

Ayisha's story

I am quite a scatter brained person and my boyfriend always told me that he was the only one who would put up with it. He told me he loved me and that he was the only person I needed in my life.

He was really possessive and jealous. I couldn't go anywhere without him. He would kick up a fuss even when I was meeting up with my friends from school. I lost all my confidence and I lost most of my friends as well – they couldn't put up with his temper and they couldn't understand why I put up with him. I wanted to finish with him, but he said he would hurt me or kill himself if I ever left him.

He would get really angry and sometimes hit me if I got dressed up to go anywhere, saying I had too much make-up on or my skirt was too short. One day he snatched my phone off me and threw it at me because he overheard me telling a friend that I had walked home from school with a couple of lads. Just little things would set him off. I learnt to see the warning signs and how to say the right things to get around him and his temper. I never tried to wind him up or fight back. I shut myself off from everybody and tried to pretend that everything was OK.

Naomi's story

My boyfriend wanted to spend all of his free time with me. He said he loved me. I thought I loved him too and so I did spend most of my time with him.

All he wanted to do was stay at home and watch movies so we never went out. I hadn't seen my friends for weeks and they asked me to go out with them for a pizza and to the cinema one night. I told him he could come too. He didn't want to go and he didn't want me to go either, but I did.

He followed me to the pizza place and he saw a couple of lads come over and start chatting up a couple of my mates. He went absolutely mad; he came storming over saying I was trying to hook up with one of them and he called me a slag. He yelled at me to leave and began swearing at me. I was really embarrassed and, when I asked him not to swear at me, he stormed off outside saying I would be sorry later.

I followed him outside and saw him punching the wall and I just knew that if I went off with him I would get hit next. I was really shocked and frightened but I told him that I was staying with my friends. He began swearing at me again calling me lots of horrible names. That's when I knew that he never really loved me, so I finished with him right then and there and went back to my friends.

I was scared and crying but I knew that he would have hurt me either that night or some other time in the future if I stayed with him.

Samira's story

My parents have always been quite strict, but I always felt that they just wanted what was best for me. I've been going to an art group after school, which I really enjoy, and I recently met a boy there who I like. We've been spending quite a lot of time together. My parents found out about this and got quite angry at me, telling me that I could not see him anymore because his family are different to ours. I tried to argue with them and tell them how nice he is, but they threatened to stop me from going to my art group if I continued to see him, so I had to stop.

I was upset, but I thought that was the end of it. However, now my parents are telling me that they have chosen a man for me to marry. I told them that I think I am too young to get married yet and, anyway, I might not like him. My parents got very angry with me and said I didn't have any choice and that if I brought shame on the family there would be serious consequences. I tried to speak to my mum about it but she just told me I had to obey my father. Now I feel like they are watching every move I make.

The other night, my dad slapped me hard across the face, just because I was late home from school. I locked myself in my room and cried all night.

The next day at school, my tutor noticed that my eyes were red and swollen from crying and asked if everything was ok. I broke down and told her what had been going on at home. She was very sympathetic and just let me ramble on for ages.

Later that day, she gave me a telephone number of a support service that helps girls in my situation. I thanked her, but I was too scared to contact them for a long time.

Key Stage 34, Y11 – Lesson: Pornography Impact Quiz Time: 15 min

Learning Outcomes:

- Participants will consider the role explicit images have in modern life.

Resources Required for Lesson:

Pornography Impact Quiz for each participant

Pens

Adapted from *Real Love Rocks* by Barnardos

<http://www.barnardosrealloverocks.org.uk/secondary-schools>

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

- 1 Distribute the Pornography Impact Quiz to each participant.
- 2 Give 5 minutes for participants to complete the quiz.
- 3 Once the time is up, provide the correct answers to the group. Discuss any surprising information that arises from the answers being shared.

Pornography Impact Quiz

- 1** Internet porn is a big business: how much money do you think is spent on porn each year?
 - a) £189 million
 - b) £953 million
 - c) £4.9 billion
- 2** What do you think is the average life expectancy of a mainstream porn star?
 - a) 36 years
 - b) 56 years
 - c) 75 years
- 3** Sometimes porn contains physical violence; what percentage of mainstream porn do you think contains violence?
 - a) 23%
 - b) 47%
 - c) 88%
- 4** People often talk about men watching porn; what percentage of people who regularly watch porn are women?
 - a) 0%
 - b) 28%
 - c) 48%
- 5** Which do you think has more internet traffic... social networking sites or porn sites?
 - a) Social networking sites
 - b) Porn sites
- 6** Who do you think earns more? Female or male porn actors?
 - a) Female porn actors
 - b) Male porn actors
- 7** In mainstream porn videos what percentage do you think use condoms to keep the actors safe?
 - a) 0%
 - b) 10%
 - c) 20%
- 8** What % of Google searches are searching for porn?
 - a) 10%
 - b) 25%
 - c) 50%
- 9** Do you think the same laws and restrictions apply to videos and images people take in their own homes as to big porn producers?
 - a) The same laws and restrictions
 - b) Different laws and restrictions

Pornography Impact Quiz Answers

- 1** Internet porn is a big business: how much money do you think is spent on porn each year?
 - a) £189 million
 - b) £953 million
 - c) £4.9 billion**

- 2** What do you think is the average life expectancy of a mainstream porn star?
 - a) 36 years**
 - b) 56 years
 - c) 75 years

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 - b) 10%**
 - c) 20%

- 8** What % of Google searches are searching for porn?
 - a) 10%
 - b) 25%**
 - c) 50%

- 9** Do you think the same laws and restrictions apply to videos and images people take in their own homes as to big porn producers?
 - a) The same laws and restrictions**
 - b) Different laws and restrictions

Key Stage 4, Y11 – Lesson: Pornography: Legal or Right Time: 30 min

Learning Outcomes:

- Participants will learn the current UK laws regarding pornograph.
- Participants will explore the differences between something being ethical and/or legal.

Resources Required for Lesson:

Legal or Right Venn Diagram
Legal or Right Statement Cards
Sticky Tac

Adapted from *Planet Porn: A Resource Pack for Working With Teens around Porn* by Justin Hancock, Bish Training, 2010 <https://bishtraining.com/planet-porn/>

Beginning:

- Outline session and learning outcomes
- Set ground rules, rewards and sanctions

Main Activities:

- 1 Ask participants to draw a card from the shuffled deck that is facing down.
- 2 When they select a card from the deck they need to decide if the statement is “Right” (ethically/ morally), Which are “Legal and Right”, or Not Legal or Right”.
- 3 They may ask other participants for help/debate. Once they have decided they need to sticky tac it into the part of the Venn diagram they feel it belongs in.

In the UK, it is legal to look at porn so long as it does not feature: under 18s, sex with animals, torture, scenes of rape or sexual assault or violent scenes which are life threatening or likely to cause serious harm.

A 17 year old couple film each other having sex on their mobiles.

The legal age is 18 to buy porn magazines or videos: some porn websites try to prevent under 18s from accessing them, either through charging with a credit card or by a disclaimer on the front page.

Young people under 18 who film or take sexual pictures of each other can be charged with creating indecent images of a child, even if they both agreed to it.

Porn can be shown on UK TV after 9pm so long as it does not show erect penises or close ups of genitals.

It can also be illegal to watch porn with someone under 18 (even if they are both under 18 and both want to watch it), this is intended to prevent abuse of children and young people.

A 36 year old family friend invites a 16 year old to sit down and watch porn.

If someone makes a sex video or photographs then they have copyright over the video, so they can probably do whatever they want with it (share on the internet for instance), unless anyone in the video or image was not aware they were involved. Even then it can be very difficult to take something off the internet.

A 15 year old can buy a "Lads Mag".

Going on a porn site where it is not made clear that everyone is over 18.

Downloading a porn clip that someone else has uploaded illegally.

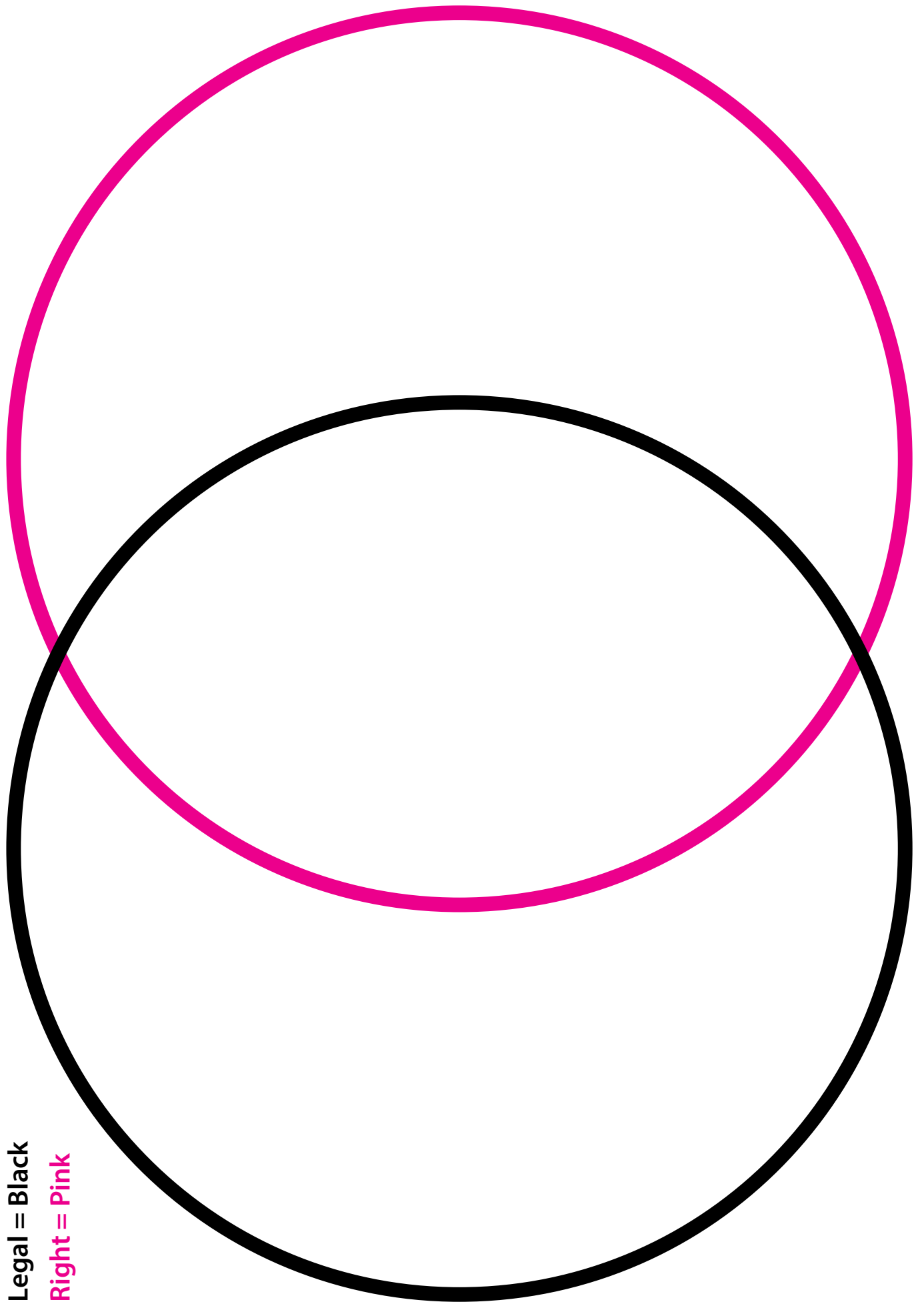
A parent/carer leaves open a website on their tablet or mobile with naked people on it, and they allows kids to look at it.

Three 17 year olds chilling with beer watching porn together.

Looking at pictures of someone who stopped sexy modelling after saying that they were exploited by people in the industry.

Someone sends a picture of porn involving an animal to a mate.

**A 15 year old showing a
pornographic image to a
classmate, suggesting they do
what is in the picture.**



Legal = Black
Right = Pink

Assessment and Evaluations



Diary Room

Objective: Young people will provide feedback on their learning from a particular session.

Time: 2 – 3 min

Instructions:

- 1 Set up a tablet/mobile in a quiet and private place/room.
- 2 Place a chair facing the device.
- 3 Invite each young person to enter the private room and record a video about the activity or session that they have just taken part in. Alternatively, you can provide them with a question to answer before they sit in front of the device.
- 4 Everyone should be encouraged to talk as honestly as they want to and feel comfortable doing.
- 5 Depending on your agreement with the group, the video can be viewed by the whole group for general discussion, or it could be viewed by you in private.
- 6 Participants could also record themselves at home on their own mobiles and send the Diary Room feedback to you directly via email if there is a secure email.

Sample questions and sentence stems:

- What did you learn about?
- What did you learn to do?
- Have the activities changed your opinion in any way? If yes, how?
- What do you think changed your mind?
- What else do you feel you need to know/think about?
- I was pleased when...
- I think it would have been better if...
- If I was doing it again, I would like to...
- The things I enjoyed most about the activities were...
- I can now do...
- Other members of the group were helpful when...
- Other members of the group were not helpful when...
- I thought the leader/worker/teacher was...

Graffiti Wall

Objective: Young people will provide feedback on their learning from a particular session.

Time: 10 min

Instructions:

- 1** Cover a large wall space or notice board with the coloured paper and attach a marker to each sheet of paper with the string and drawing pins.
- 2** Explain that they will be able to write and draw on the paper at the end of the session.
- 3** At the end of the session, invite the group to write or draw their comments and ideas about the work you have just completed on the graffiti wall. Ensure that you make an agreement about the language to be used when writing on the paper.

If possible, the graffiti wall can be left up for the whole project, with young people adding regular updates.

My Tool Box

Objective: Young people will provide feedback on their learning from a particular session.

Time: 10 min

Instructions:

- 1 Give individuals or each pair a copy of the My Tool Box Sheet.
- 2 As a group, brainstorm the range of skills that have been developed. Ask each person or pair to draw/write about the skills they have learnt. They can show how confident they feel about their ability to use skills by placing them near the toolbox (inside the circle) to show they feel confident, or away from the toolbox (outside the circle) to show they are less confident.
- 3 Either collect in the toolbox to inform future planning.

**I am confident about
using these skills**



According to the Manual...

Objective: Young people will use their knowledge to inform others.

Time: 45 min

Instructions:

- 1 Do the task individually or divide everyone into pair or small groups.
- 2 Explain the concept of an instruction manual or leaflet: a written guide to a process (using a tampon or condom), which offers step-by-step instructions designed to help someone with no knowledge about the subject to understand or do something.
- 3 Ask them to prepare a short instruction manual or leaflet on the chosen topic.
- 4 These can be displayed publicly or included in their individual portfolio.
- 5 Follow-up work to clarify any myths or misinformation should be planned for.

Sample topics:

- How to negotiate boundaries and sexual limits effectively
- How to ask for help and advice
- How to be a good friend
- How to talk about sex with a partner
- How to talk about sex with your parents/carers
- How to talk to your healthcare provider about sex
- How to challenge discrimination based on sexual orientation or gender identity
- How to use a condom
- How to be yourself in a relationship
- How to end a relationship
- How to find out about local services
- How emotions can affect your behaviour and staying in control
- How alcohol and/or drugs can affect your behaviour and risk taking
- How to party safely
- How to get tattoos or piercing safely
- How to figure out if you are making sexually healthy decisions.

Let Me Tell You...

Objective: Young people will use their knowledge to inform others.

Time: 5 – 20 min

Instructions:

- 1 Divide the group into pairs or groups of 3.
- 2 Devise a scenario, based on the theme that you have been working on. The scenario must include advising someone else on a topic. It could include challenging prejudice, providing factual information or talking about skills.
- 3 The young people can record their work either as a letter (like Aunt Agony), a statement, or a video response (like a podcast). These could be kept in a personal portfolio to evidence learning.

Possible scenarios:

- A group of parents/carers who run a help line have asked you to advise them on how they should talk to young people about sex. Write a letter for them.
- A friend asks you how you would know if you had an STI. What would you say?
- You are a peer mediator. You have been asked by a young woman why the boys are sexually bullying some of the girls. What would you say?
- You are a peer educator. You are planning a session on condom use. Prepare a handout with the steps for using condoms.
- A young person writes to aunt agony to say that they are being called a batty man at school/college because they are still a virgin. What should they do?

Storyboards/Comic Strips

Objective: Young people will provide feedback on their learning from a particular session.

Time: 20 – 30 min

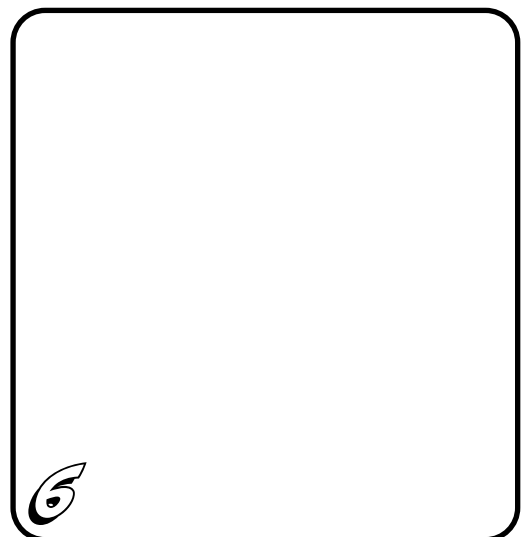
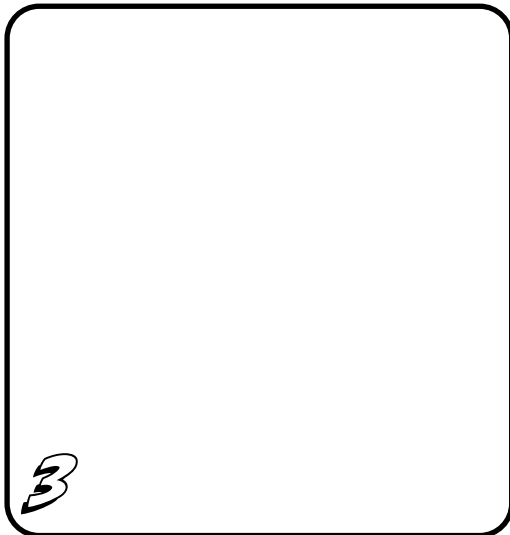
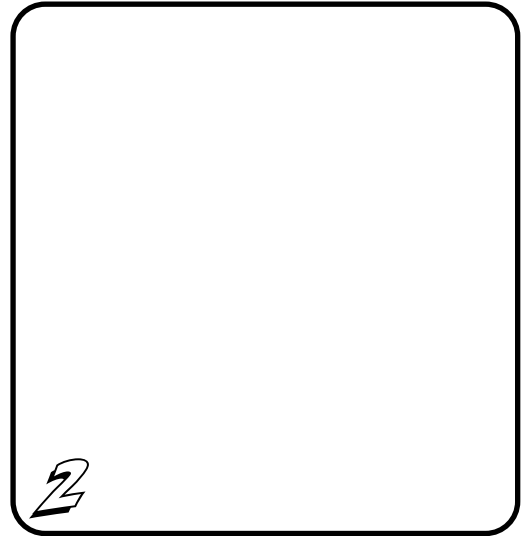
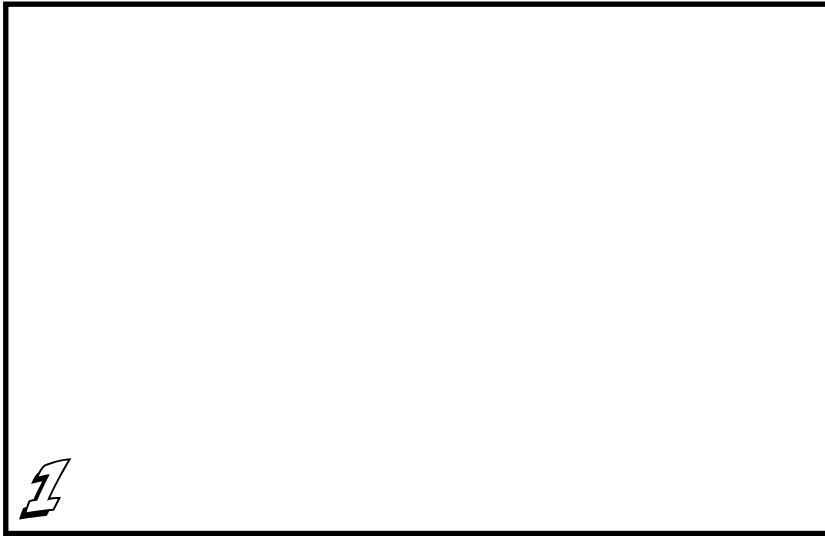
Instructions:

- 1 Show everyone the Sample Story board/ Comic Strip and run through it with them.
- 2 Give a copy of the blank storyboard to each member of the group.
- 3 Following a piece of work on a theme, ask the group (or individual) to identify an opening scene for the storyboard. Once this is agreed, explain that they should explain the story in the scenario box and fill in the other boxes on their story board in order to tell a story about the issue you have been learning about.
- 4 Clarify any misconceptions or myths that may arise.
- 5 This exercise provides excellent evidence of learning which can be put together as a public display and included in records of learning for awards such as ASDAN.

Blank Storyboard

Scenario	
Step 1	Step 2
Step 3	Step 4

COMIC STORY



Name _____ for _____

THE END

The Ad Game

Objective: Young people will provide feedback on their learning from a particular session.

Time: 45 min

Instructions:

- 1 Divide the young people into small groups and ask each group to develop an advertising jingle or commercial about a topic that is relevant to the work you have just completed.
- 2 Ask each small group to perform their jingle or commercial. Keeping a written or video record of the material will allow it to be referred to and built on for further evidence of learning or accreditation.

Sample themes:

- A commercial about the internal (female) condom
- Commercial for a new brand of great friendships or
- Commercial for the local young people's sexual health service
- A jingle about good communication
- A rap/song/poem/TikTok dance about choices and peer pressure
- A commercial for soap that eradicates prejudice and stigma
- A poem about feeling different
- A song about ending a relationship.

The Fortune Teller

Objective: Participants will consider their current starting point for their self-esteem as well as their future aspirations.

Time: 10 minutes

Instructions:

- 1 Ask students to imagine they go to see a Fortune Teller and ask what their life will be like when they are 20 years old.
- 2 Participants can either draw or write what they would want the Fortune Teller to say their future was for each one of the questions below:

What do I look like? Your clothes, body, and hair.

What am I doing in my life? Going to university, have a job, travelling to specific countries, volunteering.

What are some things I have achieved? You have your first job, received your Duke of Edinburgh Gold Award, started college or University.

What do other people think/say about me? Kind, strong, caring, funny, athletic, musical, loyal, hard working.

How much do I like myself? What number out of 10 would you give yourself.

Who wants to be a Sexual Health Expert?

Objective: Young people will review past learning to inform future learning.

Time: 30 min

Instructions:

- 1 Work as a large group.
- 2 Hand out copies of the quiz, explaining that it is multiple choice and that participants choose one answer.
- 3 After completing the quiz go through the answers as a large group.
- 4 Read out to participants.

Who wants to be a Sexual Health Expert? – Questions

- 1 What is the most important thing to check for on a condom packet?**
 - a) Pretty colours
 - b) Price
 - c) Expiry date
 - d) Flavour

- 2 What contraceptive method helps protect you against sexually transmitted infections?**
 - a) Intrauterine device (IUD)
 - b) Condoms
 - c) Pill
 - d) Diaphragms and caps

- 3 You can use the emergency hormonal contraceptive pill up to...**
 - a) 14 hours after sex
 - b) Two weeks after sex
 - c) 24 hours after sex
 - d) 72 hours after sex

- 4 A woman's visible sexual organs are called the...**
 - a) Volvo
 - b) Vulcan
 - c) Vulva
 - d) Viagra

- 5 Men should check their testicles...**
 - a) Once a year
 - b) Every six months
 - c) At least once a month
 - d) Every five seconds

- 6 Chlamydia is a...**
 - a) Sexually transmitted infection
 - b) Popular song
 - c) Member of the royal family
 - d) A night club

- 7 Masturbation makes you...**
 - a) Go blind
 - b) Feel good
 - c) Your palms hairy
 - d) Go mad

- 8 You can catch HIV from...**
 - a) Unprotected sex
 - b) Hugging
 - c) Toilet seats
 - d) Sharing a cup

- 9 You can end an unplanned pregnancy by having a...**
 - a) Panic attack
 - b) Cup of tea
 - c) Abortion
 - d) Holiday

10 The time when your body changes from a child to an adult is called...

- a) Puberty
- b) Growing pains
- c) Moody blues
- d) Hiccups

11 What lubricant can you use safely with latex condoms?

- a) Baby oil
- b) Water-based lube
- c) Ice-cream
- d) Vaseline

12 Where can you go if you think you may have a sexually transmitted infection?

- a) Genitourinary medicine (GUM) clinic
- b) The dentist
- c) The vet
- d) Supermarket

13 How soon can you do a pregnancy test?

- a) The next morning
- b) Three months later
- c) The day the next period is due
- d) Two days later

14 Boys and men can get erections (stiffy) because...

- a) They see someone attractive
- b) For no noticeable reason at all
- c) They are on a bus
- d) A, B and C are all correct

15 You can get genital herpes from...

- a) Mouth ulcers
- b) Cold sores
- c) Warts
- d) Athlete's foot

Who wants to be a sexual health expert? – Answers

1 What is the most important thing to check for on a condom packet?

C Expiry date

To ensure they are in date. Condoms that are past their use-by date may not be as effective.

2 What contraceptive method helps protect you against sexually transmitted infections?

B Condoms

Internal and external condoms help protect you against both pregnancy and sexually transmitted infections.

3 You can use the emergency hormonal contraceptive pill up to...

D 72 hours after sex

Although the quicker you take it after unprotected sex the more effective it will be.

4 A woman's visible sexual organs are called the...

C Vulva

5 Men should check their testicles...

C At least once a month

A thorough check once a month will help you detect any changes in your testicles that could be early signs of testicular cancer. Almost 100 per cent of testicular cancers can be cured if detected early enough. Stand in front of a mirror and look at your balls to check for swelling or change in size. Gently roll each ball between your thumb and forefinger. If you notice any new or unusual lumps or bumps, talk to your doctor.

6 Chlamydia is a...

A Sexually transmitted infection

Chlamydia is a very common sexually transmitted infection affecting women and men of all ages.

7 Masturbation makes you...

B Feel good

Despite what people may tell you masturbation is a normal sexual activity.

8 You can catch HIV from...

A Unprotected sex

Unprotected sex is sex without a condom. HIV can spread through vaginal, oral or anal sex or by sharing sex toys because infected body fluids (semen, vaginal fluid, blood) can pass from one person to another. Condoms, or using a dam for oral sex, can help prevent infections passing on in this way.

9 You can end an unplanned pregnancy by having a...

C Abortion

Abortion is legal in the UK regardless of your age. Around 90 per cent of abortions are carried out before thirteen weeks of pregnancy, and most of the rest by twenty weeks. Abortion after twenty-four weeks is not common but may be carried out in special circumstances such as to save the woman's life.

10 The time when your body changes from a child to an adult it is called...

A Puberty

In girls, puberty can start anywhere between the ages of eight and fourteen. In boys, it can start between ten and eighteen.

11 What lubricant can you use safely with latex condoms?

B Water-based lube

All the others have oil in them which will breakdown latex condoms and stop them working effectively. You can use any kind of lubricant with polyurethane (plastic) condoms.

12 Where can you go if you think you may have a sexually transmitted infection?

A GUM clinic

You can also go to your general practice or sexual health service, however they may refer you on to your local GUM service.

13 How soon can you do a pregnancy test?

C The day the next period is due

A pregnancy test looks for the pregnancy hormone (human chorionic gonadotrophin – HCG) in your urine. If you are pregnant this will only show up about two weeks after conception, usually when your period is due. If a test is done before this time the levels of chg. may be too low to show up on the test and you may get a negative result even though you are pregnant. If you don't know when your next period is due, the earliest time to do a test is three weeks (21 days) after unprotected sex.

14 Boys and men can get erections (boners) because...

D A, B and C are all correct

Boys and men can get erections for many different reasons. It is very common to get unwanted erections during puberty. This is just the body testing itself out.

15 You can get genital herpes from...

B Cold sores

Cold sores and genital herpes are caused by the herpes simplex virus. Genital herpes can be passed from one person to another during sexual contact. It can be passed on:

- during vaginal or anal sex
- by skin to skin contact during sex (you don't have to have vaginal or anal sex to pass it on)
- if you receive oral sex from someone who has a cold sore or is just about to get one
- by sharing sex toys
- if a person with herpes on the hand or finger touches the vagina, genitals or anal area.

Appendix



Sample Guidelines and Ground Rules

It is best to get the group to come up with their own rules to create a safe environment. If the entire group creates and agrees to the rules it will be easier to enforce the boundaries as the facilitator. It may also empower members of the group to call each other on inappropriate behaviour.

Below are some suggestions for guidelines to help get you group thinking and discussing issues in a safe space. Depending on whether the group is within a school or a community setting. There may be different expectations of confidentiality. Young people are less likely to share private information in a classroom setting, but may in a smaller community setting with trusted facilitators. Always discuss how confidential information will be handled and under which circumstances, breaking confidentiality may need to occur if there is harm to themselves or another person.

- 1 All points of view are worthy of being discussed.
- 2 If we don't agree with a point of view we challenge the idea, not the person.
- 3 There is no such thing as a dumb question.
- 4 No one has to share personal information if they are uncomfortable answering.
- 5 We will give undivided attention to the person who is speaking.
- 6 Information shared at programme is confidential.
- 7 The only way facilitators would breach confidentiality would be if they were required to by law (e.g. sexual or physical abuse, threats to harm of self or another).
- 8 If you have a problem with things happening in programme, you have the right to talk to a facilitator after programme.
- 9 We will be as open and honest as possible without disclosing others' (family, neighbours, or friends) personal or private issues. It is okay to discuss situations, but we won't use names or other identifiers. For example, we won't say, "My older brother. . ." Instead we will say, "I know someone who. . ."
- 10 We will speak our opinions using the first person and avoid using 'you'. For example, "I think that kindness is important." Not, "You are just mean."
- 11 We will remember that people in the group may differ in cultural background, sexual orientation, and/or gender identity or gender expression and will be careful about making insensitive or careless remarks.
- 12 We will have a sense of humour. It is okay to have a good time, as long as it doesn't make others feel bad. Creating a safe space is about coming together as a community, being mutually supportive, and enjoying each other's qualities.
- 13 We respect people by:
 - listening
 - not interrupting
 - sharing materials and ideas
 - not calling each other negative names
 - keeping information confidential
 - not putting others down.



What does confidentiality mean?

When you are looking for information, advice or support for yourself you will want to make sure that the person you go to, respects your privacy. An important part of protecting your privacy is making sure that members of staff do not tell anyone anything about you without asking you first.

What are your rights to confidentiality?

Young people have rights, which are laid out in the United Convention of the Rights of the Child.

- The right to information
- The right to good health and to services that help you stay healthy
- The right to go to and use services that are about sexual health
- The right to say what you think when someone is making a decision involving you.

However, if a member of staff thought you or someone else was at risk of serious harm this would allow confidentiality to be broken.

Will my parents/carers be told?

Parents/carers have a responsibility for your welfare. Staff will try to encourage you to speak to your parent/carer but the staff will not tell them, if you ask them not to.

What if someone talks about me?

If any member of staff, tells information about you without good reason to another person they will be in serious trouble. Nurses, Counsellors and Youth Engagement Workers know you have a right to confidentiality. If your privacy is not protected, you have a right to complain.

Sharing of information?

If you are a young person (including under 16) seeking advice or support, the member of staff may feel that you need extra support or protection. For example:

- if you are in a sexual relationship that is not safe
- if you are being asked to do things that you're unhappy about or that hurt you or someone else
- if you or someone else are being hurt by abuse, violence, alcohol or drugs.

If the member of staff is concerned about your safety they may need to share this info with another agency. They will talk to you about this first and try to get your permission. Whatever is decided, they will continue to support you throughout.

Frequently Asked Questions

1 If asked by a young person, can youth workers give details of local contraceptive and sexual health services?²⁷

Yes. Youth workers can and should give young people, including under 16s, information on sexual health and contraception and details of where and how to access local services.

2 If they believe a young person is likely to become sexually active, can they give them details of local contraceptive and sexual health services and encourage them to access advice?

Yes. The voluntary nature of the relationship between youth workers and young people often means that personal issues are discussed. Youth workers should offer the young person support in resisting any pressure to have early sex. However if they think the young person is likely to start a sexual relationship, they should actively encourage them to visit a local contraceptive advice service to help minimise any risk taking.

3 Can youth workers display publicity for local services in their centre?

Yes. When working with teenagers, it would be good practice to display publicity about local contraceptive and sexual health services, alongside other relevant community services.

4 Could youth workers take a group of young people to visit a local clinic to find out about local services?

Yes. A visit to a local service would be most effective as part of a wider relationship and sex education programme. There is no legislation that requires the Youth Service or other youth organisation to seek parents' permission or to inform them of any sex and relationship education work. However, it is good practice to make information available which young people can share with their parents.

5 Can youth workers give young people information about contraceptive methods?

Yes. Youth workers can provide young people, including under 16s, with information about contraceptive methods and the importance of using condoms to protect against sexually transmitted infections. They should always ensure that the information is accurate and up to date by checking with the local contraceptive service or national organisation such as Brook.

Advising a young person on the suitability of a particular contraceptive method would not normally be within the role of youth workers. Young people needing to make a contraceptive choice should be encouraged and supported to visit a local contraceptive service.

6 Can youth workers provide condoms to young people?

Yes. There is no law to prevent youth workers giving out condoms to individual young people, including under 16s. Single condoms may be given to under 16s as part of an information session. However, when providing condoms for contraceptive purposes, it is good practice for youth workers to follow the Fraser Guidelines. Youth workers providing condoms should work to a the SBC Relationships and Sexual Health Policy that has been agreed.

7 Could health professionals provide a contraceptive service within a youth work project?

Yes. Partnerships between youth work and sexual health services can be a successful way of taking sexual health advice to young people who are reluctant to visit more formal services. When working in partnership, it is essential that youth workers and health professionals are aware of and work to their agreed policies and protocols, particularly when seeing under 16s for contraceptive advice. Young people should be made aware of any difference in the service offered by youth workers and health professionals.

8 Can youth workers keep requests for contraceptive advice confidential?

Yes. The law enables youth workers to respect young people's right to confidentiality when discussing sex and relationship issues, including contraception. A disclosure of under age sex is not in itself a reason to break confidentiality.

9 Are there any exceptions to this?

Yes. If a youth worker suspects that a young person is being abused or exploited and is at serious risk of significant harm which disclosure to an appropriate person could prevent, they should work with the young person to encourage them to allow the information to be passed on. If they refuse, and the youth worker believes the involvement of other agencies is essential in the young person's best interests, they may consider disclosing the information without their consent. This should not be done without first telling the young person.

It is important to remember that it may be the trusting nature of the relationship with the youth worker which enables a young person to take the first step towards disclosing abuse or exploitation. A hasty breach of confidentiality, made before the young person is ready, may result in their denying the disclosure and losing the opportunity to resolve the problem.

²⁷ Adapted from *Guidance for Youth Workers on Providing Information and Referring Young People to Contraceptive and Sexual Health Services*, Department of Health. Teenage Pregnancy Unit, July 2001

Sex and the Law

<http://www.fpa.org.uk/factsheets/law-on-sex>

Age of consent for sex

England and Wales

The age of consent to any form of sexual activity is 16 for both men and women. The age of consent is the same regardless of the gender or sexual orientation of a person and whether the sexual activity is between people of the same or different gender.

It is an offence for anyone to have any sexual activity with a person under the age of 16. However, Home Office guidance is clear that there is no intention to prosecute teenagers under the age of 16 where both mutually agree and where they are of a similar age.

It is an offence for a person aged 18 or over to have any sexual activity with a person under the age of 18 if the older person holds a position of trust (for example a teacher or social worker) as such sexual activity is an abuse of the position of trust.

The Sexual Offences Act 2003 provides specific legal protection for children aged 12 and under who cannot legally give their consent to any form of sexual activity. There is a maximum sentence of life imprisonment for rape, assault by penetration, and causing or inciting a child to engage in sexual activity.

Contraception and under 16s

Health professionals in the UK may provide contraceptive advice and treatment to young people under 16 if, in their clinical judgement, they believe it is in the young person's best medical interests and the young person is able to give what is considered to be informed consent.

The various sexual offences laws in force in the UK do not affect the ability of professionals to provide confidential sexual health advice, information or treatment. Each specifically states that it is not an offence provide information, advice and/or treatment if it is in order to protect the young person's sexual health, physical safety or emotional wellbeing.

Rape

In each UK country, a man would commit rape if he intentionally penetrates with his penis the vagina, mouth or anus of another person, male or female, without that person's consent or if they are under 13, as young people aged 12 and under are not legally able to give consent to any sexual activity.

This particular sexual offence can only be committed by a man. A woman cannot be charged with the offence of rape as this is defined as penile penetration, but she could be charged with another offence such as causing a person to engage in sexual activity without consent, sexual coercion or assault, or assault by penetration. These offences may not all apply in each different UK country.

Sexual assault by penetration

This offence was introduced by the Sexual Offences Act 2003 (in England and Wales), The Sexual Offences (Northern Ireland) Order 2008, and the Sexual Offences (Scotland) Act 2009. It is an offence for someone, male or female, intentionally to penetrate the vagina or anus of another person with a part of their body or anything else, without their consent. The purpose also has to be sexual.

Practitioners who legitimately conduct intimate searches or medical examinations are excluded from this offence.

Sexual assault and indecent assault

In England and Wales it is an offence to touch someone else with sexual intent if the other person has not consented to such touching and if the person carrying out the offence does not reasonably believe that the other person consented.

The person must also have intended to indecently assault.

Exposure

England, Wales and Northern Ireland

It is an offence for someone to expose their genitals if they intend that someone else will see them and if they intend to cause that person (or persons) 'alarm or distress'.

It is not a crime to be naked in public but it is possible that a naked person could be arrested and charged with causing harassment, alarm or distress under the Public Order Act 1986 if they do not put some clothes on when a member of the public or a police officer asks them to do so.

Grooming

England and Wales

It is an offence to befriend a child on the internet or by other online means and meet or intend to meet the child with the intention of abusing them. A Risk of Sexual Harm Order can be imposed on adults in order to prevent them from engaging in inappropriate sexual behaviour such as having sexual conversations with children online. The police can apply for such orders if they

Pornography and images of child abuse

In England and Wales, there is no standard legal definition of the term 'pornography'. However, legal guidance from the Crown Prosecution Service <https://www.fpa.org.uk/product/law-on-sex-factsheet/#refs> says that an image is pornographic if it can be reasonably assumed that it was produced solely or principally for the purpose of sexual arousal. Pornography is legal as long as those who appear in it are aged 18 or over and as long as it does not contain anything defined as extreme pornographic imagery (see below).

A judge or jury determines whether an image is pornographic or not simply by looking at the image. The Criminal Justice and Immigration Act 2008 (England, Northern Ireland and Wales) made it an offence to possess an extreme pornographic image. An extreme image is defined in the Act as one which is 'grossly offensive, disgusting or otherwise of an obscene character' and if it portrays in an explicit and realistic way any of the following:

- (a) an act which threatens a person's life;
- (b) an act which results, or is likely to result, in serious injury to a person's anus, breasts or genitals;
- (c) any sexual activity or interference with a human corpse;
- (d) any sexual activity between a person and an animal.

Definitions of some common terms

Consent: The Sexual Offences Act 2003 for England and Wales says that a person consents to something if that person 'agrees by choice and has the freedom and capacity to make that choice'.

Northern Ireland defines consent as a person having the capacity to make a choice.

Scotland: 'free agreement'. An offence will have taken place if the victim did not consent, or the accused had no reasonable belief that they consented.

The laws of each UK country also allow for a range of circumstances which may affect a person's capacity to freely consent, such as when they are asleep or have been subject to threats or violence.

Sexual (England and Wales): penetration, touching or any other activity is sexual if a reasonable person would think that it is, by nature, sexual (for example, sexual intercourse or masturbation). An activity would also be sexual where the circumstances or purpose of the person carrying out the activity make it sexual. For example, someone who deliberately strokes the genital region of someone else, even if fully clothed, can have sexual intent which would make this activity a sexual act.

Harmful Sexual Behaviour (HSB)²⁸

Sexual behaviours expressed by children and young people under the age of 18 years old, that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person or adult.

Child Sexual Exploitation (CSE)

Child sexual exploitation²⁹ is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity:

- (a) in exchange for something the victim needs or wants, and/or
- (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual.

Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Youth Produced Sexual Imagery or "Sexting":

Creating or sharing explicit images of a child is illegal, even if the person doing it is a child. A young person is breaking the law if they:

- take an explicit photo or video of themselves or a friend
- share an explicit image or video of a child, even if it's shared between children of the same age
- possess, download or store an explicit image or video of a child, even if the child gave their permission for it to be create

As of January 2016 in England and Wales, if a young person is found creating or sharing images then the police can choose to record that it is not in the public interest to take formal action. Crimes recorded this way are unlikely to appear on future records or checks, unless the young person has been involved in other similar activities which may indicate that they're a risk. There are other risks beyond the legal consequences, including losing control of the image and it being used for bullying, intimidation or blackmail.

Outcome 21: All incidents of youth produced sexual imagery should be recorded as a crime.

However, in January 2016 the Home Office launched outcome 21. This allows police in England and Wales to record that a crime has happened but that it was not considered to be in the public interest to take formal criminal justice action. Crimes recorded under this code are unlikely to be disclosed on a vetting check in the future although this cannot be guaranteed. Decisions about using Outcome 21 should be taken by a senior and/or experienced officer. The College of Policing guidance suggests that Outcome 21 may be a good solution in cases where:

- a young person's sexting/sharing of nudes was not abusive or persistent
- there is no evidence of exploitation, grooming, profit motive or malicious intent (College of Policing, 2016).

²⁸ Hackett: Children and Young People with Harmful Sexual Behaviours, 2014

²⁹ Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation, Department for Education, Feb. 2017

Fraser Guidelines

A health or other professional can advise or treat someone under 16 without parents' knowledge or consent if: (all 5 must apply)

- the young person will understand the advice
- s/he can't be persuaded to inform parents
- s/he is likely to have sex anyway
- his/her physical or mental health would suffer without the advice or treatment
- his/her best interests require it.

Let's Talk Porn: Tips for Teachers³⁰

Planning how to discuss porn, and topics related to porn, in an appropriate way can be daunting. Here are some ideas to get you started.

- 1** Give the full picture. Teaching about topics related to porn should be done in the context of a well-planned programme of relationships and sex education (RSE) within the school. However, it may sometimes be appropriate to provide some additional support for students who might be struggling with some of the issues.
- 2** Be aware of what's going on in your students' lives. Whether your students are looking for it or not, they will very possibly see some kind of porn. This could be through adverts or games, or they may be shown sexually explicit images or videos by classmates. They might be perfectly fine with this. But they might also have questions, or find they feel anxious or upset about what they've seen.
- 3** Set boundaries. Set clear boundaries at the start of your RSE work, perhaps by a group working agreement or a set of class ground-rules. This will help build a feeling of safety and confidence in working on this topic and will help the lesson stay on track.
- 4** Don't be afraid. Once students realise that you are delivering information in a sensible, non-shocking way they will engage in the topic. Expect some laughter and silliness – this usually comes from embarrassment and fear and will calm down over the lesson.
- 5** Be open minded. Being prepared to discuss pornography in a non-judgemental way is really important. One of the biggest barriers to effective communication with young people about difficult topics can be the adult's feelings about the topic. Reflect in advance about your personal feelings and your approach. It can also be helpful to chat with colleagues about how they feel, and how they approach the topic.
- 6** Talk about it – don't watch it. Never use pornography in lessons – you do not need to show it to reinforce your message. For some young people, perhaps those with learning disabilities, you may need to use explicit images to help them understand certain concepts – this is very different to using pornographic images.
- 7** Don't get personal. As an adult, it's your choice whether you wish to access legal pornography in private. You can reasonably expect your private sex life to remain private. Make an agreement with your students that none of you will talk about your own or others' personal lives, and will only use general examples.
- 8** Beat the awkwardness. Practice explaining what words related to porn mean in a neutral way. Being able to use this technique comes with practice, so work out how to say things when on your own, or in supervision sessions or staff meetings.
- 9** Let them learn individually. Give sources of good information, so students can look up information after the lesson if they want to.
- 10** Get the training you need. Attend some really good training, such as *Sex Education Forum's one-day courses, Teaching Positive Sexual Health, Body Image and Mental Wellbeing and Delivering High Quality Relationships and Sex Education*.

³⁰ <https://www.fpa.org.uk/sexual-health-week/sexual-health-week-2017>

Laws About Online Behaviour³¹

Is cyberbullying or trolling against the law?

Although bullying, cyberbullying or trolling are not specific criminal offences in UK law, there are criminal laws that can apply in terms of harassment or threatening behaviour. For example should you receive threatening, obscene or repeated messages and fear for your safety, this is against the law and you should contact the police. Context is taken into consideration and the police will determine the response on a case by case basis.

Some of the laws below are relevant:

Communications Act 2003: This Act covers all forms and types of public communication. With regards to comments online, it covers the sending of grossly offensive, obscene, menacing or indecent communications and any communication that causes needless anxiety or contains false accusation.

Protection from Harassment Act 1997: This Act covers any form of harassment that has occurred 'repeatedly'; in this instance, 'repeatedly' means on one or more occasions.

The Malicious Communications Act 1988: This Act covers the sending of grossly offensive or threatening letters, electronic communications or any other form of message with the intention of causing harm, distress or anxiety.

Equality Act 2010: This Act states that it is against the law to discriminate against anyone on the ground of protected characteristics. These include disability, gender reassignment (when a person undergoes a process, or part of a process – social or medical – for the purpose of reassigning their sex), race (including colour, nationality, ethnic or national origin), religion or belief, sex and sexual orientation.

Hate crimes and hate speech If you commit a crime against someone because of their religion, race, sexual orientation or disability, this is classified as a hate crime. Hate speech is defined as expressions of hatred and threats directed at a person or a group of people on account of that person's colour, race, nationality, ethnic or national origin, religion or sexual orientation. Hate crimes should be reported to True Vision – www.report-it.org.uk

The Computer Misuse Act 1990 says you can't impersonate or steal someone else's identity online. This means that writing a status on social media pretending to be your friend is technically against the law.

The Protection of Children Act 1978 and the Criminal Justice Act 1988 says that indecent images (naked pictures) of children under the age of 18 are illegal.

Section 33 of the Criminal Justice and Courts Act 2015 refers to the new offence dealing with Revenge Pornography. This is a law relating to images of adults (ie over 18s), making it illegal to share or make public sexually explicit images of someone else, without their consent, with the intent to cause distress.

³¹ Laws Online <https://www.childnet.com/resources/pshetoolkit/teachers-guidance>

Top Tips on Planning your RSE Session Before Going into a School

As an external RSE educator, which could include school nurses, youth workers, peer educators, young parents, local authority advisors, consultants, members of a community group, or theatre-in-education companies, you are an invaluable resource for schools to utilise the expertise in the community to supplement high quality RSE delivered by school staff.

1 Background Information

As a visitor to the school you need to know some basics before you start planning your RSE session. It is important to know:

- What are the school's reasons for asking you to speak to the students and what are their expectations?
- Do they need to see your Disclosure and Barring Service checks (previously CRB checks)?
- What learning objectives are they hoping to meet through your contribution?
- How much time is available to cover the topic?
- Is it possible to cover the subject matter well in the time permitted or are they trying to cover a myriad of issues in a one hour lesson?
- What are the schools relevant policies (e.g. confidentiality, RSE, safeguarding)?
- What procedure would be followed if there are disclosures or child protection concerns?
- What have students learned about the subject prior to your arrival?
- If you are representing a particular perspective (e.g. pro-choice, pro-life, religious), are the school clear about that approach and how it will influence the information that you share?
- Will a teacher be present during the session to manage behaviour or is that your responsibility?
- What resources are available (e.g. Whiteboard, projectors, speakers, internet connection, size of the room)?
- Are there any dynamics or issues that have happened in the group that may impact the lesson (e.g. homophobic bullying, slut-shaming, on-line gossiping)?

2 Structure

Now that you have the back ground information, it may be helpful to use a session planning template to ensure you know how long each activity is schedules to take, the resources needed for the activities and that the activities flow and connect to the objective of the lesson.

3 Know your Message

It is imperative that you have a succinct, clear message that you want the students to carry with them at the end of the session. Know what it is. It is important to know not only what your message is, but also why it is important for them to learn about it. If it is not relevant to the pupils and their lives, it has less chance of engaging them.

4 Diverse and Effective Activities

Using the details provided by the school and the group, consider the best methodology to convey the message to a collection of people with varied learning styles <https://www.businessballs.com/self-awareness/kolbs-learning-styles> Mix up the methods based on whether the student may learn by watching, thinking, feeling or doing. Some will appreciate small group work or role-plays while other will want written material that they can reflect on after the lesson. You'll want students to make connections between the new material and their prior knowledge or personal experiences. Brainstorming may have to occur before you will find those details that will best illustrate a concept or idea for a particular group of students.

The order of activities should be ordered base on a logistical order. It would be useless to discuss conception or contraception if the students didn't have adequate understanding of basic reproductive/sexual anatomy and physiology. Similarly, a historical perspective may be relevant if discussing laws on same sex marriage, abortion, gender based rights or consent.

Top Tips on How to Deliver Your Session in the Classroom

1 Create Safe Space and Set Ground Rules

Establishing ground rules helps provide boundaries that are important in any relationship so that people can get along and have fun without upsetting others. It is also a good way to get a glimpse into what their cultural expectations are and how they deal with conflict. Be clear about the bounds of confidentiality and under which circumstances you might have to breach confidentiality to maintain safeguarding.

2 Consider your Impact as an Educator

Demonstrate confidence and comfort when discussing topics related to sexuality. If you are nervous and embarrassed by the material being discussed, students will either feel just as uncomfortable as you and not participate, or may see it as an opportunity to have fun winding up the teacher.

When illustrating points or using anecdotes, do not share personal information, your history, attitudes or values/beliefs as you are there not to give advice. You are there to provide information and facilitate opportunities to explore, understand and challenge their own assumptions. When considering topics that may be influenced by values, beliefs or culture, it is important to ensure that learners are exposed to a broad range of perspectives, in a fair and respectful way.

3 Assess Prior Learning

A quick probe helps you assess the learners' comprehension of the subject. It may be as simple as asking, "What do you think Sexual Exploitation is?" and seeing if you need to clarify basic definitions, misinformation or prejudices.

4 Check your Language

Use medically accurate terminology related to the anatomy and physiology of sexual organs, sexual behaviours, pregnancy, STIs and HIV. You can bridge any unfamiliar terms by pairing together slang terms with medically accurate terms. (E.g. Breasts, or "boobs", grow during pregnancy as a woman develops the ability to breastfeed.)

5 Assess and Evaluate

Always check in with the pupils at the end of the session to assess what learning has occurred and what needs further exploration. This could be an oral feedback session of most memorable moment of the lesson, or a one minute essay which asks learners to identify what was the most important thing they you learned during this class and what important question remains unanswered for you them. So that you can continue to grow as an educator and develop your practice, always provide anonymous evaluation forms to pupils which inform you what worked for them during the lessons. It can be the best information to help you alter activities, throw out resources or more readily use interactive media.

Before you leave the school, speak with the staff that observed the lesson to see if they have any feedback and offer to share the students' reflections on the lesson with them.

Top Tips on Teaching About Safer Sex

Safer sex is more than just using condoms. Safer sex is anything one does to lower their risks of getting a sexually transmitted infection. It's about having more pleasure with less risk.

Negotiation

It's easier to talk about safer sex before sex happens than in the middle of things. Ask learners to practice the conversation with each other and anticipate their partner's response, while role-playing what they would say in each situation. This kind of practice prepares them to talk, and will increase their confidence and knowledge of how to communicate clearly what they need and how they can sort it out as a couple.

What options are on the menu?

By understanding the risks that come with various sexual behaviour, students can choose lower-risk sex play or choose to delay sexual activity. Some of these activities could include:

- Not having sex
- Kissing and Snogging
- Massage
- Masturbation
- Mutual Masturbation
- Outercourse
- Oral Sex with a flavoured condom or dam
- Sex with a condom.

How do I make sex safer?

Safer sex also means protecting your partner(s) by:

- not allowing your body fluids to get into your partner's body
- not having sex if you have sores or other symptoms
- being checked for sexually transmitted infections whenever you change partners or if you have a condom break
- being checked for sexually transmitted infections whenever you have unprotected sex or share needles
- getting treatment if you become infected.

The safest sex, is not to engage in any sexual activity.

You can reduce the risk of infections by:

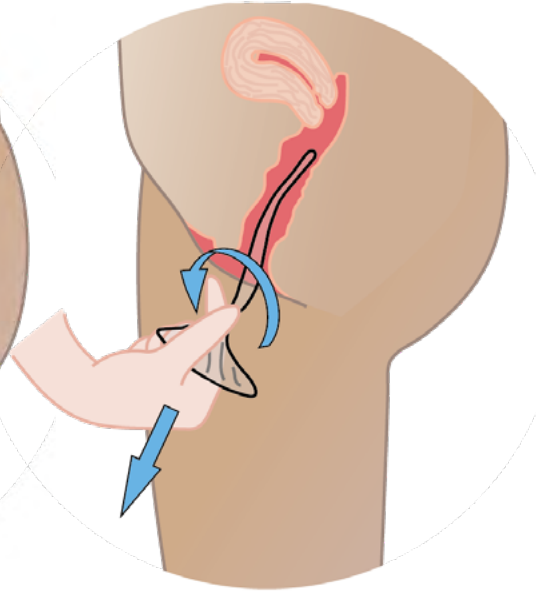
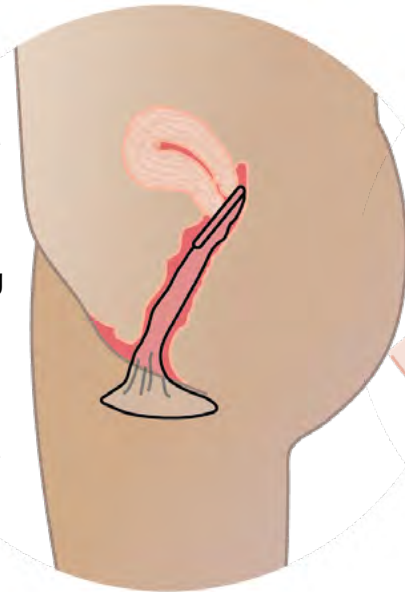
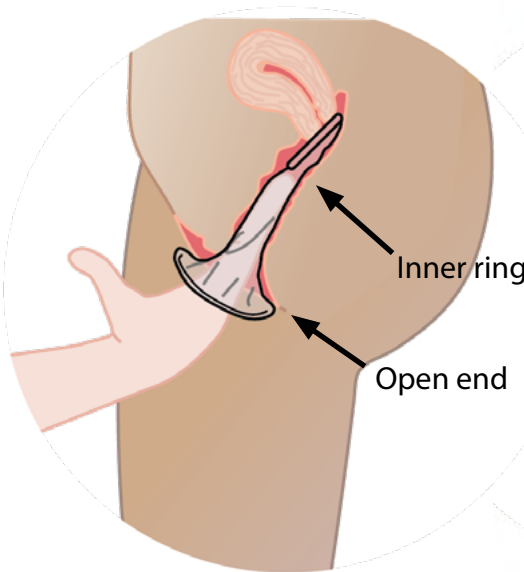
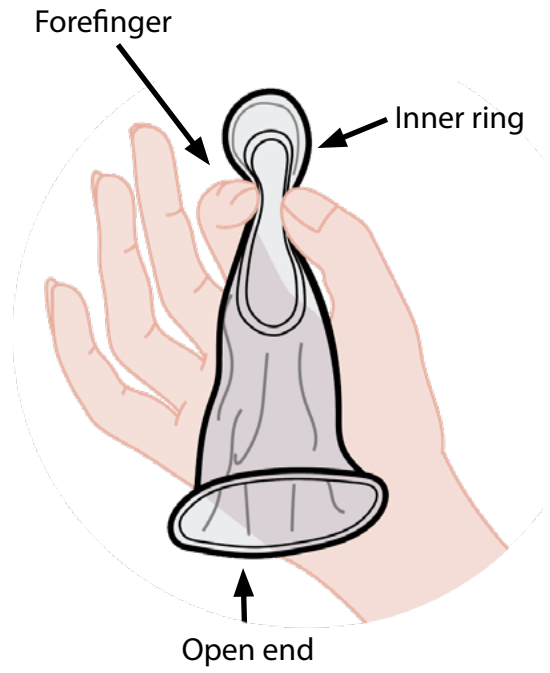
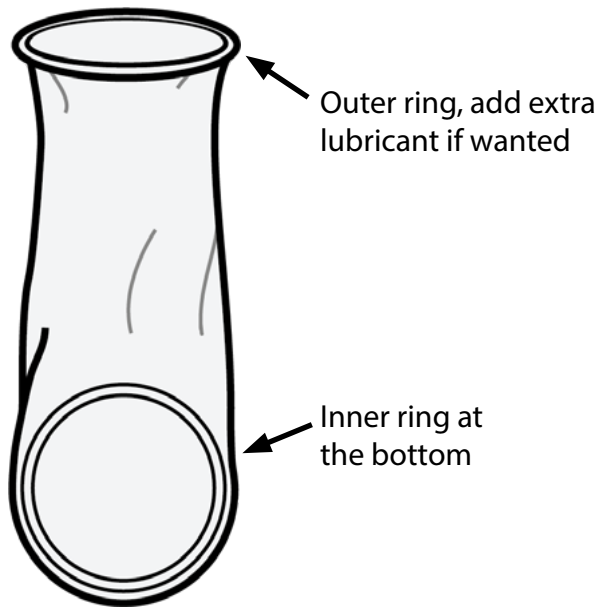
- using external or internal condoms for all types of sex, including flavoured dams or condoms for oral sex
- being tested for STIs before having sex with someone new, and asking that they also get tested
- reducing the number of partners you have sex with
- getting vaccinated against certain infections like Hepatitis or HPV
- avoid brushing teeth or flossing before having oral sex
- not having sex.

Steps for the demonstration of the Internal Condom

External and Internal condoms should never be used together as it increases the risk of breakage due to the two condoms rubbing against one another.

- 1** Check the expiration date. All condoms have an expiry date just like milk has an expiry date. If used after the date, the polyurethane may have deteriorated and may not be as effective at reducing the risk of pregnancy or STI transmission. If people are allergic to latex, the internal condom can be a great option as it is not made of latex, but polyurethane.
- 2** Push the condom in the package to one side so that you don't rip it. Do not open it with your teeth and if you have long fingernails, be careful not to tear it. Open the package and take it out.
- 3** You can put the condom in any time before sex, but always before the penis touches the vagina, vulva, or anus. You can put the condom in when you are squatting or with one leg on a chair. Find the position that suits you best.
- 4** Hold the closed end of the condom and squeeze the inner ring between your thumb and middle finger. Keeping your index finger on the inner ring helps you to insert the condom into the vagina.
- 5** With your other hand, separate the lips around the opening of the vagina. Put the squeezed ring into the vagina and push it up as far as possible.
- 6** Now put your index or middle finger, or both, inside the open end of the condom, until the inner ring is felt. Push the inner ring as far back into the vagina as it will go. It will then be lying just above the pubic bone.
- 7** Make sure that the outer ring lies close against the area outside your vulva covering the lips. Not only will the internal condom give protection against skin to skin contact during sex, but also the ring may rub against the clitoris which can add to sexual pleasure.
- 8** It is important that the penis is placed into the condom to make sure that it doesn't enter the vagina outside the condom or it will not be able to reduce the risk of pregnancy or STI transmission.
- 9** To remove the condom, simply twist the outer ring to keep the semen inside. Then pull the condom out gently.
- 10** Wrap the condom in tissue or the wrapper it came in and put it in a bin. Do not put it down the toilet.

Remember to discuss with young people where they can access condoms for free in your school/ community and where they can safely store them. It is also a great opportunity to talk about what steps could be taken to get emergency contraception and STI testing if a condom breaks.



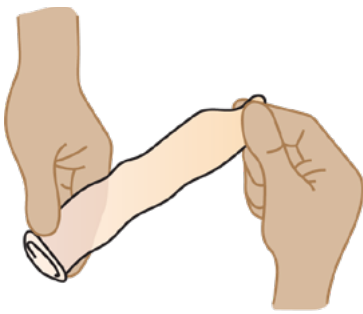
Demonstrating Dams for Oral Sex



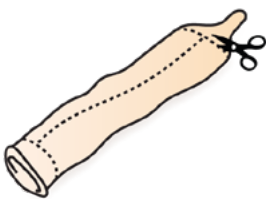
Dams are small pieces of flavoured latex that prevent the spread of STIs during oral sex (licking of the vulva or anus). If a person goes mouth-anal to mouth-vulva without changing the dam, they may be putting themselves or their partner at risk for infections.

Dams are available at most sexual health clinics and some pharmacies. If you cannot find any, below are instructions on how to make them from non-lubricated flavoured male condoms.

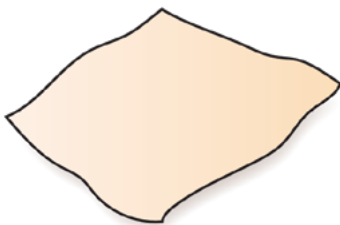
Try to use non-lubricated flavoured condoms.



Carefully take the condom out of its package and unroll it.



Cut off the tip and base of the condom and cut down the length of the tube.



Unroll the condom into a rectangular sheet.

And that's it! you now have a highly effective dental dam.

Steps for the demonstration of Dams

- 1 Check the dam for any holes or tears, because they'll get bigger when you stretch it.
- 2 Lubricant can be added to the dam if either partner would like it. Flavoured lubricant is available at some pharmacies and sexual health clinics.
- 3 Stretch and hold the dam over the entire vulva or anus.
- 4 You are then able to have oral sex.

Delivering RSE in Informal Settings

Sexuality and relationships are a sensitive and personal part of our lives, especially during adolescence. Working on these issues effectively with young people therefore requires a high level of skill and an understanding of the core values and practice of good youth work, including good planning and evaluation, young people's participation, sensitivity to individual needs and the use of ground rules and icebreakers.

Key elements to any RSE programme include:

1 A supportive environment

Where young people feel comfortable expressing their attitudes and feelings about personal matters and where individual experiences and differences are treated sensitively. An RSE policy can clearly spell out a values framework so that young people know the underlying ethos of the project.

2 Service and activities that are inclusive and reflect diversity

RSE provided in non-formal settings should be inclusive of all young people and address the needs of marginalized and vulnerable groups, such as those from black and minority ethnic groups, some faith groups, LGBT+ young people, young people in care and disabled young people. Clear policies need to be in place that support an inclusive environment and that challenge racism, sexism, homophobia, transphobia, biphobia and other prejudices.

Good Practice

Good practice is embodied in youth work which:

- Provides information that the young people can share with their parents/ carers.
- Enables young people to resist any pressure to have early sex.
- Works with local health professionals such as School Nurses or Family Nurse Partnership (FNP) etc.
- Always links sexual health work with relationships.
- Enables staff to be up-to-date and confident to address the issues.
- Involves young people in the planning of the programme.
- Enables young people with disabilities to participate in programmes.
- Protects from teaching and materials which are inappropriate having regard to the age and the religious and cultural background of the young people concerned.

3 Use of a wide range of approaches and youth work techniques

Issues raised on social media, television or the news can often trigger opportunistic discussion on sex, sexuality, and relationships. National campaigns such as **World AIDS Day** (1 December), **Relationships and Sex Education Day** (last week in June) and **Sexual Health Week** (2nd week of September) can also be useful for starting debates about sexual health. Discussion often leads onto planned RSE sessions where young people carry out specific activities.

Art – includes poster-making, painting and collage, and using images. Useful for looking at areas such as sexual stereotyping and body image, or for displaying information. Effective for those with low literacy skills. Helpful in building self-esteem as the art can then be displayed.

Music – writing a song, TIKTOK dance, poem, rap lyrics or advertising jingle encourages cooperation and uses a range of skills, such as researching information, discussing attitudes and reaching a consensus. Again there is a tangible result out of the process.

Drama – includes role-play, use of puppets and masks. Drama is a useful distancing technique to explore specific situations without revealing too much personal information. Another technique, 'freeze frame', is helpful to promote discussion. This is where the action is 'frozen' and the participants discuss what has happened or will happen. Useful for discussing ideas and building self-confidence.

Quizzes and questionnaires – useful for focusing on young people's knowledge or opinions about specific issues. They can also provide an assessment of future learning needs as well as triggering discussion.

Apps and Online resources – working with young people to utilise their IT skills to build apps, websites or a social media presence that explores the issues raised in RSE or provides information and links to local and national resources.

Situation cards/scenarios – a specific situation is presented, providing a useful lead into discussions about values, attitudes, and feelings.

Flipcharts/ Whiteboards/Jamboard – provide a way of recording the thinking during an activity. All comments should be written down otherwise young people may feel they can only make 'acceptable' comments. If this happens some of their views will not be expressed and recorded and can therefore not be addressed.

Visits and trips – including to sexual health services and clinics.

Using outside speakers to talk or lead activities – some areas use young people as peer health educators to promote RSE. It is important for youth workers and young people to prepare for, and properly brief, all visitors so that they understand the values framework within which the service operates.

Excerpts from the Swindon Borough Council Relationships and Sexual Health Policy (2008)

Aim of this Policy

The aims of this policy are to support and empower young people to have the confidence to make safe and informed choices about relationships and about whether and when to become sexually active. This will reduce the health inequalities that result from unsafe sexual relationships and unprotected sex and, in doing so, will enhance life chances and long term health.

Sexuality and Bullying

There is useful guidance to support young people with issues around sexuality and/or bullying.

There should certainly be reference made to sexuality and bullying within RSE lessons. Even the best SRE lesson will have little impact long term if Participants leave the lesson into an atmosphere of bullying and homophobia. Research indicates that some health issues are fueled by homophobia including eating disorders, substance misuse, self-harm and alcohol abuse. There should be a clear message that homophobia will not be tolerated in schools and colleges and the issue of homosexuality should be incorporated into SRE at school to ensure lessons are fully inclusive.

Choices for Young People

Young people should be encouraged to maintain good sexual health. This means having sufficient self-worth and sufficient information to be able to make informed choices about the extent and level of sexual activity, avoiding unplanned pregnancy, infection and physical and emotional damage. In this context, self-esteem and assertiveness skills are as important as technical knowledge. **The diversity of sexual expression must be recognised, and cultural and religious influences respected. The different needs of young men and young women should be addressed, whilst avoiding gender stereotyping.**

Whilst not encouraging sexual activity, **those caring for the young person may need to act to minimise risk of pregnancy or infection, including facilitating contact with Contraceptive and Sexual Health Services.** Best practice should include parental involvement, but it must be recognised that qualified health professionals can take decisions regarding contraception without informing parents.

Aspects of sexual activity (particularly pre-marital sex, abortion and gay and lesbian relationships) can be strongly associated with an individual's personal belief system. **Apart from the constraints of the law, the Local Authority has to be morally neutral on these issues.** It is for the Local Authority to provide information, help an individual (or family) to make a decision and to support them through that process. This process should be an open one and will be influenced by the particular beliefs of an individual. Parents and those caring for young people will need adequate support to maintain this stance and to overcome any awkwardness or discomfort they might have whilst working on this highly personal subject.

Legal Issues, the Duty of Confidentiality and the Fraser Guidelines

For young people under 16 and for those with severe learning disabilities, there are legal restraints on sexual activity. The Local Authority will not condone illegal relationships and will be alert to non-consensual or abusive relationships. However, it is also mindful of its duty to consider the overall welfare of the young person and work to minimise risks and consequences.

Confidentiality

Young people think that confidentiality should mean that staff cannot repeat anything they say to anyone and that when situations arise and information has to be passed on it will only be done with their permission. They are not convinced that this is the situation in reality. They fear not only deliberate breaches of confidentiality but informal, inadvertent breaches and the interception of confidential post by their parents.

The revised version of *Working Together to Safeguard Children from Harm* (DfES 2006) provides guidance on working with sexually active young people. It states that in making decisions about whether to share information about a young person with children's social care and the child's best interests must be the overriding consideration. Decisions should always be based on an assessment of that individual's situation and professionals have discretion to make decisions on a case by case basis taking account of a range of factors. This applies to all young people, including those under the age of 13. **The guidance does state that cases involving under-13s should always be discussed with a nominated child protection lead in the practitioner's organisation and child protection procedures will then be followed.** However, it clearly indicates that professionals have the discretion not to refer a young person to other agencies where this would not be in their best interest. The reasons for this decision need to be fully documented.

The Fraser Guidelines – Sex and the Law

Adults, defined as people over the age of 18, are usually regarded as competent to decide their own treatment. The Family Law Reform Act 1969 also gives the right to consent to treatment to anyone aged 16 to 18.

Young people under the age of 16 can consent to medical treatment if they have sufficient maturity and judgement to enable them fully to understand what is proposed. This was clarified in England and Wales by the House of Lords in the case of *Gillick vs. West Norfolk and Wisbech AHA and DHSS* in 1985.

Although it is an offence for a man to have sex with a girl under 16 (17 in Northern Ireland), it is lawful for doctors to provide contraceptive advice and treatment without parental consent providing certain criteria are met. These criteria, known as the Fraser Guidelines, were laid down by Lord Fraser in the House of Lords case and require the professional to be satisfied that:

- the young person will understand the advice
- the young person cannot be persuaded to tell their parents or allow the doctor to tell them that they are seeking contraceptive advice
- the young person is likely to begin or continue having unprotected sex with or without contraceptive treatment
- the young person's physical or mental health is likely to suffer unless he or she receives contraceptive advice or treatment.

Although these criteria specifically refer to contraception, the principles are deemed to apply to other treatments, including abortion. The above guidelines apply to health professionals only. However the Sexual Offences Act 2003 made provisions for non-health professionals. A person does not commit an offence if he/she acts for the purpose of:

- protecting the young person from a sexually transmitted infection; or
- protecting the physical safety of the young person; or
- preventing the young person from becoming pregnant; or
- promoting the young person's emotional well-being by giving the advice; as long as they do not act for the purpose of causing or encouraging under-age sexual activity.

This covers not only health professionals but anyone who acts to protect a child e.g. teachers and youth workers.

Young people under the age of 16 have as great a right to confidentiality as any other patient. If someone under 16 is not judged mature enough to consent to treatment, the consultation itself can still remain confidential.

The Role of Staff in Swindon Borough Council

Staff in the Borough Council and the Primary Care Trust, including youth workers and staff in schools including school nurses, will work with children and young people to ensure a good age-appropriate awareness of issues and that effective support is available. The council will work with schools and youth centres to develop the skills of staff to support young people. Nurses and youth workers will support the advisory teacher for SRE and teachers in developing the sex and relationships education as part of the PSHE curriculum in schools and will support other groups in the community to deliver better sex and relationships education, ensuring that links are established between the local community and drop in services. Staff in the PCT and the Youth Service will work together to establish a free condom distribution scheme to be made available to all young people.

The provision of confidential, easily accessible support centres is key in helping young people delay their first sexual experience and then to make safe, informed choices about their relationships and sexual activity when they are ready to do so. The council will work with secondary schools to establish health clinics in schools across the Borough. Confidentiality is vitally important and is the cornerstone of a successful young people's health service.

This policy is designed to improve the offer of services to young people which will include health advice and the provision of contraception and sexual health services such as condoms, pregnancy testing and testing for sexually transmitted infections, emergency hormonal contraception and other methods of contraception.

The provision of accessible and confidential young people's advisory centres in conjunction with effective sex and relationships education has been shown by international research to delay first intercourse and increase contraceptive use when young people do become sexually active. The council will continue to advocate for the confidentiality of young people's services and to ensure that young people understand that they are entitled to a confidential consultation.

Youth Workers

Youth Workers can give young people, including those under 16, information about contraception and sexual health and details of where to find local services. **There is no law that prevents appropriately trained youth workers giving condoms to young people. When given for contraception, rather than as part of an education/information session, this must be through the condom distribution scheme.** Sufficient youth workers will be trained so as to make this practical. Youth workers who are trained to register young people on the condom scheme will follow the Fraser guidelines.

The law also enables youth workers to respect the confidentiality of young people, including those under 16, unless there are exceptional circumstances that cause a worker to suspect that someone is at risk of serious harm. Youth workers in schools should follow the policies of the school in which they are working.

Teenage Pregnancy

Young people should be able to make informed choices about their sexual health, including whether to continue or terminate a pregnancy. If teenage pregnancy rates are to be reduced there must be an open and accepting attitude towards young people's sexual health, appropriate sex and relationships education, widely available information, easy access to confidential contraceptive services and support to parents to talk openly with their children about sex and relationships. International research has found these factors to be present in countries with low rates of teenage pregnancy.

The Local Authority is committed to ensuring that all young people have equal access to information and support. Respect for diversity is a core value. People with special needs have the right to appropriate and relevant sex and relationships education. The sexual health needs of young people with special needs should be acknowledged and services should ensure that they are able to meet them. There is a reluctance to acknowledge the sexuality of young people with special needs and their sexual health needs are often ignored as a result. Research has shown that young people with special needs are less likely to receive sex education at school or home. They also face a higher than average likelihood of experience of sexual abuse and exploitation. Young people with learning disabilities have the same right to consent to or, withhold consent to, treatment as others based on their ability to understand.

The Local Authority will continue to work with young people to develop the action plan based on the Young People's Sexual Health Charter. The three key aspects of the charter have been explored in detail in the formulation of this policy and work to deliver the action plan, attached as part of this policy, will begin when the final policy is agreed.

Swindon Young People's Sexual Health Charter (2008)

We deserve to have the skills, knowledge and confidence to know when we are truly ready to make mature choices that allow us to enjoy the sex we choose to have and the consequences.

These are the key things that will help us to do that:

1 From our parents and carers we need:

- To be shown what a respectful, loving relationship can look like;
- A sense of humour that doesn't let embarrassment get in the way;
- To hear and share their experiences of real life;
- Some confidence in their own knowledge about sexual health and a willingness to find out what they don't know;
- To be respected and trusted in our ability to make informed choices about our lives;
- Our questions about sex and relationships to be answered honestly when we ask them.

2 From our sex and relationships education we need:

- More than just biology; the feelings and emotions we experience and how to talk to each other about it are important too;
- Quality teaching by people who want to do it, and are confident, knowledgeable and well trained;
- Help to access safe, sound, confidential advice services if we need them from people who teach us;
- The people who teach us to create a fun, interesting and supportive environment for us to learn;
- Up to date learning materials that reflect our world as it is today;
- Everyone to feel safe so we are free from prejudice and bullying;
- Information that is relevant to us and available to take away.

3 From our local Sexual Health Services we need:

- All staff to be friendly and well trained in working with young people;
- Easy access to free, confidential advice and support, with a full range of contraception and condom choices;
- Good, consistent marketing and promotion to us so we understand the importance of them to our health and well-being;
- Clinics dedicated to us with facilities and waiting areas that are comfortable, safe and young person friendly;
- Suitable opening times including weekends and early evenings;
- More centres close to where we live;
- Access to some of their facilities in our secondary schools.

Factsheets on Anatomy and Physiology



The Owner's Manual

Male Anatomy http://www.cfsh.ca/Your_Sexual_Health/Anatomy/Male_Reproductive_Anatomy.aspx

Penis	<ul style="list-style-type: none"> • Is the tubular organ on the outside of a boy's body that houses the urethra • The penis is comprised of soft spongy tissue. The penis fills up with blood and stiffens during sexual arousal, resulting in an erection. During this state anal or vaginal sex can occur. If stimulated enough, a man can have an orgasm and ejaculate semen out of the penis.
Shaft	<ul style="list-style-type: none"> • The long part of the penis.
Root	<ul style="list-style-type: none"> • The part that attaches the penis to the body.
Glans	<ul style="list-style-type: none"> • The tip of the penis.
Corona	<ul style="list-style-type: none"> • The raised ridge of the glans (most sensitive part of the penis; similar to clitoris in females).
Frenulum	<ul style="list-style-type: none"> • the piece of skin on the underside of the penis that attaches the shaft and the glands.
Foreskin	<ul style="list-style-type: none"> • The tissue that covers the glans of the penis that can be pulled back to expose the glans. If a male has been circumcised, the foreskin has been removed from the glans. • Foreskin is a piece of skin that covers the end of a penis. It protects the tip of the penis, which is the most sensitive part of the male anatomy. Sometimes the foreskin on a male is removed, called circumcision. Circumcision is often performed when a male is still a baby. If you are not circumcised it is important to make sure that you pull the foreskin back and clean underneath it when you bathe or shower.
Testes	<ul style="list-style-type: none"> • The reproductive glands (gonads); often referred to as testicles. The testicles are oval in shape and produce the male sex hormone testosterone. One testicle is often larger and hangs lower than the other. The testicles produce sperm.
Scrotum	<ul style="list-style-type: none"> • Loose pouch of skin which holds the testes. • A muscle causes your scrotum to retract and pull in closer to your body if you become frightened, cold or sexually aroused. The temperature of your scrotum is a few degrees lower than your overall body temperature (approximately 35°C in the scrotum).
Epididymis	<ul style="list-style-type: none"> • A long tube coiled into a small crescent shaped region on top of the testes, which is where sperm go to mature after being made in the testes.
Vas deferens	<ul style="list-style-type: none"> • The tube through which sperm pass on their way from the testes to the urethra. As the tube passes through the prostate it narrows to form the ejaculatory duct (a little valve that closes off sperm or urine). • The vas deferens is the long thin tube that sperm travels through during ejaculation. When a man decides that he does not want to be the father of any (more) children, a vasectomy can be performed, which is a procedure that involved severing both the right and left vas deferens.
Seminal Vesicle	<ul style="list-style-type: none"> • Two little pouches that lie above the prostate that produce a majority of the semen. The vas deferens is the long thin tube that sperm travels through during ejaculation. • The two seminal vesicles are small glands that produce fructose, which is a sugary substance. This fluid is termed seminal fluid and it comprises 70% of the composition of semen, which nourishes the sperm.

Prostate

- Located below the bladder.
- The prostate gland is about the size of a chestnut. It secretes prostate fluid when a man is about to ejaculate. The fluid offers nutrition to the sperm and prolongs their lifespan. Young men should begin having regular prostate exams to check for prostate cancer, prostatitis, and any other possible complications. It can also produce intense pleasure when stimulated and is sometimes known as the male G-spot.

Cowper's Gland

- Located just below the prostate.
- During arousal secretes a clear fluid that appears as little droplets (pre-cum) and neutralizes the urethra and contains stray sperm.
- The Cowper's glands produce a small amount of fluid when a man is sexually aroused. This fluid helps neutralize the acidic climate of the urethra, so that the sperm can live longer once the man has ejaculated. The fluid is known as pre-ejaculate or pre-cum and may contain traces of sperm.

Sperm

- The male reproductive cell contains 23 chromosomes which is capable of fertilising an egg.

Semen

- When a man ejaculates, the fluid is called semen. Semen is comprised of prostate fluid, seminal fluid, fluid from the Cowper's glands and sperm. Each ejaculation is comprised of approximately 70% seminal fluid and the remaining 30% comes from prostate fluid, sperm and fluid from the Cowper's glands. Sperm accounts for about 1% of semen.

Urethra

- Tube through which urine or semen pass out of the body.
- The urethra is part of a long tube that begins with the vas deferens. The urethra is the tube that carries urine (wee) and semen to the urethral opening to be released. The urethra connects to the bladder where urine is stored. It is not possible for a man to urinate and ejaculate at the same time.

Urethral Opening

- The entrance to the urethra. The urethra is a tube that is connected to the bladder and allows urine to pass through. During urination, urine (wee) passes through the urethral opening. In men, the urethral opening also allows ejaculate to pass through.

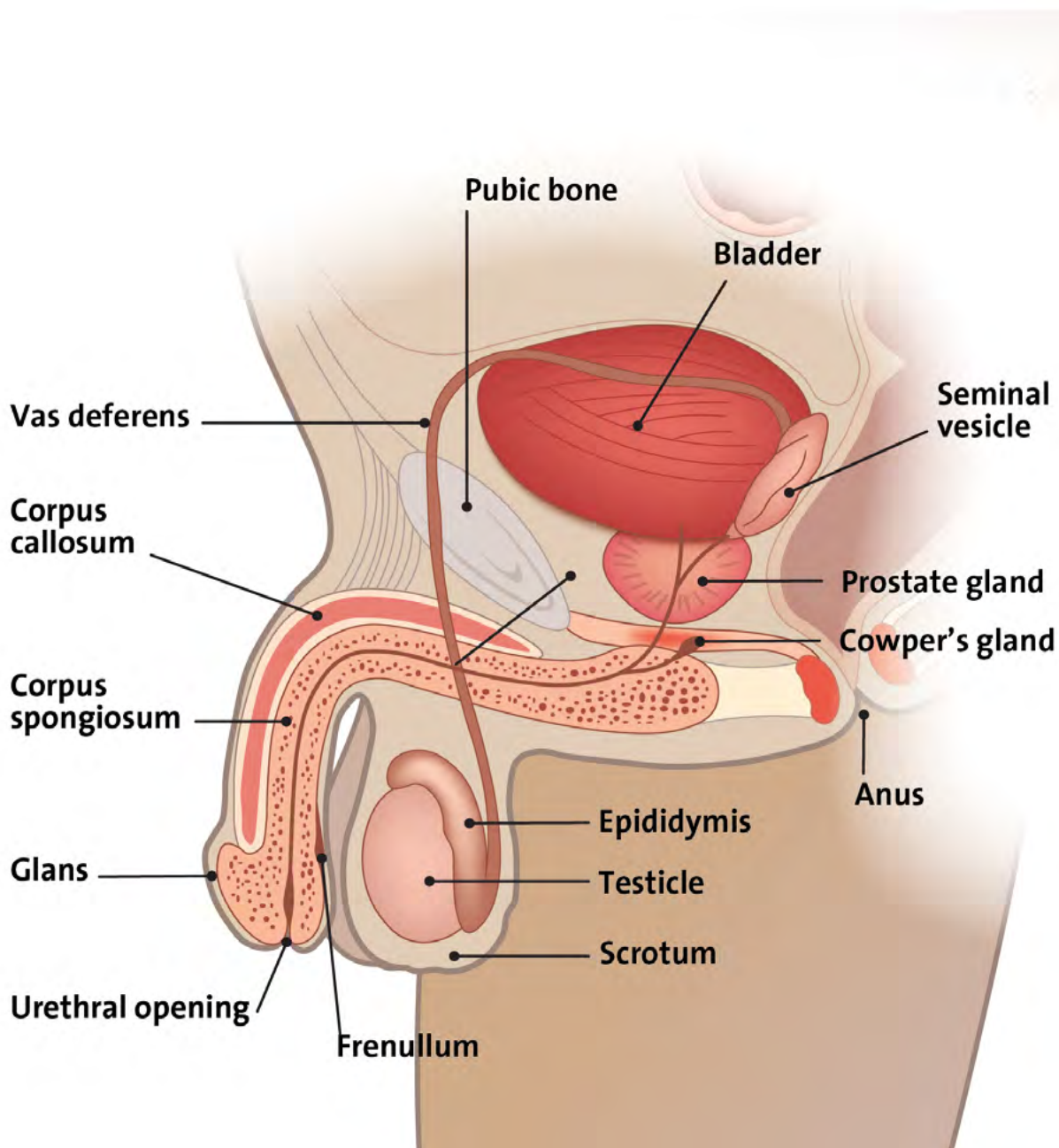
Anus

- The anus is the opening to the rectum, which is the canal that connects to your bowels. Faeces travel from your bowels and exit through the anus. The anus is an area that has many nerve endings. The area of skin between the anus and the vagina is called the perineum and is rich in nerve endings and can increase sexual arousal. To protect against sexually transmitted infections and HIV/AIDS, use dental dams and flavoured condoms for oral sex.

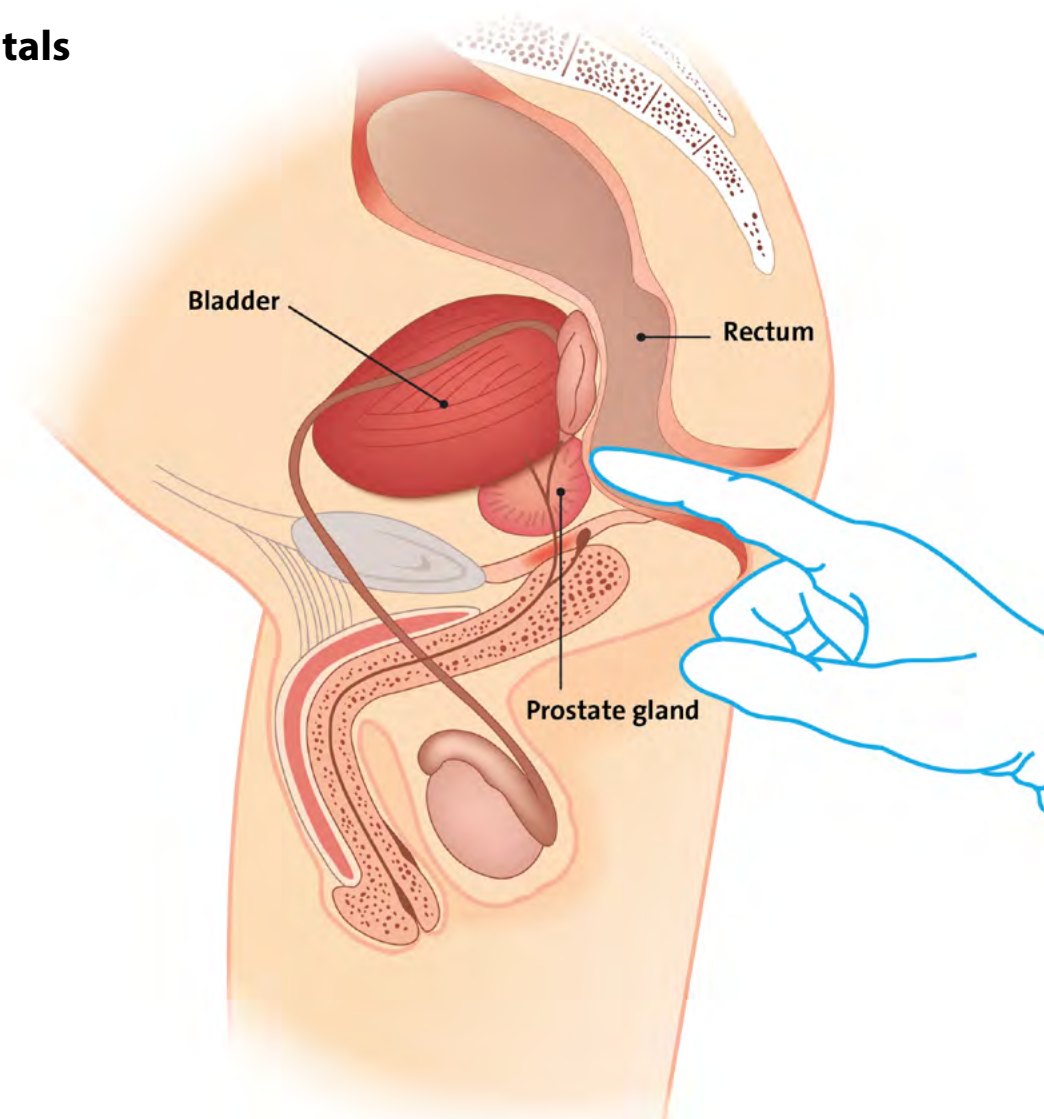
Rectum

- The rectum connects the bowels and the anus, and is also where the prostate is examined.

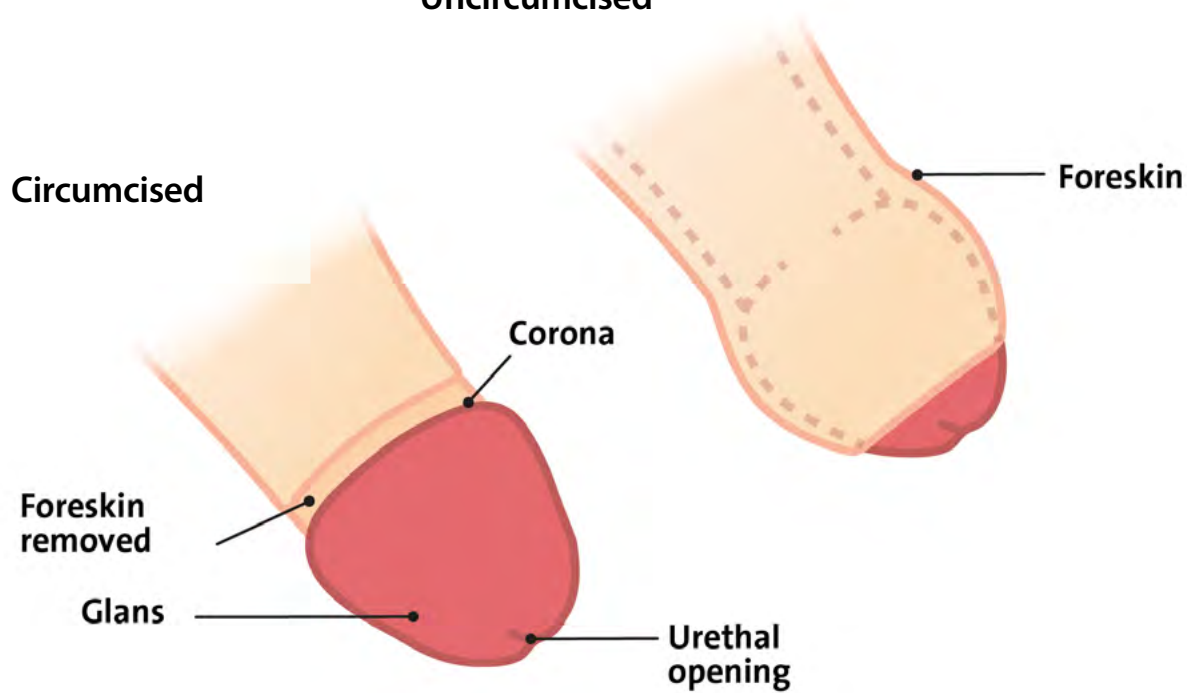
Male Internal Reproductive System



Male External Genitals



Uncircumcised



The Owner's Manual

Female Anatomy http://www.cfsh.ca/Your_Sexual_Health/Anatomy/Female_Reproductive_Anatomy.aspx

Vulva

- Term for all the external genitalia of a female (mons pubis, clitoris, labia minora and majora, vaginal and urethral openings).

Mons pubis

- Pad of fatty tissue at the front of the body under the pubic hair
- The mons veneris consists of the fatty tissue covering the joint of the pubic bones. It is located at the front of the body, below the abdomen and above the clitoris. At puberty, the mons (and the rest of the vulva and surrounding skin) becomes covered in pubic hair. Pubic hair varies in colour and can be long, short, curly or straight. When your pubic hair starts to thicken, it is a sign that the onset of your menstrual cycle is approaching and puberty is underway.

Urethral Sponge (Grafenberg "G-Spot")

- The urethral sponge, which is more commonly known as the G-spot, is located inside your vagina underneath the urinary opening. The G-spot is a spongy tissue that varies in size from woman to woman. In many women, if the G-spot is stimulated it can cause an intense orgasm, during which fluid is released. An area near the G-spot, makes fluid very like semen. When a woman ejaculates, it comes out of her urethral opening but is not urine. Not all women ejaculate.

Clitoris

- A small piece of a highly sensitive tissue that lies above the urethral opening, whose only purpose is pleasure.
- A wishbone-shaped bundle of nerves that anchors above a female's pubic bone and goes along each side the labia. The main hub of the clitoris is situated above both the vaginal and urinary openings and is covered by a protective hood. The clitoris contains close to 8,000 nerve endings. When a woman is sexually excited, the clitoris swells.

Clitoral Hood

- A protective foreskin that partially covers the main hub of the clitoris. This foreskin can be compared to the foreskin that covers the tip of a man's penis.

Labia Majora

- Fatty pads lying on either side of the vaginal opening that have hair.
- The labia majora are the outer lips which are often, but not always, bigger than the labia minora. They are covered with pubic hair and offer protection to the inner lips and the vagina. During sexual arousal, blood flows into the labia majora, causing them to swell and flatten out.

Labia Minora

- The thin folds of skin inside the Labia Majora which are on either side of the vaginal opening that are hairless.
- The labia minora are the inner lips, which are often, but not always, smaller than the labia majora. Often times, one lip is larger than other. Labia come in many different shapes, sizes and colours. They are positioned on the outer genitalia between the labia majora and offer protection to the vagina. They help prevent infections and bacteria from entering into the vagina. When you are sexually aroused, the labia minora change colour.

Vaginal Corona (Hymen)

- Located 1–2 cm inside the vaginal opening, consisting of folds of mucous tissue, which may be tightly or more loosely folded. It is elastic and stretchy. When the mucous tissue is stretched, minor ruptures sometimes develop and may hurt a little or bleed. These soon heal, usually within 24 hours.

Vagina/Birth Canal

- A barrel – shaped organ that is very elastic and may accommodate fingers, tampons, penis, or a baby.
- The vagina is the canal that extends back and upward from the vaginal opening. The cervix is at the top of the vaginal canal and at the lower end of the uterus. The vaginal wall consists of folds called reggae that touch together when nothing has been inserted into the vagina. When a woman is sexually aroused, the vaginal walls secrete fluid. This aids in lubrication and can make vaginal sex more pleasurable. The vagina can expand and elongate to accommodate different sizes of objects i.e. penises, sex toys, etc. Vaginal secretions and menstrual fluid pass through the vaginal canal and tampons or menstrual cups can be inserted during menstruation to collect or absorb menstrual fluid. During vaginal delivery, the baby and the placenta will travel through the vagina (provided it is a vaginal delivery). The vaginal opening is the entrance to the vagina.

Cervix

- Lower part of the uterus which hangs in the back part of the uterus
- The cervix is located at the lower end of the uterus, and has a very tiny opening in the centre of it. This is the opening to the uterus. The cervix is mostly comprised of water and has the ability to expand in order to allow menstrual fluid to pass through as well as a baby during childbirth. During childbirth, the cervix will dilate to 10 cm. If a man ejaculates in a woman's vagina, the sperm travel up the vagina and through the cervix into the uterus and then the fallopian tubes where conception (the meeting of a sperm and egg) may take place.

Os

- Is the opening in the cervix that dilates and opens during labour.

Uterus/Womb

- Holds and nourishes a developing foetus
- The uterus (also referred to as the womb) is about the size of a closed fist and is shaped like an upside-down pear. Throughout a woman's menstrual cycle, the outer lining of the uterus will gradually thicken. If you become pregnant, this lining will help cushion the growing foetus. If you do not become pregnant the lining will be shed through your vagina during your menstrual period. The uterus also expands to accommodate a growing foetus and during labour the uterus will contract to help push the baby out. The intrauterine device (IUD) and the intrauterine system (IUS) are two different methods of contraception that are inserted into the uterus through the cervix.

Endometrium

- The inner lining of the uterus that is shed during menstruation.

Fallopian Tubes/Oviducts

- Tubes which transport an egg from the ovaries to the uterus
- There are two fallopian tubes that connect with the uterus and surround the ovaries. Each fallopian tube is approximately the size of a single hair. During ovulation an egg is released from one of the ovaries and is swept into the fallopian tube by little hair-like structures called cilia. If a sperm and ovum (egg) meet, the ovum will be fertilised in the fallopian tube and then travel into the uterus. Although it is rare, it is possible for a fertilised ovum to begin developing within the fallopian tube, known as an ectopic or tubal pregnancy.

Fimbriae

- Finger like projections at the end of the fallopian tubes that brush the ovaries to help move an ovum into the fallopian tubes.

Ovaries

- Glands which produce sex hormones and an ovum
- The two ovaries lie on either side of the uterus and are surrounded by the fallopian tubes. The ovaries produce ova (egg cells) as well as the female hormones oestrogen and progesterone. Women are born with all of the eggs that they will ever have. When ovulation begins, the ovaries release one egg every menstrual cycle, alternating between the two sides. It is possible for both ovaries to release an egg during a cycle, which can result in non-identical (fraternal) twins if both eggs are fertilized and the pregnancy is carried to term.

Ovum/Egg

- The female reproductive cell containing 23 chromosomes which is capable of uniting with a sperm.

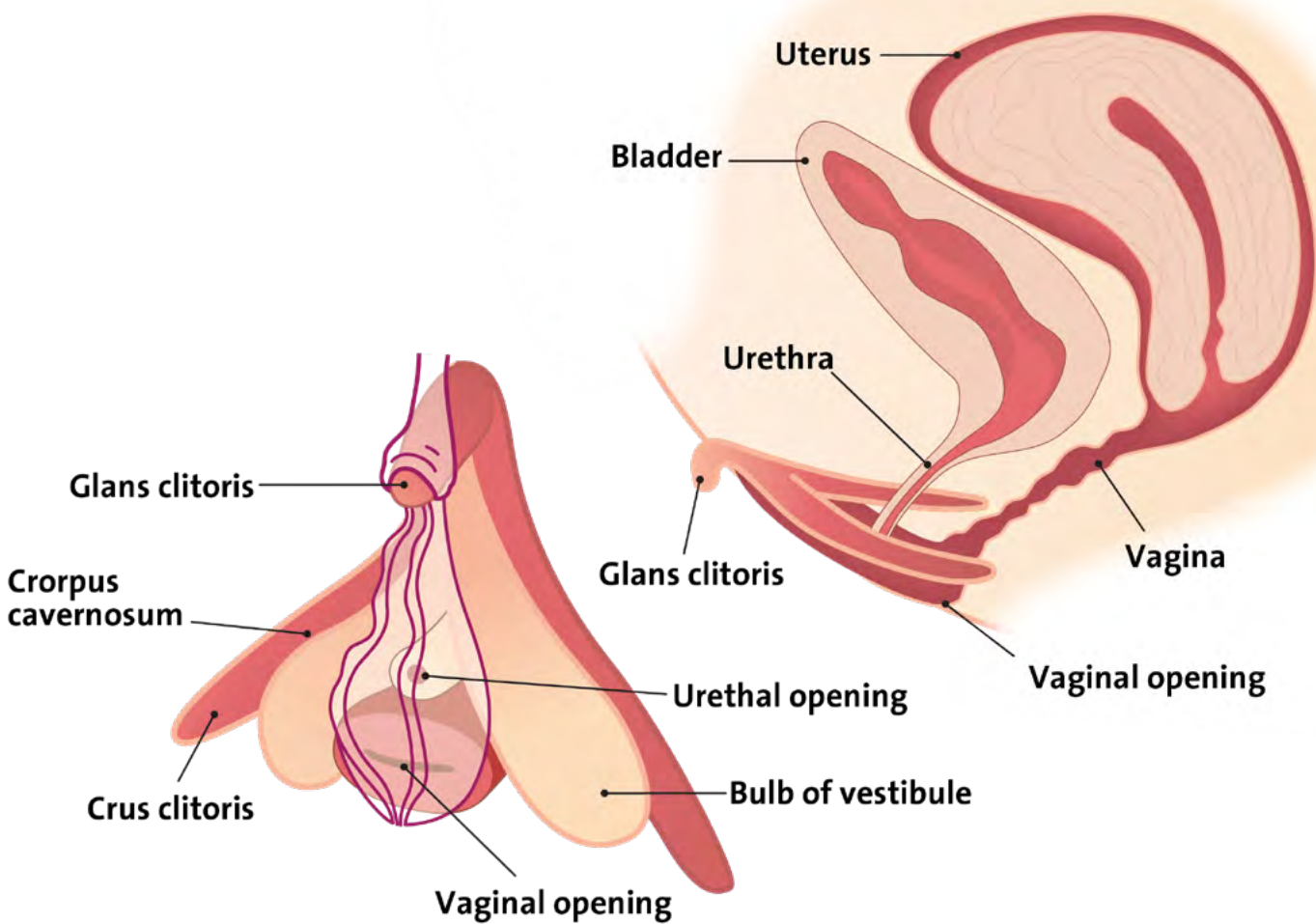
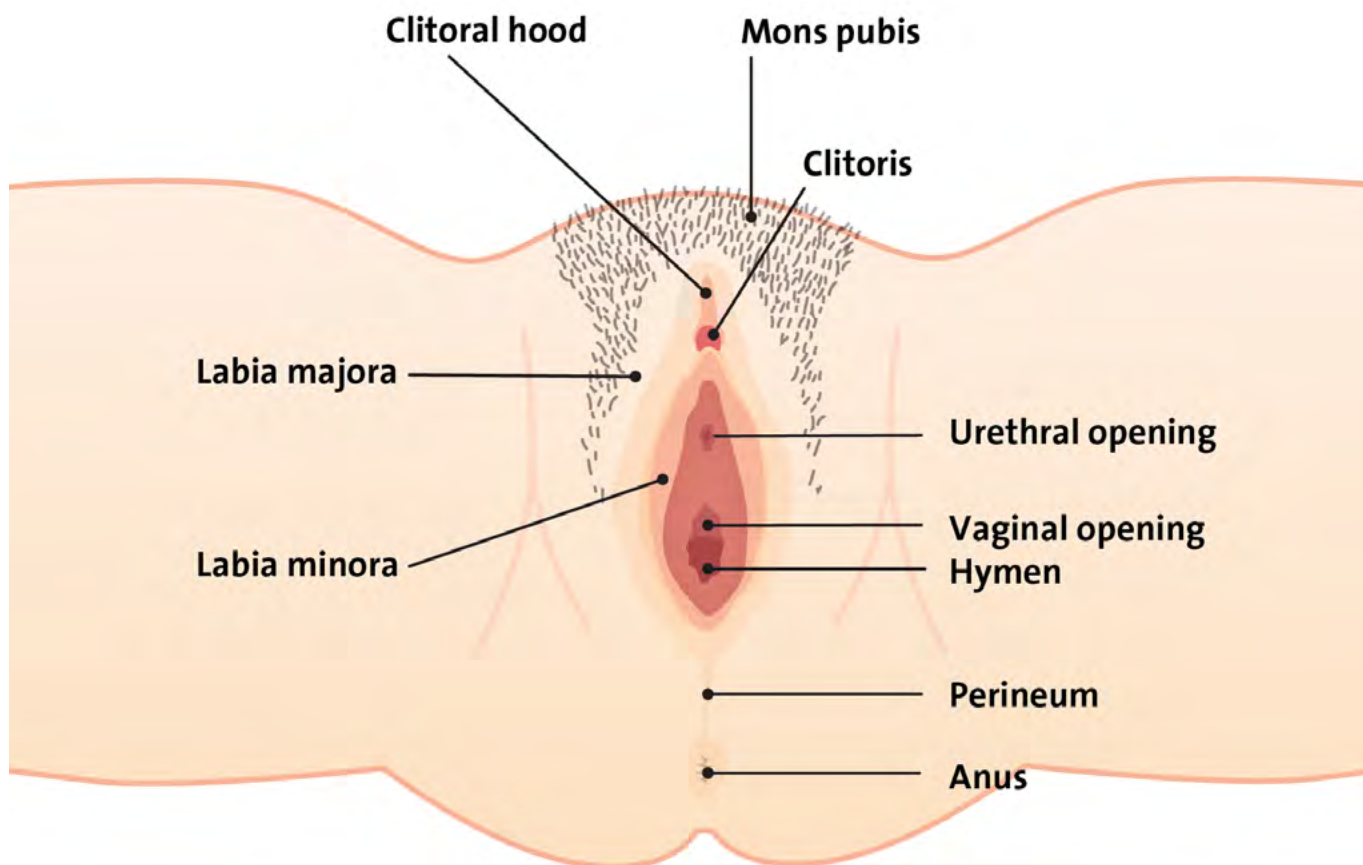
Anus

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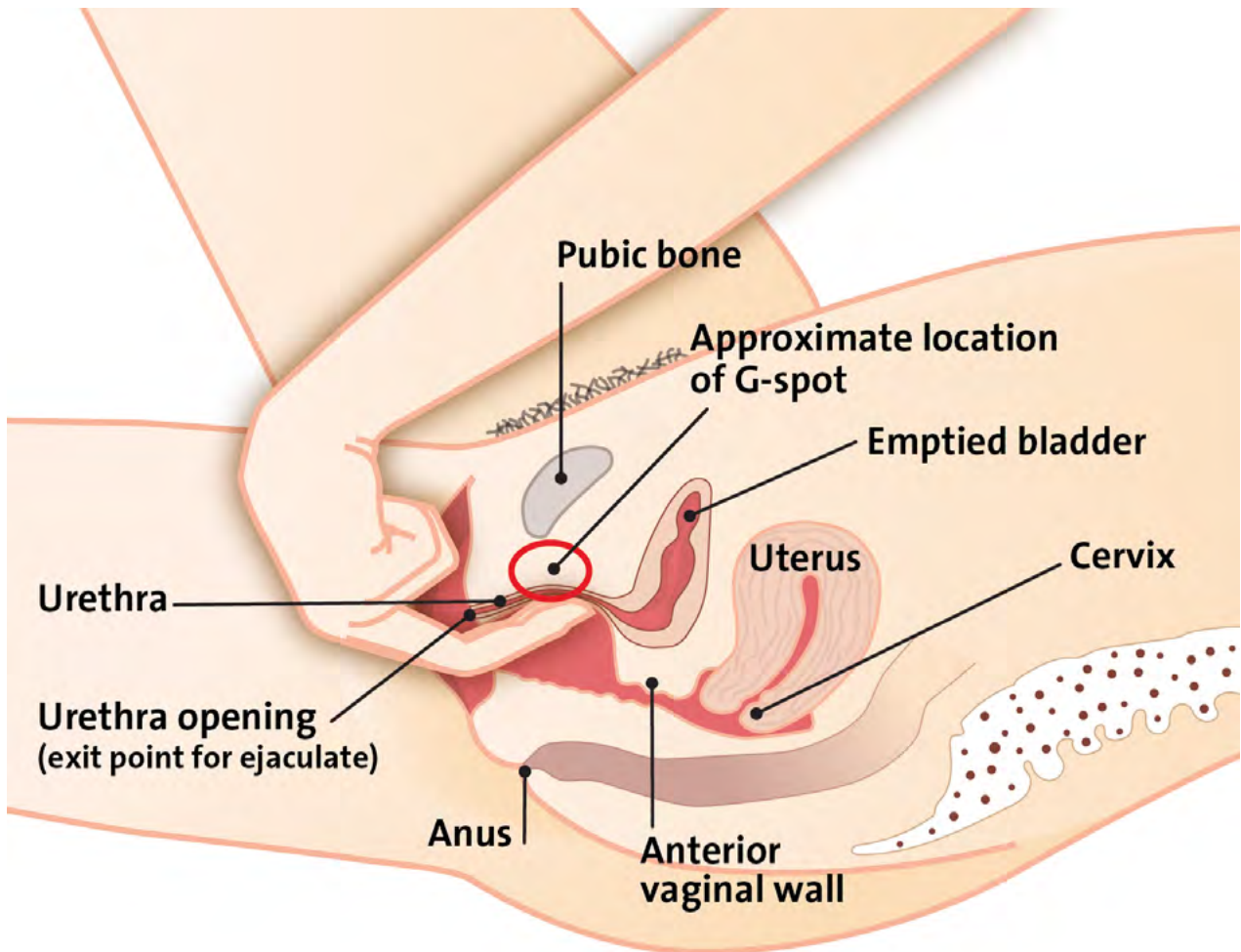
Urethral Opening

- The urethral opening is the entrance to the urethra. The urethra is a tube that is connected to your bladder and allows urine to pass through. During urination, urine passes through the urethral opening.

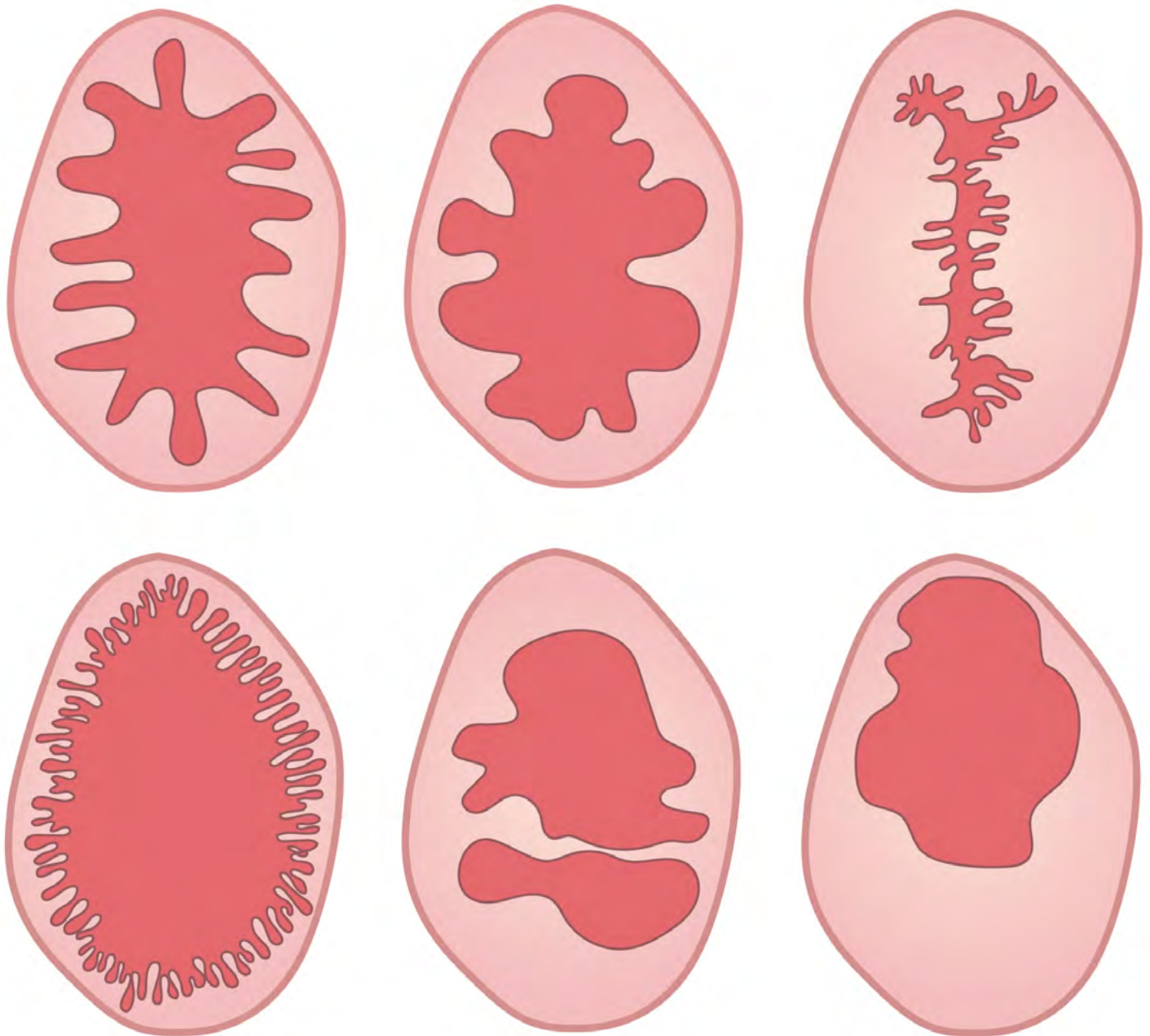
Female External Genitals

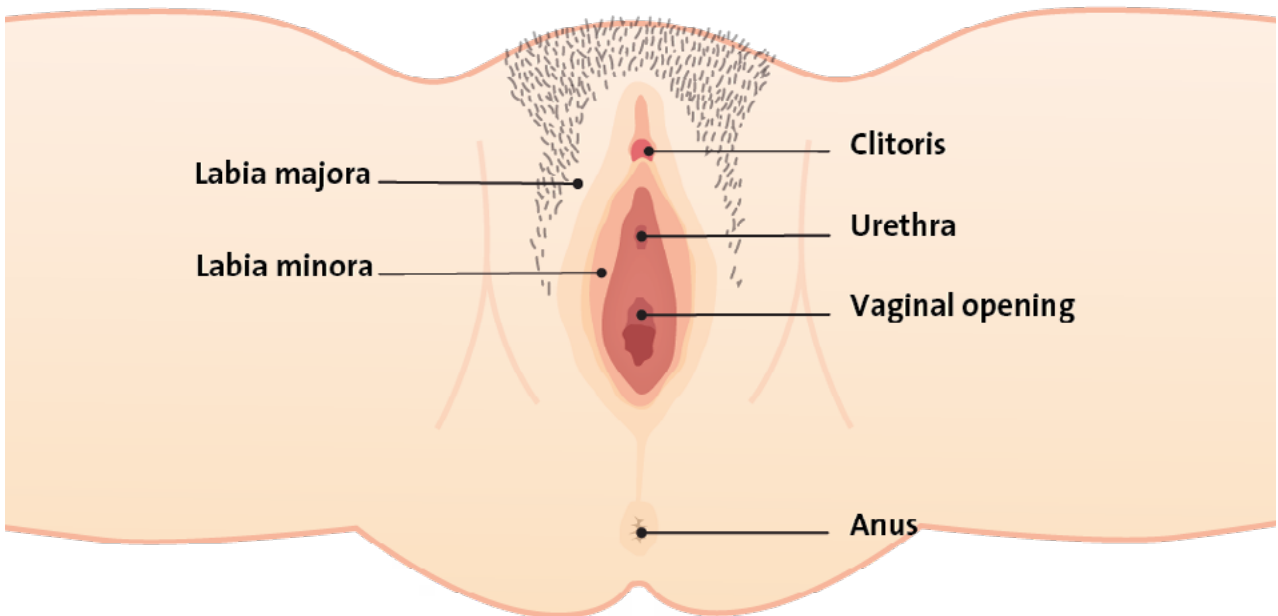
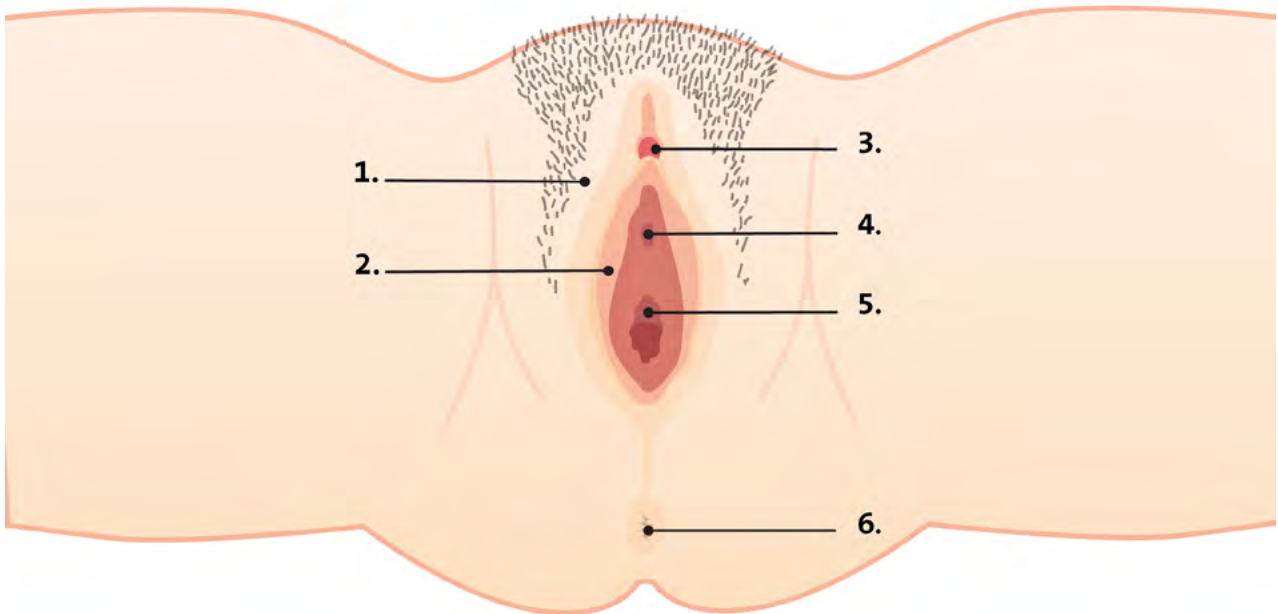


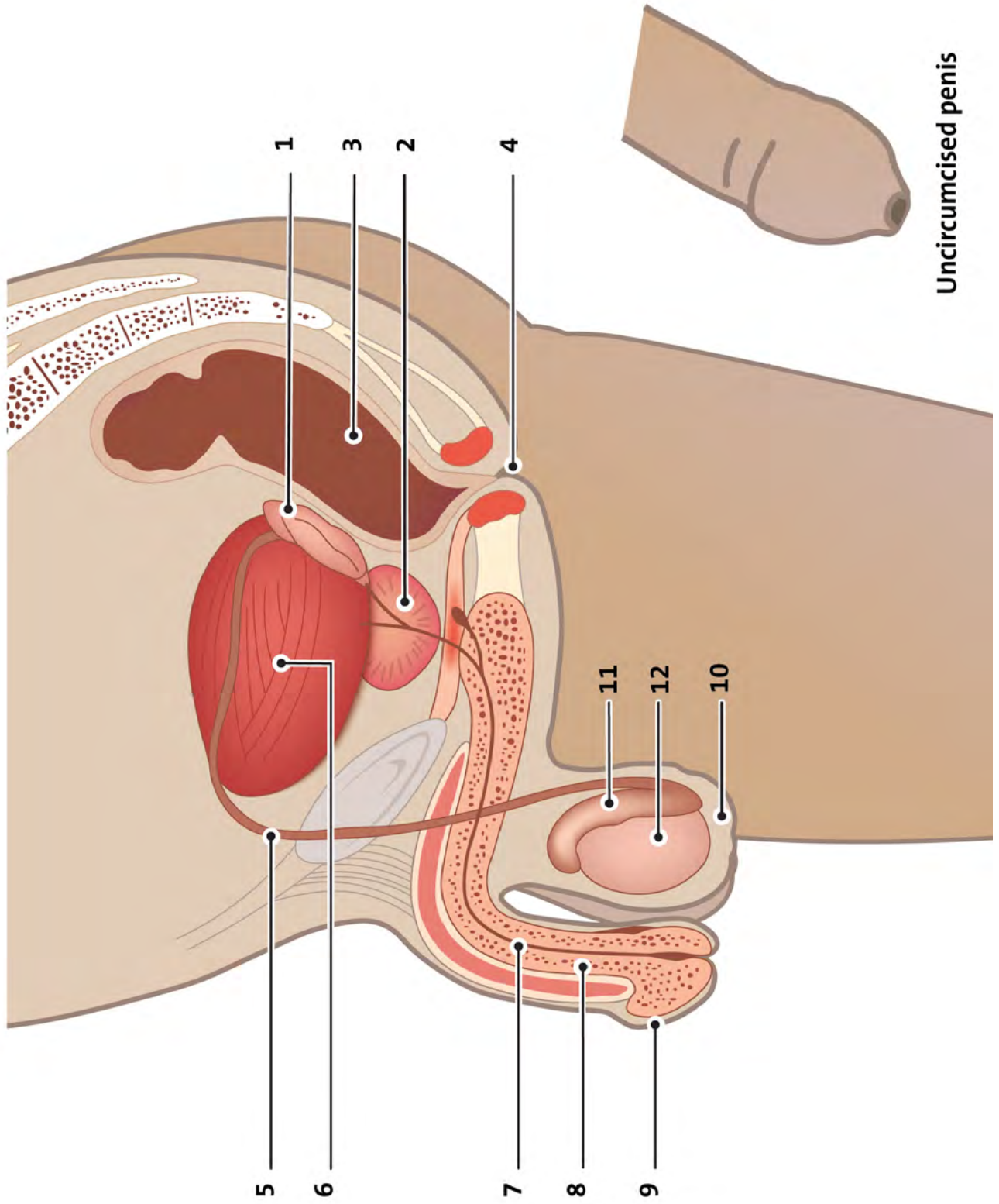
Female Internal Reproductive System

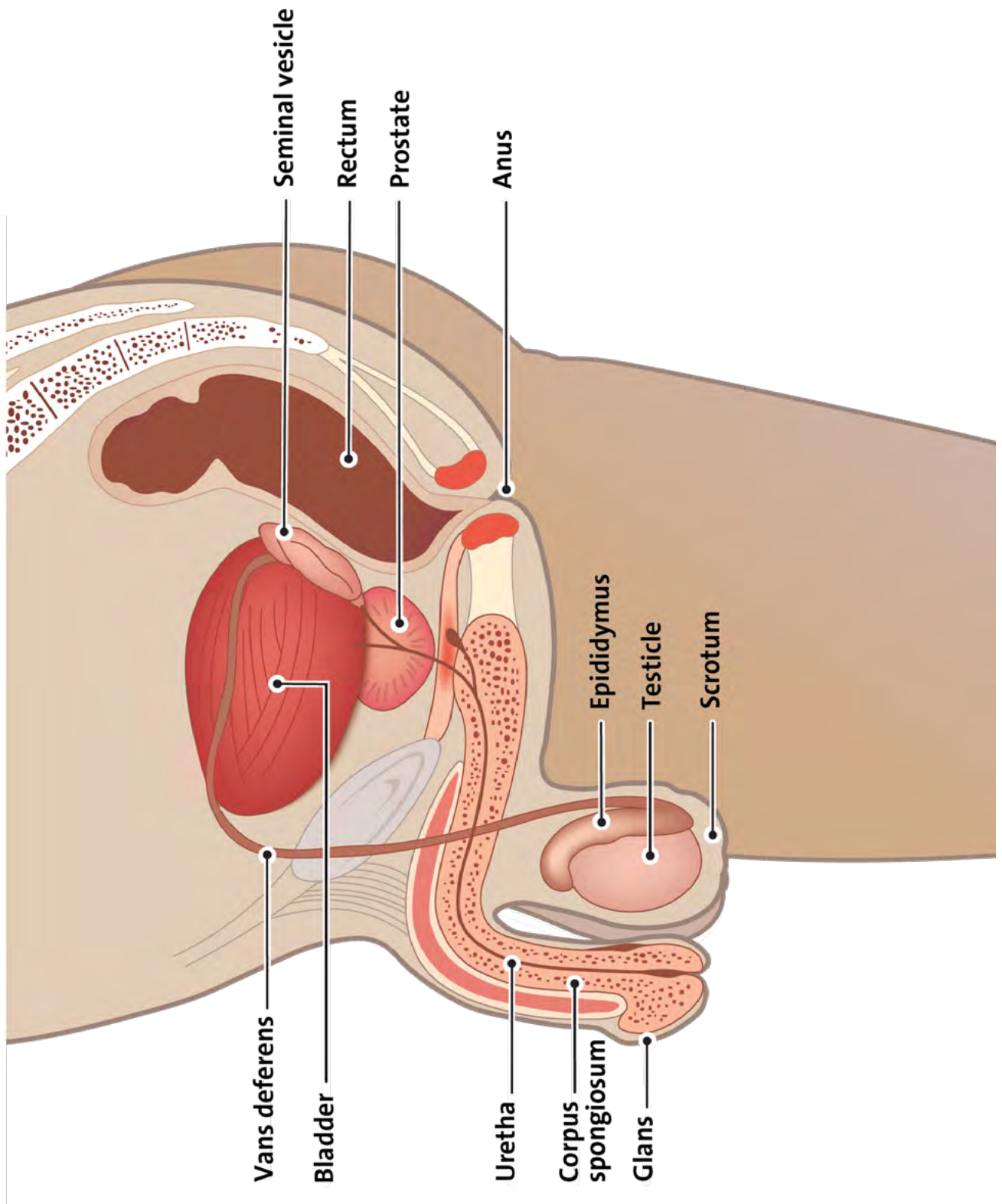


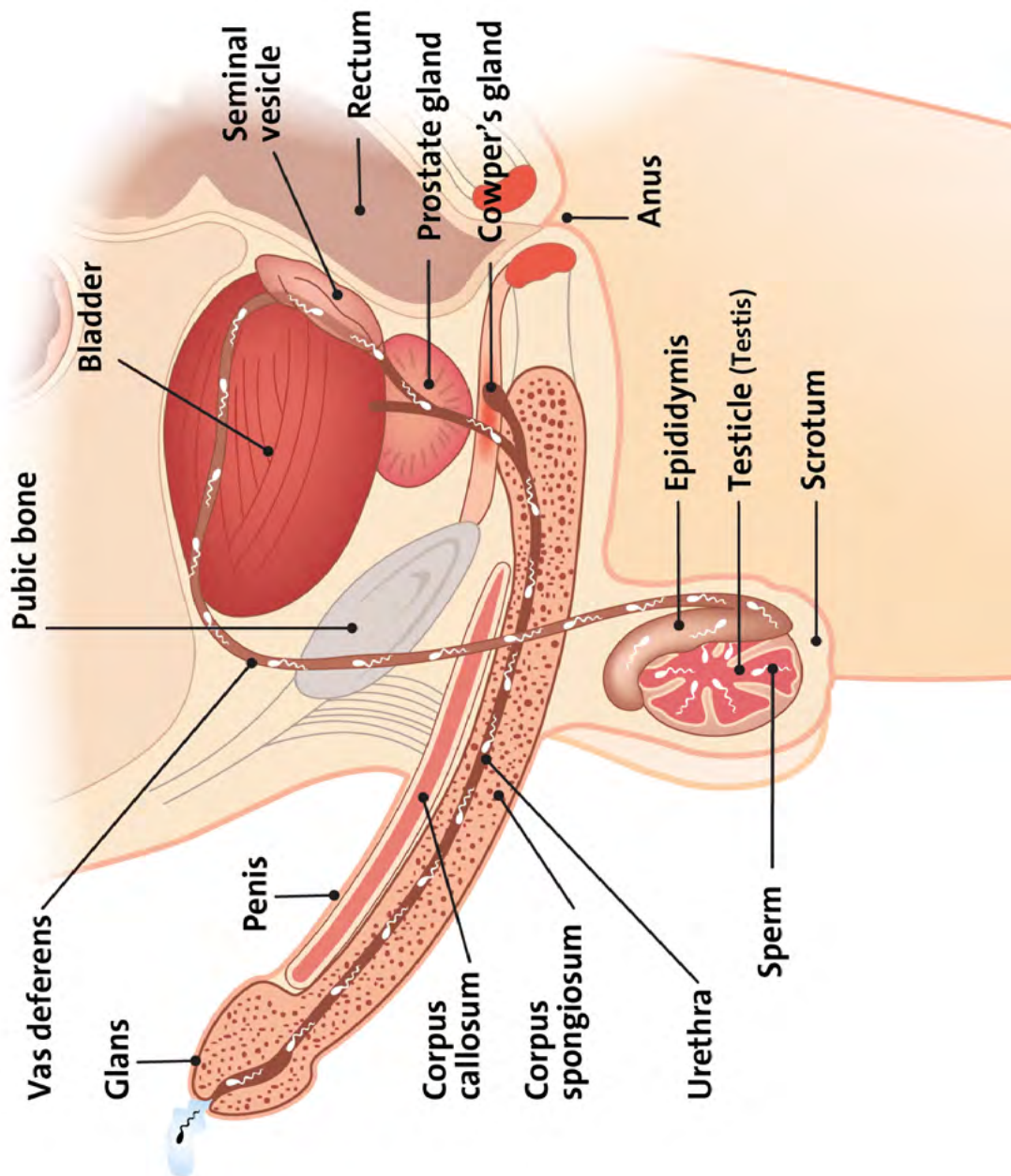
Various Appearances of Vaginal Coronas (hymens)

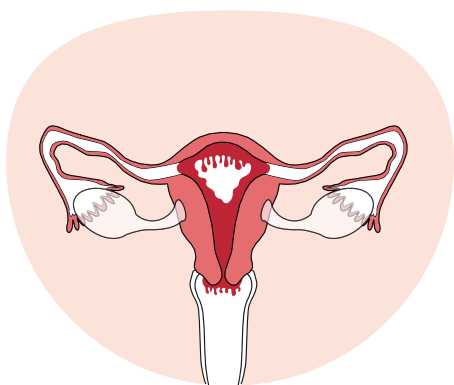
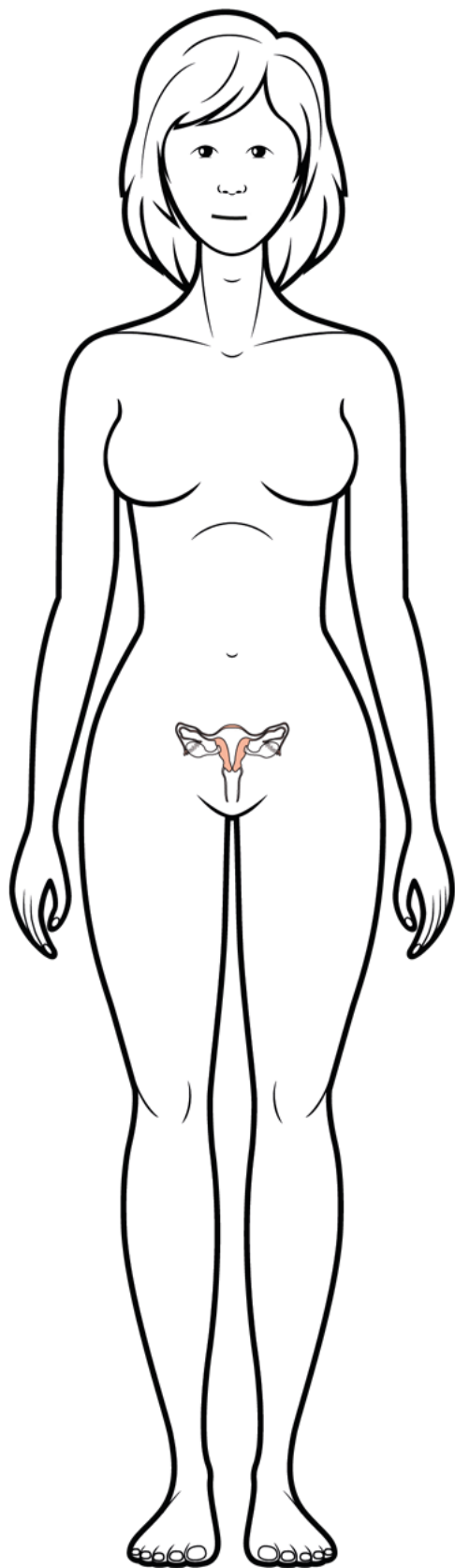




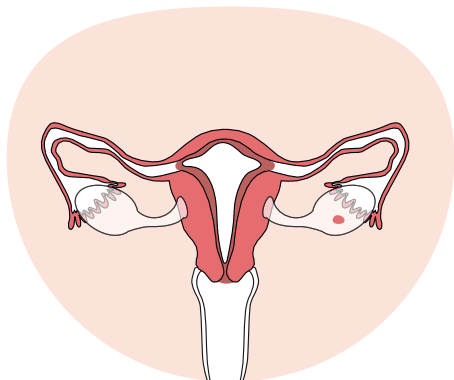




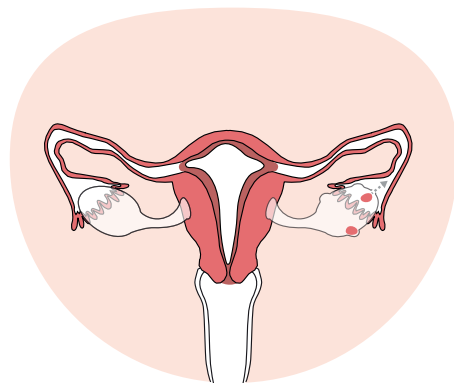




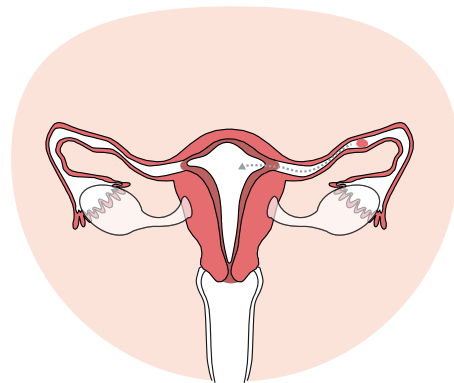
Beginning of cycle (menstruation)



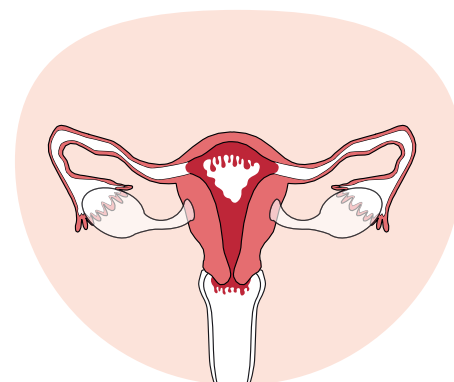
Ovum starts to mature (lining begins to thicken to prepare for possible pregnancy)



Release of mature ovum (ovulation)

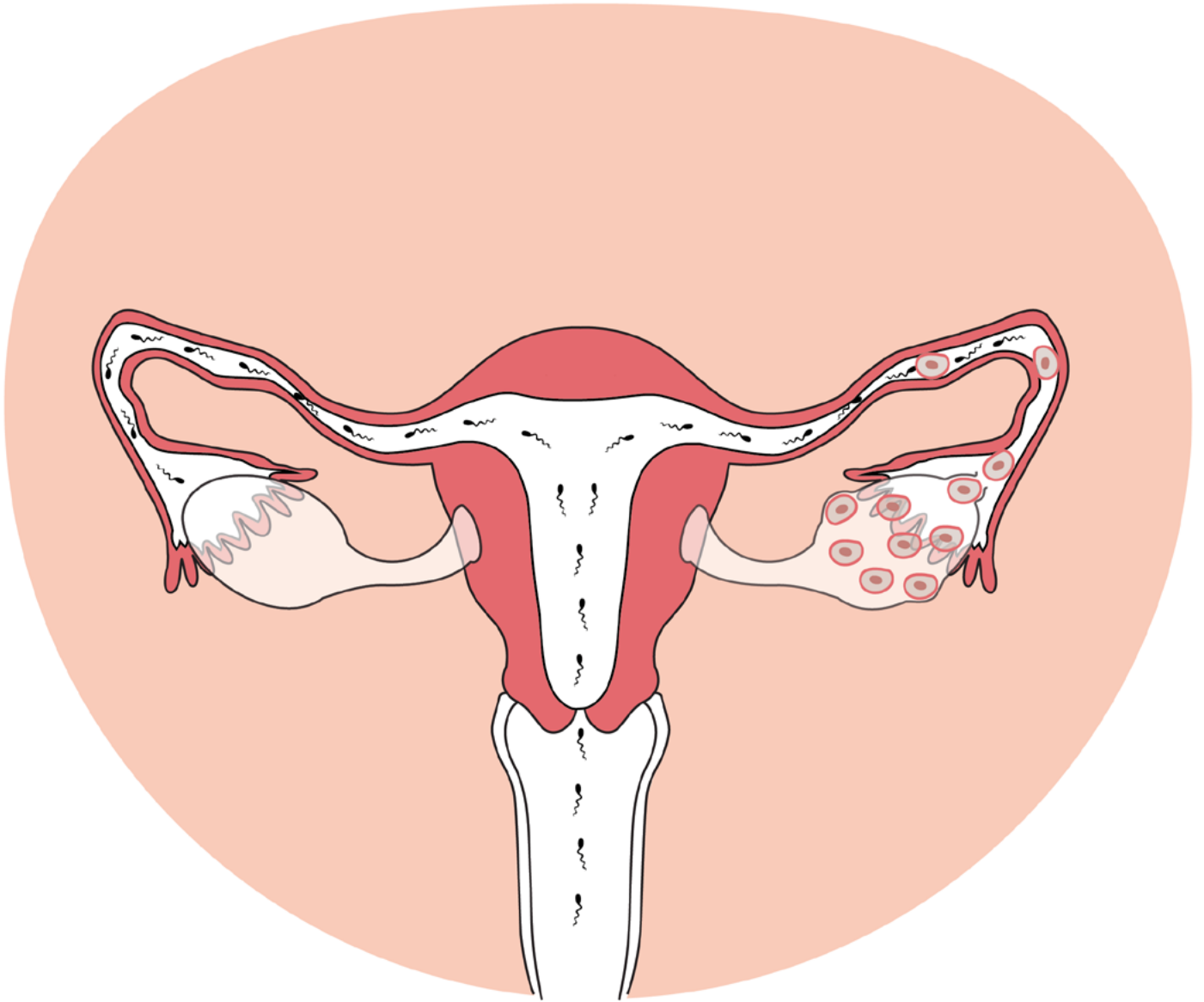


Ovum travels to uterus

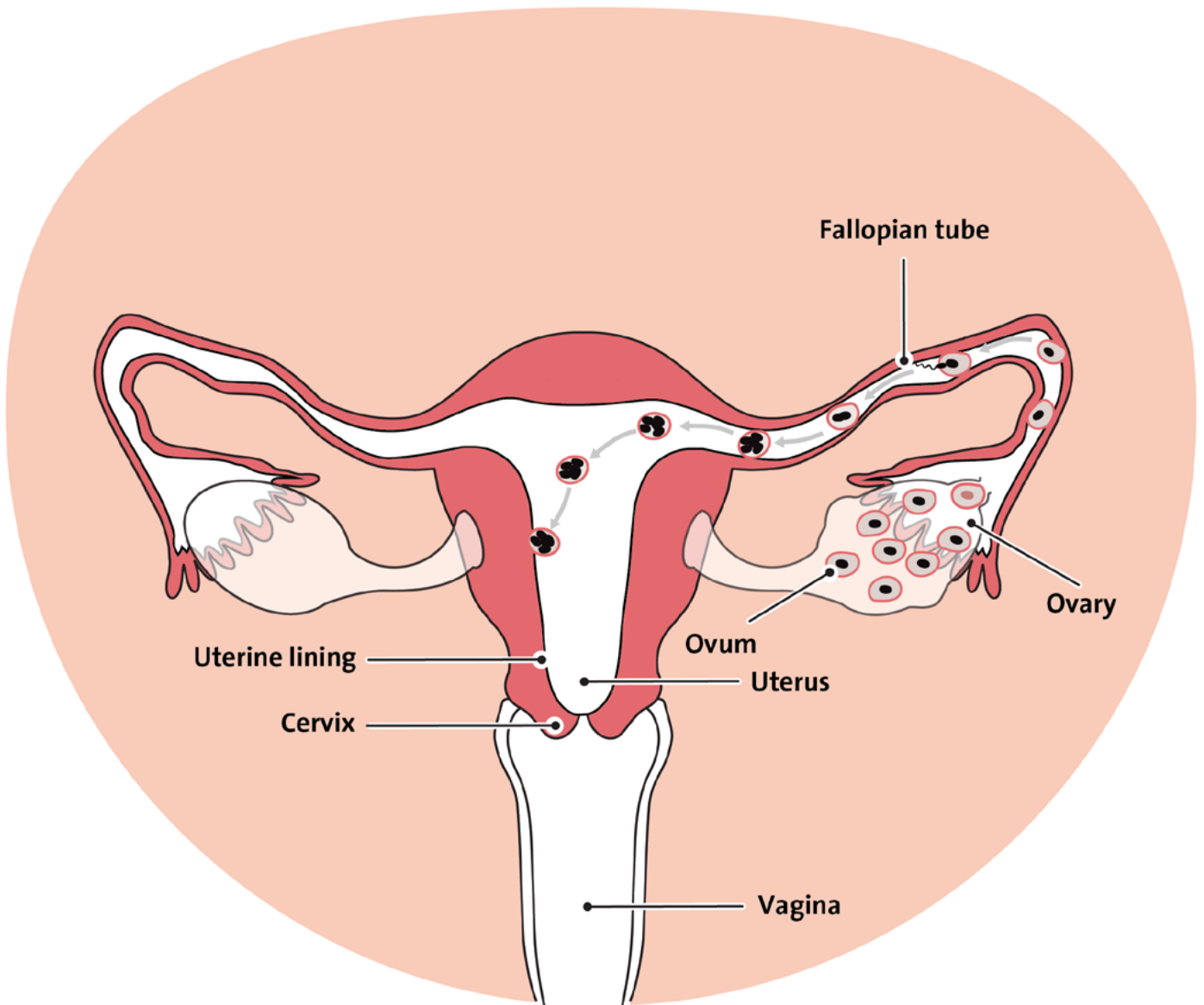


Beginning of next cycle (menstruation)

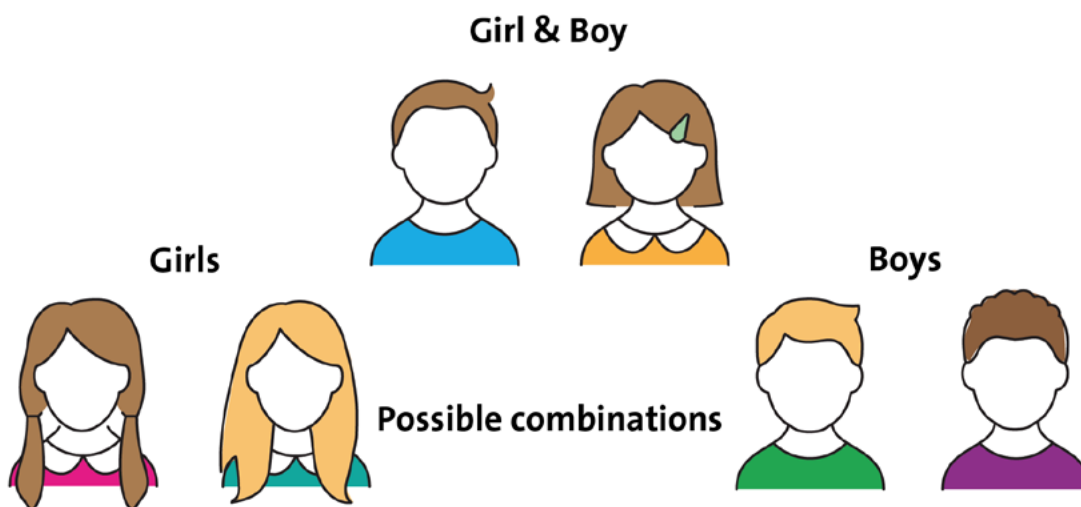
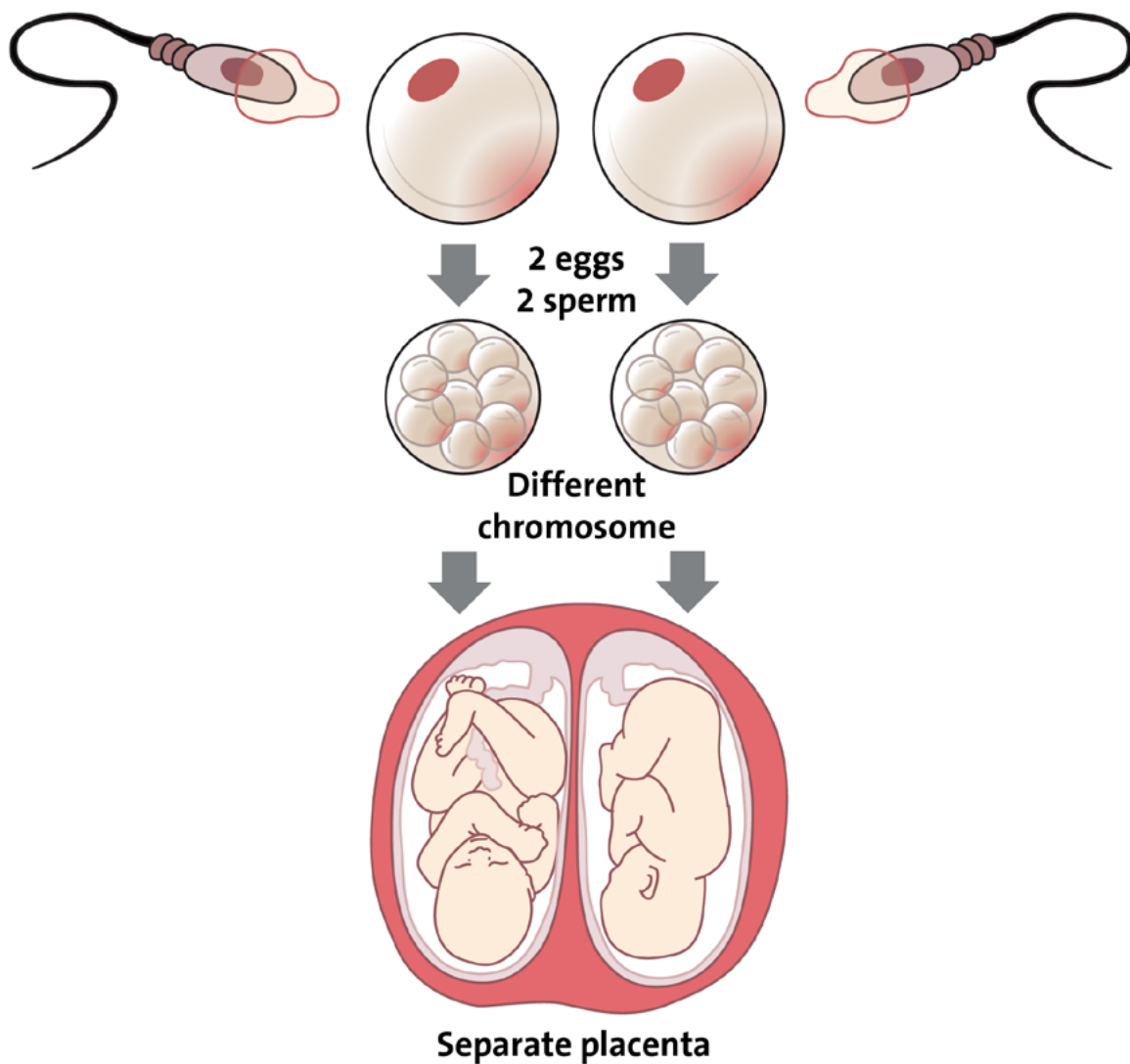
Fertilisation



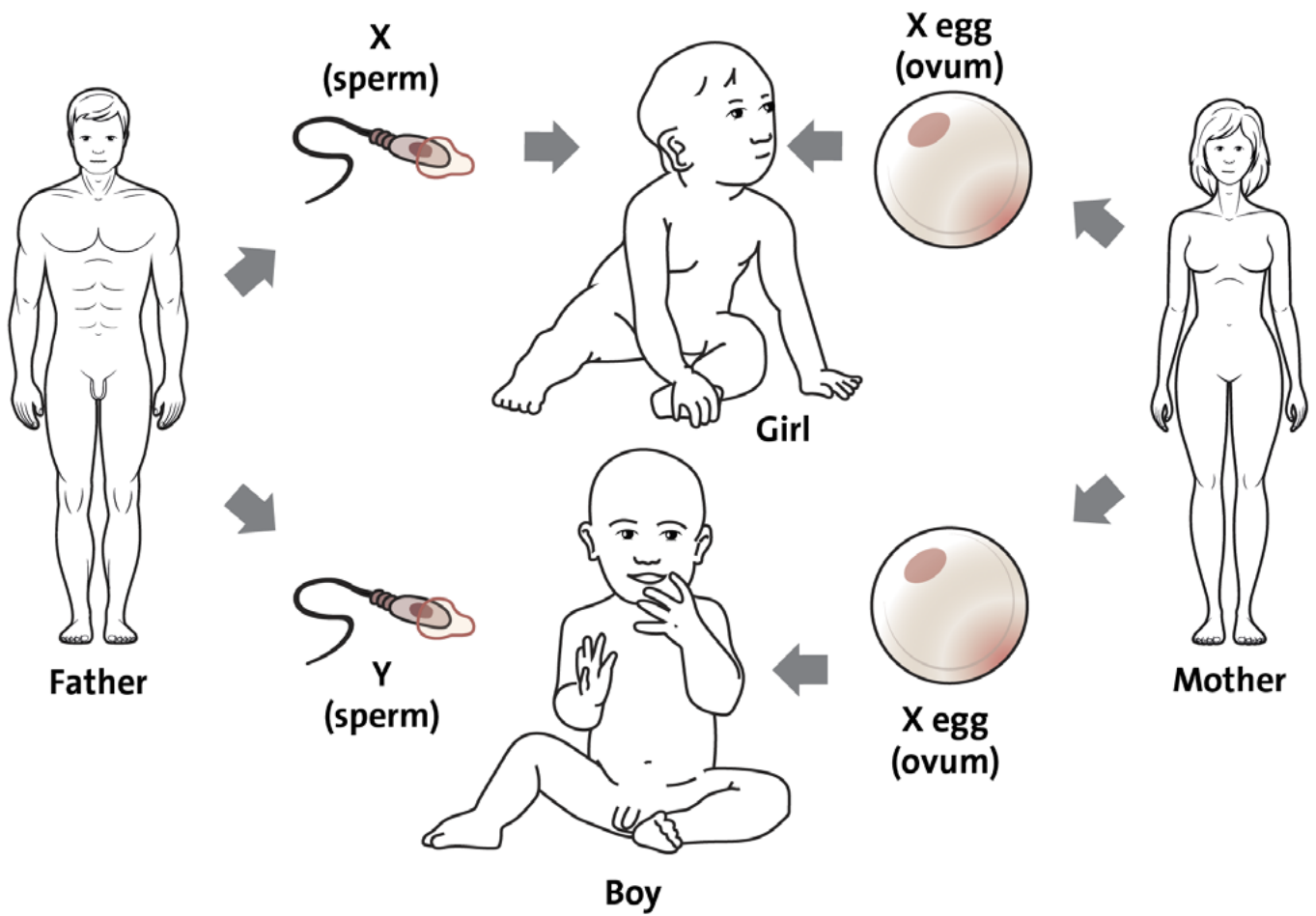
Implantation



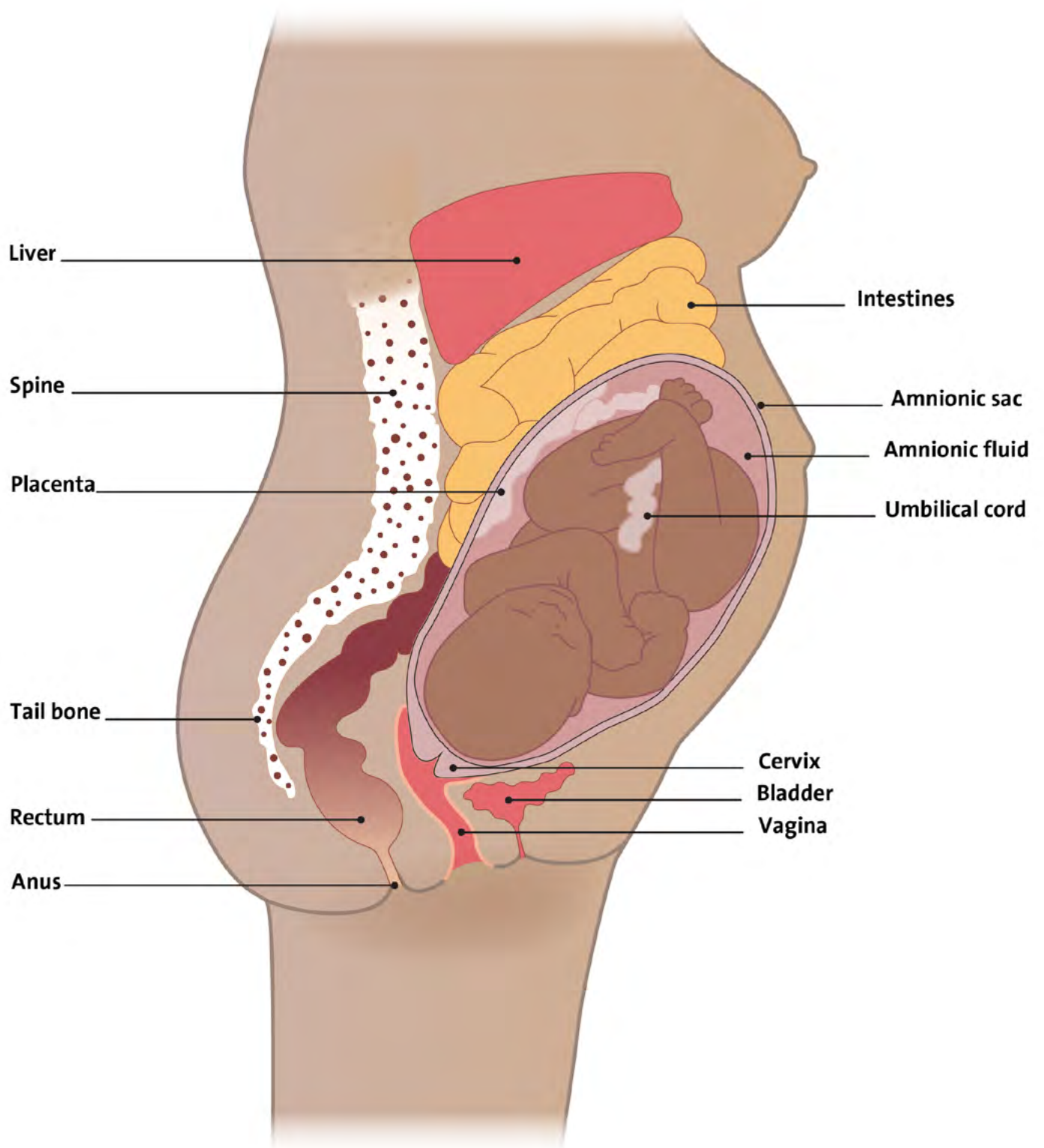
Fraternal Twins



Genetics – Sex Determination



Pregnancy

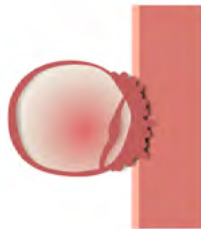


First Trimester

The first trimester (the first three months of pregnancy) is a critical time in the baby's life. It is the period of rapid growth and development. By the end of the first trimester, all of the baby's organs will be formed and functioning.



Day 1 The sperm and the ovum unite.



7 – 10 Days The fertilised ovum attaches to the lining of the uterus. The placenta begins to form.



2 weeks The baby, called an embryo, is now a layered disc on the uterus wall. A woman will miss her menstrual cycle.



4 weeks The beginning of the embryo's eyes, ears, nose, spine, digestive tract and nervous system are present. The tube for the future heart starts beating.



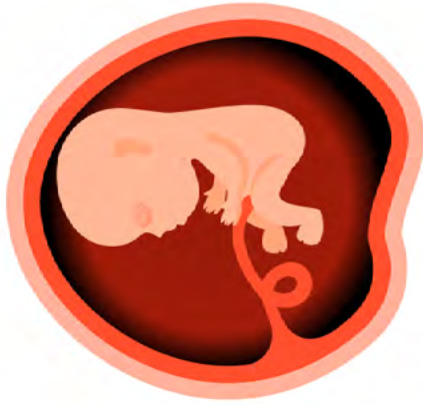
8 weeks The baby, called a fetus, now has all the organs that a full term baby will have. The heart is functioning. Bones begin to form.



12 weeks Tooth buds are present. Finger and toe nails are forming. Immature kidneys secrete urine into the bladder. External genitalia are forming. The fetus can now move in the amniotic fluid, but these movements cannot be felt. The baby's heart beat may be heard with an electronic listening device.

Second Trimester

During the second trimester (the next three months of pregnancy) the brain develops a lot. Most of the brain's development begins now and continues for two or more years after the baby's birth. During the second trimester until about 24 weeks, the fetus cannot live outside the body because its lungs, heart and blood systems have not developed enough.



16 weeks
16cm, 110g

The face looks more human, the baby has hair, the ears stand out, and the baby can hear the mother's voice. Between 16 and 20 weeks, the baby's movements may be felt. If this is a woman's first pregnancy is possible that the movements may not be felt until 18 to 20 weeks.



20 weeks
25cm, 300g

Eyebrows and eyelashes appear. A fine downy hair (lanugo) appears all over the baby's body and may be there at birth. The baby's skin is thin, shiny, and covered with a creamy protective coating called vernix. Oil glands appear. The baby's legs lengthen and move well. Teeth develop-enamel and dentine is being formed. During the second trimester, meconium (baby's first stool) begins to appear in the intestines.



26 weeks
30cm, 600g

The baby's outline may be felt through the surface of the abdomen. The eyes may be open now.

17 weeks

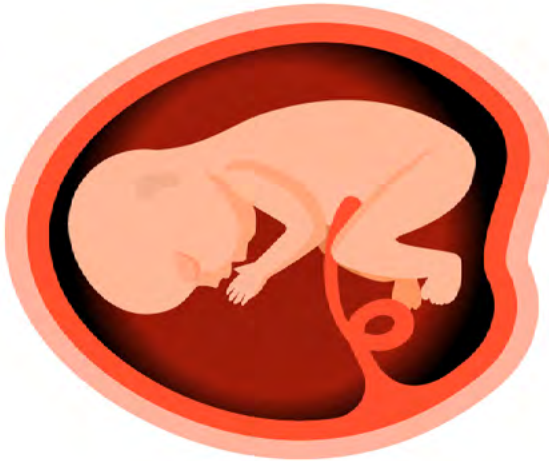
The baby begins to store some antibodies and this slowly increases until birth.

24 weeks

Sweat glands form. The baby has a lean body with red and wrinkled skin. Early breathing movements begin. A substance called surfactant is formed in the lungs. This substance helps the lungs expand normally after the baby is born.

Third Trimester

During the third trimester (the last 3 months of pregnancy) the baby could survive if born before it is full term, but would need special care. The closer to full term, the more ready the baby is to cope with the birth process and life outside the uterus.



28 weeks

35 – 37cm, 1.1kg

The face looks more human, the baby has hair, the ears stand out, and the baby can hear the mother's voice. Between 16 and 20 weeks, the baby's movements may be felt. If this is a woman's first pregnancy is possible that the movements may not be felt until 18 to 20 weeks.



36 weeks

45 – 47cm, 2 – 2.9kg

The baby's body is rounded and usually plump. The downy hair on the baby's body begins to disappear. The baby's skin is smooth and pink, and covered with a greyish white cheese like substance called vernix. The baby continues to increase the store of antibodies and is able to resist diseases.



40 weeks

45 – 55cm, 3.2kg

Head hair is usually present. The testicles of male babies are now in the scrotum and the labia majora of female babies are developed. The baby is now full term.

32 weeks

40 – 42cm, 1.8 – 2.1kg

The baby's skin is pink and smooths out as the fat forms under it. The baby develops a sense of taste and becomes aware of sounds outside the mother's body. The male baby's testicles begin to drop into the scrotum. The pupils in the baby's eyes can react to light.

24 weeks

Sweat glands form. The baby has a lean body with red and wrinkled skin. Early breathing movements begin. A substance called surfactant is formed in the lungs. This substance helps the lungs expand normally after the baby is born.

Puberty 101

Puberty in Girls	Puberty in Boys
<p>Stage 1</p> <p>Between ages 8 –11 years, the ovaries enlarge and hormone production starts but external development is not yet visible.</p>	<p>Stage 1</p> <p>Between ages 9 –12 years, male hormones become more active although there are no visible signs of development.</p>
<p>Stage 2</p> <p>Happens at different ages for everyone based on heredity, but approximately between the ages of 8 –14 years.</p> <p>Usually starts before you begin to develop breasts or grow pubic hair.</p> <p>By age 2, girls usually grow 5cm a year until puberty. When puberty start a girl may grow 10 cm a year. By the time you have your first period your growth rate will slow back down to 2.5 – 5cm a year.</p> <p>Most girls get to their full height within 1 or 2 years after their first period.</p> <p>Your arms and legs tend to grow faster than your back bone during puberty, so you may feel disproportionate.</p> <p>Boys usually start their growth spurts a couple of years after most girls start.</p> <p>The first external signs of puberty is usually breast development. At first breast buds develop. The nipples will be tender and elevated. The area around the nipple (the aureole) will increase in size.</p>	<p>Stage 2</p> <p>Happens at different ages for everyone based on heredity, but approximately between the ages of 9 –15 years.</p> <p>Muscle tissue and fat develop.</p> <p>Scrotum and testicles start to increase in size. The scrotum gets looser, longer and hangs lower (usually the left one is lower). The scrotum starts to change colour (more reddish if you are Caucasian, or darker if you have darker skin), as well.</p> <p>Height starts to increase and the shape of the body changes.</p> <p>The aureole, the dark skin around the nipple, darkens and increases in size.</p>

Puberty in Girls	Puberty in Boys
<p>Stage 3</p> <p>Generally between ages 9 –15 years.</p> <p>Pubic hair starts to grow around your vulva on the mons. The mons is a pad of tissue that lays under the skin to cushion the pubic bone.</p> <p>Most girls get curlier thicker pubic hair between 11 –13 years. Just like eyelashes keep dust and dirt particles from irritating the eyes, pubic hair protects the sensitive area between our labia majora.</p> <p>Your hips get wider as fat tissue grows around the hips, buttocks and thighs, so your body begins to have a rounder curvier shape.</p> <p>Your breasts are developing fat tissue so they get rounder and fuller.</p> <p>Armpit hair doesn't usually start until after you have started growing pubic hair. Many don't get hair until after their first period.</p> <p>Hair on your legs gets darker and thicker. Every culture is different. Talk to your mother or other adult about if/when you think you want to remove hair.</p> <p>You can use creams, wax or razors and shaving cream to remove hair.</p> <p>Vaginal Fluid: White discharge from the vagina may be present. For some girls this is the time that the first menstrual period begins.</p> <p>Body Image: Everyone's bodies are different shapes. You can change eating and exercise habits to change body types but genetics will play a part.</p> <p>Mesomorph – Pink Endomorph – Jennifer Lopez Ectomorph – Kate Middleton (Catherine, Duchess of Cambridge).</p>	<p>Stage 3</p> <p>Generally between ages 11 – 16 years.</p> <p>Pubic hair starts to grow around the base of your penis and on the scrotum. Pubic hair is not usually very dark in colour or very curly.</p> <p>When pubic hair starts to grow, there are often raised bumps on the surface of the skin that may look like pimples. These bumps are where hair is trying to break through the skin.</p> <p>As the penis continues to grow longer and wider, the skin of the penis darkens too.</p> <p>Increase in sweat because your sweat glands become more active.</p> <p>There may be more smell from armpits, feet, hand and genitals.</p> <p>Bathing/showering regularly, using deodorant, wearing clean clothes can cut down on body odour.</p> <p>Wearing 100% cotton underwear will help with body odours because it is more absorbent.</p> <p>Boys continue to grow in height and their faces appear more mature. Facial hair begins to develop on the upper lip.</p> <p>The shoulders broaden, making the hips look narrower.</p> <p>Body Image: Everyone's bodies are different shapes. You can change eating and exercise habits to change body types but genetics will play a part.</p> <p>Mesomorph – Dwayne Johnson/Serena Williams Endomorph – Beyoncé/Chris Pratt Ectomorph – Zendaya/Chris Rock.</p>

Puberty in Girls	Puberty in Boys
<p>Stage 4</p> <p>Approximately from ages 10 – 16 years.</p> <p>Increase in sweat because your sweat glands become more active. There may be more smell from armpits, feet, hands and vulva. Bathing/ showering regularly, using deodorant, wearing clean clothes can cut down on body odour. Wearing 100% cotton underwear will help with body odours because it is more absorbent.</p> <p>Acne</p> <p>Oil glands are more active making excess sebum (helps keep skin soft and pliable). If too much sebum is produced, pores may become clogged and blackheads result. Blackheads happen when sebum comes into contact with oxygen it turns black.</p> <p>Whiteheads happen by sebum getting trapped below the surface and forming small raised whitish bumps. It is hereditary and it will increase if you are stressed.</p> <p>Sunlight helps to decrease the pimples. Wash your face at least once a day with warm water and rinse with cold water.</p> <p>For severe acne, a Dermatologist may prescribe tetracycline that kills germs and can fight infections that clog pores and lead to acne.</p> <p>Breast Development: Some girls notice that their aureoles get even darker and separate into a little mound rising above the rest of the breast.</p> <p>Menarche: First menstruation should start now. Periods may not be regular for many cycles. Ovulation may also start now, however it may not occur regularly. It is possible to have regular periods even if ovulation does not occur every month.</p>	<p>Stage 4</p> <p>Approximately from ages 11 – 17 years.</p> <p>By age 2, boys usually grow 5cm a year until puberty and when puberty starts, a boy may grow 10cm a year.</p> <p>Boys usually start their growth spurts a couple of years after most girls start. By 14 years old, most boys have reached 91.5% of their adult height.</p> <p>Arms and legs tend to grow faster than their back bone during puberty, so they may feel clumsy and disproportionate.</p> <p>Pubic Hair</p> <p>Pubic hair becomes more curly, course and darker. Hair may grow towards the belly button and on the thighs.</p> <p>Armpit hair doesn't usually start until after you have started growing pubic hair.</p> <p>Facial hair may start to grow between ages 14 –16 years. Facial hair appears on the outer corners of your upper lip and will increase in thickness and darker colour as you age.</p> <p>If you choose to shave, using a clean razor with shaving cream will make shaving more comfortable</p> <p>Penis is both wider and longer and the glans is more developed.</p> <p>Testicles are about 3 – 4cm long by now.</p> <p>Voice will change due to larynx growing larger. As voice box grows the "Adam's apple" may become more pronounced</p> <p>The aureoles will get wider and darker. Nipples may get a bit larger. Swelling and soreness of the breasts are normal and temporary; you are not turning into a girl.</p> <p>They will starts having erections and wet dreams may start occurring.</p>

	Puberty in Boys continued
	<p>Acne</p> <p>Oil glands are more active making excess sebum (helps keep skin soft and pliable). If too much sebum is produced, pores may become clogged and blackheads result. Blackheads happen when sebum comes into contact with oxygen it turns black.</p> <p>Whiteheads happen by sebum getting trapped below the surface and forming small raised whitish bumps. It is hereditary and it will increase if you are stressed.</p> <p>Sunlight helps to decrease the pimples. Wash your face at least once a day with warm water and rinse with cold water.</p> <p>For severe acne, a Dermatologist may prescribe tetracycline that kills germs and can fight infections that clog pores and lead to acne.</p>

<h2>Puberty in Girls</h2>	<h2>Puberty in Boys</h2>
<p>Stage 5 Generally between 12 –19 years of age.</p> <p>Breasts: Inside each breast are lobes that kind of look like an orange. Inside each lobe are alveoli. When a female has a baby the milk is made in the alveoli, travels down the milk ducts to the nipple and out comes the milk.</p> <p>When you start developing breasts fat tissue forms around your growing milk ducts</p> <p>Bras: Some women start wearing bras as they will feel more comfortable and have more support when they run, jump or dance</p> <p>Bras size B36 measures around rib cage 79cm, add 13cm = 92cm</p> <p>Measure around the fullest part of your breast = 96.5cm</p> <p>96.5cm – 92cm = 4.5 – 5cm difference = B cup</p> <p>2.5cm difference = A cup</p> <p>5cm difference = B cup</p> <p>7.5cm difference = C cup</p> <p>10cm difference = D cup</p> <p>Full height is reached and young women are menstruating and ovulating regularly.</p> <p>Pubic hair is filled in in a more triangular pattern of growth and the breasts are developed fully.</p>	<p>Stage 5 Generally between 14 – 18 years of age.</p> <p>The penis is about 8cm – 10cm when flaccid and 12cm – 17cm when erect. Some penis grow a lot when they become erect and others only grow a little. Just because a penis may look smaller/or larger when flaccid, it does not indicate how much it will change when it becomes erect.</p> <p>The testicles are about 4.5cm in length.</p> <p>The scrotum will contract and expand to keep testicles at about 35°C</p> <p>Muscles in thighs, calves and upper arms grow larger and increase their upper body strength.</p> <p>Feet will reach adult size before they reach full height because bones in feet grow faster than some others.</p> <p>Full height is reached and young men need to shave regularly, unless they prefer to have facial hair.</p>

Online Videos to Supplement RSE Lessons

Please watch before showing young people, to assess suitability for the individuals with whom you will be working.

Puberty

Girls Puberty (4:29)

<https://bcove.video/2xGCIMT>
https://players.brightcove.net/4934638104001/default_default/index.html?videoid=5837586372001

Boys Puberty (5:01)

<https://bcove.video/2DLKlwb>
https://players.brightcove.net/4934638104001/default_default/index.html?videoid=5837590170001

Puberty and the Brain (6:29) Play video from 2.38 – 5.40 only.

<https://riseabove.org.uk/article/can-puberty-affect-your-head-as-well-as-your-body/>

Hygiene (5:00)

<https://youtu.be/jQ2e0KH5Wrl>

Top Signs Boys are Going Through Puberty

<https://www.youtube.com/watch?v=onggxBVL4qw>

Puberty and Trans Youth (1:51)

<https://www.youtube.com/watch?v=f7VyJKVBt7g>

Biological Changes in Males

What is a Wet Dream? (2:01)

https://www.youtube.com/watch?v=q_mWKHpEhaU

Biological Male and Anatomy (3:20)

<https://www.youtube.com/watch?v=G2ciOhidKpg>

Does Penis Size Matter (2:41)

<https://www.youtube.com/watch?v=kmYMHhj1YY>

Biological Changes in Females

Biological Female and Anatomy (2:00)

<https://www.youtube.com/watch?v=j9QgcCK6FKM>

Menstruation Sensation (3:38)

<https://www.youtube.com/watch?v=7O4w0GShDns>

Menstruation: What to Expect (3:18)

<https://www.youtube.com/watch?v=DBe7-PHRav8>

Period Hygiene: Tampon, Pads and Cups (2:09)

<https://www.youtube.com/watch?v=kmWbOC8Fbb0>

Does Breast Size Matter (3:00)

<https://www.youtube.com/watch?v=ZAx5CMYCJnk>

Body Image

Why Don't I like the Way I Look? (4:31) (Y7)

<https://www.youtube.com/watch?v=v7zUHOEYIN8>

Photo shopping/How to get the Perfect Body?

Males (6:21)

<https://riseabove.org.uk/article/how-to-get-the-perfect-body/>

Body Confidence (4:53)

<https://riseabove.org.uk/article/helen-melon-on-body-image/>

Emotions

Feelings Happen (5:07)

<https://youtu.be/Ocj0gyZwL5Y>

Dealing with Rejection (2:08)

<https://www.youtube.com/watch?v=RkZsDqH80Qs>

Teasing/Joking (2:16)

<https://www.youtube.com/watch?v=nKKDsluMaKU>

Bullying (2:28)

<https://www.youtube.com/watch?v=KQZ9hDDz704>

Contraception, Delay and Reproduction

Are You Ready for Sex? (3:19)

<https://www.youtube.com/watch?v=LV5loN-Hds0>

Long Acting Contraception Explained (2:12)

<https://www.youtube.com/watch?v=VCHyEziWMMI>

Condoms (2:54)

<https://www.youtube.com/watch?v=oaLdNErJ-Fk>

Contraceptionator (3:42)

<https://www.youtube.com/watch?v=ypbxZQ8wEFY>

Condoms, Pill and Patch (2:08)

<https://www.youtube.com/watch?v=50vmQzjRkuk>

Reproduction (2:31)

<https://www.youtube.com/watch?v=OejdOS4lqeE>

Think you Might be Pregnant? (3:11)

<https://www.youtube.com/watch?v=qs4do1DwMrl>

Unprotected Sex (3:07)

<https://www.youtube.com/watch?v=48zdZ6x3SK4>

STIs and HIV

STI Prevention (3:57)

<https://www.youtube.com/watch?v=41cFmDTABJY>

HIV: How to Protect Yourself and Others (2:32)

<https://www.youtube.com/watch?v=xK-VPgmn-18>

Gender Identities and Sexual Orientations

Like a Person (Created by Swindon young people from *Out of the Can* in 2020) (4:47)

<https://youtu.be/wpYp-JUfQrQ>

Range of Gender Identities (2:55)

<https://www.youtube.com/watch?v=i83VQlaDIQw>

Gender Identity (2:10)

<https://www.youtube.com/watch?v=W9YwOE8ndnc>

What is Sexual Orientation? (1:59)

<https://www.youtube.com/watch?v=wrUYs2FnrgA>

Coming out LGBT+ (2:38)

<https://www.youtube.com/watch?v=7YXcg8HJs18>

My Friend is Trans (4:24)

<https://www.youtube.com/watch?v=9DO7wSU1tCA>

How to be a LGBTQ+ Ally (2:01)

<https://www.youtube.com/watch?v=xS5FMErj0SE>

Relationships and Families

Different Kinds of Families (2:52)

<https://www.youtube.com/watch?v=hpCyiyNqzIE>

How Do You Know if You're in Love (2:57)

<https://www.youtube.com/watch?v=KZV38ah3wc8>

Healthy/Unhealthy Relationships (2:16)

<https://www.youtube.com/watch?v=Gn7ZQ2x0cOE>

What Makes a Relationship Healthy? (2:15)

<https://www.youtube.com/watch?v=UB9anEZx9LU>

Consent (12:22)

<https://truetube.co.uk/film/screwball>

Consent Ping Pong

<https://vimeo.com/178529042>

Enthusiastic Consent

<https://youtu.be/AqBQH1e7XwQ>

Other

Females and Masturbation (2:05)

<https://www.youtube.com/watch?v=5Q7VzPaFOJw>

Masturbation: Totally Normal (1:48)

<https://www.youtube.com/watch?v=TK48R722jyA>

Disability and Sexuality (2:53)

https://www.youtube.com/watch?v=MfYSpuKq_-8

LGBT+ Vocabulary

Agender: a person with no gender identity, although some define this more as having a gender identity that is neutral.

Ally: Someone who confronts heterosexism, homophobia, biphobia, transphobia, heterosexual and cisgender privilege in themselves and others. A concern for the well-being of lesbian, gay, bisexual, trans*, and intersex people. A person who believes that heterosexism, homophobia, biphobia and transphobia are social justice issues; a person who identifies with the privileged group.

Asexual: Someone who does not experience sexual attraction. Asexuality is a sexual orientation; celibacy is a conscious decision not to have sex, regardless of sexual desire.

Assigned Sex: The sex one is labelled at birth, generally by a medical or birthing professional, based on a cursory examination of external and/or physical sex characteristics such as genitalia and cultural concepts of male and female sexed bodies. Sex designation is used to label one's gender identity prior to self-identification.

Bisexual: A person whose sexual orientation is toward both women and men.

Cisgender: A person whose gender identity, gender expression, and assigned sex all align (e.g., man, masculine, and male).

Cissexism: Systemic or individual behaviours, assumptions and rules that grant preferential treatment to cisgender people.

Gay: A man whose sexual orientation is toward another man.

Gender: The social construction of masculinity and femininity in a specific culture.

Gender Affirming Surgery: Surgical procedures that alter or change physical sex characteristics in order to better express a person's inner gender identity. May include removal of the breasts, augmentation of the chest, or alteration or reconstruction of genitals.

Gender Binary: The system in which a society classifies all people into one of two categories (men and women), each with associated stereotypes and norms.

Gender Creative and Gender Independent: Terms often used to describe children who do not conform to binary constructions of gender. Children who are gender creative or gender independent may or may not grow up to identify as transgender.

Gender Dysphoria: Description of emotional or mental dissonance between one's desired concept of their body and what their body actually is, especially in reference to body parts/features that do not align or promote to one's gender identity. A term used in psychiatry to refer to the incongruence between an individual's assigned birth sex and their gender identity, with marked dissociation from one's physical body.

Gender Expression: The external display of gender, through a combination of dress, demeanour, social behaviour, and other factors, generally measured on a scale of masculinity and femininity.

Gender Fluid: a gender which varies over time. A gender fluid person may at any time identify as male, female, or any other non-binary identity, or some combination of identities.

Gender Identity: Self-conception of one's gender.

Gender Normativity: the social scripts that construct the gender binary of woman/man as "normal" and anything that exists outside of this binary as abnormal, unnatural and/or deviant.

Gender Norms: Mostly unwritten rules, scripts and roles prescribed by socially constructed binary ideas of masculinity and femininity that are reinforced by the dominant culture.

Gender Queer: An umbrella term used to describe people whose gender falls outside of the gender binary; a person who identifies as both a man and a woman, or as neither a man nor a woman.

Gender Role: Public, social and perceived expectations of gendered acts or expressions.

Gender Stereotypes: A belief or assumption about the characteristics of different groups or types of people based on prejudice. A gender stereotype is a rigid belief about how men and women typically behave on sexist prejudice. Gender stereotypes, like all stereotypes are limiting and can cause harm.

Gender Variant: Someone who does not conform to the gender roles and behaviours assigned to them at birth. This is often used in relation to children or young people.

Heterosexism: The attitude that heterosexuality is the only valid sexual orientation.

Intersex: Individuals who may have external genitalia which do not closely resemble typical male or female genitalia. They may have the appearance of both male and female genitalia.

Lesbian: A woman whose sexual orientation is toward another woman.

LGBT+: An acronym standing for Lesbian, Gay, Bisexual, Trans*, +. The + represents the countless other groups of sexual and gender minorities that would make the acronym too long for practical use.

Neutrois: A person who identifies as gender neutral. They may see themselves as fitting under the gender non-binary and or Trans* umbrella.

Non-Binary: Describes a gender identity that is neither female nor male. Gender identities that are outside of or beyond two traditional concepts of male or female.

Pansexual: Individuals that have the capability of attraction to others regardless of their gender identity or assigned sex. A pansexual could be open to someone who is male, female, Trans*, intersex, or agender/ gender queer/gender fluid.

Polyamory: Refers to having romantic, emotional, and/or sexual relationships with multiple partners and can include: open relationships, polyfidelity (which involves multiple romantic relationships with sexual contact restricted to those), and sub-relationships (which denote distinguishing between a “primary” relationship or relationships and various “secondary” relationships).

Questioning: a term used to describe someone who is unsure of or exploring their sexual orientation and/ or gender identity.

Third/3rd Gender: An umbrella term used to describe people who exist outside of the gender binary. For some people, it means the construction of a new gender. To native Hawaiians and Tahitians, Mahu is an intermediate state between man and woman or an indeterminate gender. 3rd Gender has also been used to describe Hijras of India, Fa’afafine of Polynesia. Nepal, Pakistan, India and Bangladesh have all legally accepted the existence of a 3rd gender, with India and Nepal including an option for them on passports and some official documents.

Romantic Orientation: The pattern of a person’s romantic attraction, or the gender of the people a person falls in love with or desires to partner with.

Sexual Orientation: The pattern of a person’s sexual attraction to the same, other or multiple genders.

Sexual Preference: The types of sexual intercourse, stimulation, and gratification one likes to receive and participate in.

Trans*: An umbrella term that includes people who do not fit traditional male or female roles and expectations, and/or who identify with a gender other than the one assigned at birth. A person who feels the binary gender system is an incomplete description of who they are.

Transman: A transgender individual who identifies as a man.

Transwoman: A transgender individual who identifies as a woman.

Transitioning: To physically change one’s appearance, body, self-describing language, and/or behaviours in accordance with their gender identity. May be broken down in parts; social transition (language, clothing, behaviour, legal documents) and physical transition (medical care such as hormones, and/or surgery).

Transphobia: The fear, hatred, or intolerance of people who identify or are perceived as transgender.

Two-Spirited: A term used by some Indigenous people to self-identify. It is an Indigenous specific term that can only be used by Indigenous people to identify themselves. Two spirits can sometimes refer to sexual/romantic orientation and at other times to gender identity, depending on the specific individual or their particular nation. It can also describe roles and responsibilities specific to different Indigenous nations that may or may not be tied to sexual orientations and/or gender identity.

*Term generally used within First Nations culture in Canada and the Native American communities of the United States of America.

Definitions and Terms for Female Genital Mutilation

The World Health (WHO) classifies FGM into 4 types:

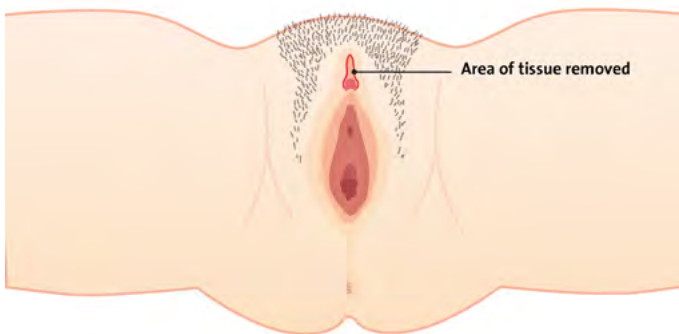
Type 1 involves the excision of the prepuce with or without excision of part or all of the clitoris.

Type 2 excision of the prepuce and clitoris together with partial or total excision of the labia minora.

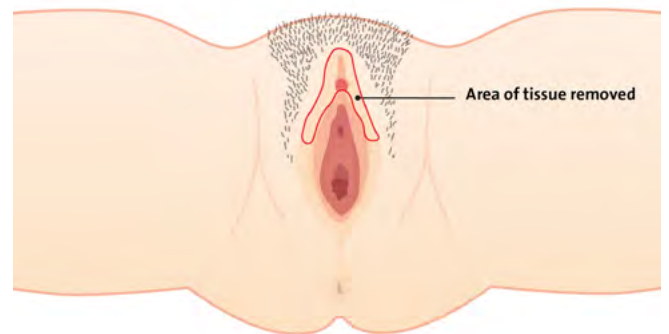
Type 3 excision of part or all of the external genitalia and stitching or narrowing of the vaginal opening, also known as infibulation. This is the most extreme form and constitutes 15 per cent of all cases. It involves the use of thorns, silk or catgut to stitch the two sides of the vulva. A bridge of scar tissue then forms over the vagina, which leaves only a small opening (from the size of a matchstick head) for the passage of urine and menstrual blood.

Type 4 includes pricking, piercing or incision of the clitoris and/or the labia; stretching of the clitoris and/or the labia; cauterisation or burning of the clitoris and surrounding tissues, scraping of the vaginal orifice or cutting (**Gishiri cuts**) of the vagina and introduction of corrosive substances or herbs into the vagina.

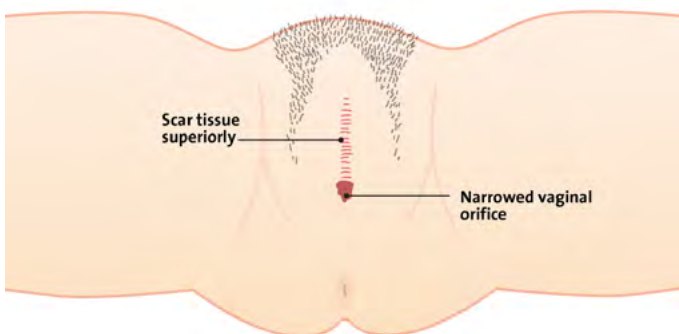
Type 1



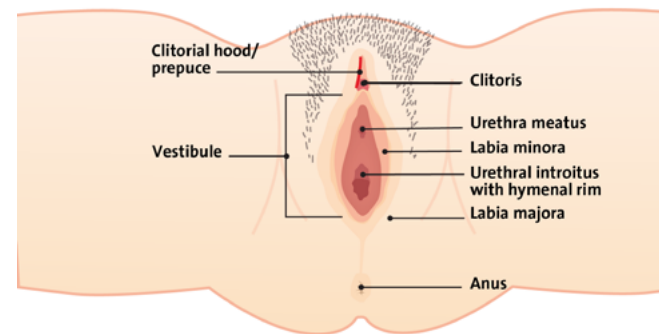
Type 2



Type 3



Type 4



Other FGM Related Terms and Definitions

Angurya cuts:

A form of FGM type 4 that involves the scraping of tissue around the vaginal opening.

Clitoridectomy:

Refers to excision of the clitoris.

De-infibulation Sometimes known as or referred to as deinfibulation or defibulation or FGM reversal: The surgical procedure to open up the closed vagina of FGM type 3.

Excision:

Refers to removal of the clitoral hood, with or without removal of part or all of the clitoris.

Infibulation or Pharaonic circumcision:

Refers to FGM type 3 (see above), the most extensive form of FGM.

Re-infibulation Sometimes known as or referred to as reinfibulation or re-suturing:

The re-stitching of FGM type 3 to re-close the vagina again after childbirth (illegal in the UK as it constitutes FGM).

Sunna:

The traditional name for a form of FGM that involves the removal of the prepuce of the clitoris only.

The word 'sunna' refers to the 'ways or customs' of the prophet Muhammad considered (wrongly in the case of FGM) to be religious obligations. Studies show however, that the term 'sunna' is often used in FGM practicing communities to refer to all forms of FGM, not just FGM that involves only the removal of the hood of the clitoris.

Traditional and Local terms for FGM

Country	Term used for FGM	Language	Meaning
Egypt	Thara	Arabic	Deriving from the Arabic word 'tahir' meaning to clean/purify
	Khitan	Arabic	Circumcision – used for both FGM and male circumcision
	Khifad	Arabic	Deriving from the Arabic word 'khafad' meaning to lower (rarely used in everyday language)
Ethiopia	Megrez	Amharic	Circumcision/cutting
	Absum	Harrari	Name giving ritual
Eritrea	Mekhnishab	Tigreña	Circumcision/cutting
Kenya	Kutairi	Swahili	Circumcision – used for both FGM and male circumcision
	Kutairi was Ichana	Swahili	Circumcision of girls
Nigeria	Ibi/Ugwu	Igbo	The act of cutting – used for both FGM and male circumcision
	Sunna	Mandingo	Religious tradition/obligation – for Muslims
Gambia	Niaka	Mandinka	Literally to 'cut/weed clean'
	Kuyango	Mandinka	Meaning 'the affair' but also the name for the shed built for initiates
	Musolula Karoola	Mandinka	Meaning 'the women's side'/'that which concerns women'
Sierra Leone	Sunna	Soussou	Religious tradition/obligation – for Muslims
	Bondo	Temenee	Integral part of an initiation rite into adulthood – for non-Muslims
	Bondo/Sonde	Mendee	Integral part of an initiation rite into adulthood – for non-Muslims
	Bondo	Mandingo	Integral part of an initiation rite into adulthood – for non-Muslims
	Bondo	Limba	Integral part of an initiation rite into adulthood – for non-Muslims
Somalia	Gudiniin	Somali	Circumcision used for both FGM and male circumcision
	Halalays	Somali	Deriving from the Arabic word 'halal' i.e. 'sanctioned' – implies purity. Used by Northern and Arabic speaking Somalis
	Qodiin	Somali	Stitching/tightening/sewing refers to infibulation

Country	Term used for FGM	Language	Meaning
Sudan	Khifad	Arabic	Deriving from the Arabic word 'khafad' meaning to lower (rarely used in everyday language)
	Tahoor	Arabic	Deriving from the Arabic word 'tahaar' meaning to purify
Chad - the Ngama	Bagne	Arabic	Used by the Sara Madjingaye
Sara subgroup	Mekhnishab	Tigregna	Adapted from 'ganza' used in the Central African Republic
Guinea-Bissau	Fanadu di Mindjer	Kriolu	Circumcision of girls
	Fanadu di Omi	Kriolu	Circumcision of boys

Factsheets on Contraception



Delay

Talk to your partner(s) about your personal boundaries and choices before you have sex. During a relationship this conversation may need to happen a number of times. As the relationship changes, you may want to talk about changing your limits or reinforcing that they have stayed the same.

What is Delay?

Delay means different things to different people. For some, Delay means no genital or sexual contact at all (this includes intercourse, oral sex, stimulating a partner with your hands, touching beneath partner's clothing and masturbation). For others Delay may mean stopping before having sex. There are lots of choices in between too. If a partner lets you know that he/she has chosen Delay, you may still ask for clarification as to what his/her personal limits are so that you can respect them.

How well does Delay work?

It depends on the person making that choice. Not being involved in any type of sexual behaviour is the only method of contraception that is 100% effective. If you are really not ready to have a pregnancy or an STI (sexually transmitted infection) in your life, delaying keeps you clear of those difficulties. Even if you have had sex before (with your current partner or one in the past) you can wait to have sex again until you are ready. It's always your choice. You can stop anytime you want.

It also depends on your ability to stick to your decisions about your sexual limits and communicate those choices to a partner. Delay only works if you know under which circumstance you would "yes" as well as under which circumstances you would say "no".

How do I make and maintain my decision?

- 1 Think about the responsibilities, consequences and pleasures that come with sexual involvement. Are you ready to accept each of those outcomes?
- 2 Read about the risks associated with each sexual behaviour. Decide what behaviour you are comfortable with and ready to be involved in.
- 3 Think about your values and beliefs. Would either choice result in acting against the way you believe you should behave?
- 4 How might your family react if they knew you were sexually active? How would they react if you were abstinent?
- 5 Think about what situations might put you at risk of acting against your decision (drugs, alcohol, being alone with your partner etc.). Try to not place yourself in a state where respecting your boundaries and your partner's decision might be difficult.
- 6 Talk to your partner about your values, decisions and the kind of relationship you want. If your partner is aware of your choices it is easier to respect them.
- 7 Respect yourself. If you are in a relationship with someone that is pressuring you to do things you don't want to do or makes you feel childish, dumb or wrong, you may want to re-evaluate being in this relationship. Everyone has the right to choose what happens with his/her body and who has access to it. If your partner doesn't respect your choice to abstain, then they don't respect you. You can respect yourself by only having people in your life that support you and your decisions.
- 8 Think about for whom you are making this decision. Do others expect you to abstain or be sexually active? Are you making a choice about sexual behaviour or Delay to please a partner? This is a choice you will have to live with. Make sure you are making your choice based on accurate information and out of your own sense of doing what is best for you.

- 9** Know that you have the right to change your mind. You may choose to abstain even if you have had sex before. You may also decide to have sex if you have abstained for many years. Only you can make that choice. It may be helpful to talk to a parent, spiritual leader or health care provider if you are considering making changes in your life regarding the choice to abstain or engage in sexual behaviour.
- 10** Know that you are not alone. Many people practice Delay at different times in their life. Delay is a valid choice for some people, just as being sexually active is a valid choice for others.

Advantages:

- 1** No worrying about pregnancy or STIs.
- 2** No cost.
- 3** May be able to have less serious relationships that free you up to spend time doing other things.
- 4** May not have to feel guilty if you are violating personal values or beliefs.

Disadvantages:

- 1** May not feel the pleasure that comes from being physically intimate with another person.
- 2** May be difficult to maintain.
- 3** May feel like you are not being true to your own values and beliefs.
- 4** May not feel comfortable discussing your needs to a partner when you do become sexually active.

Sympto – Thermal Method

What is the Sympto-Thermal method?

Sympto-Thermal method uses a number of physiological changes to identify the different phases of a woman's cycle. By monitoring basal body temperature, cervical mucus, position of the cervix and the number of days in each phase of a menstrual cycle, couples can plan to engage in or abstain from intercourse based on their preparedness to be parents.

How does the Sympto-Thermal method work?

By observing the symptoms that your body is exhibiting, you can determine whether you are in the pre-ovulatory, ovulatory or post ovulatory phase. If you have not yet ovulated or just ovulated, you need to avoid penetrative intercourse if you do not wish to be pregnant. If you are planning to be a parent, you and your partner could concentrate your sexual contact at the time of ovulation.

After using charts to record your own personal patterns for six months, women can calculate when to abstain from intercourse. During the ovulatory phase, the cervical mucus is transparent and very stretchy – similar to the clear part of an uncooked egg. At other points in the cycle, the mucus may be white, thick and tacky. Each woman's body is different, therefore it is important to chart your own specific symptoms. Some women experience pain in their lower abdomen at the moment the egg is released from the ovary; others do not.

Another aspect of the Sympto-Thermal method is the monitoring of the basal body temperature (BBT) on a daily basis. Before even getting out of bed in the morning, a woman uses a basal body thermometer to check her at rest temperature. The temperature is then recorded on the chart along with other information regarding the appearance of the cervical mucus and the position of the cervix. Just prior to ovulation, the BBT will drop slightly. After ovulation the BBT rises about 0.2 – 0.4°C. Ovulation is confirmed by 3 consecutive days of an elevated BBT. A woman is considered fertile until the night of the 3rd day of elevated temperature.

There are many precise details to make this an effective means of contraception. Make sure you are taught by a knowledgeable doctor, nurse or counsellor before using the Sympto-Thermal method as your primary contraceptive.

How effective is the Sympto-Thermal method?

Out of every 100 women who use the Sympto-Thermal method, between 80 and 99 do not get pregnant. Your chances of getting pregnant are lower when you use the method correctly. You have to use the method every day and carefully record your symptoms. How well it works, is also dependent on how committed you and your partner are to abstaining from intercourse during specific times of the cycle if you are trying to avoid pregnancy. You are less likely to get pregnant when you use this method with a condom, Advantage 24, VCF, foam or another method of contraception.

Anything that disturbs your normal routine may affect your temperature (e.g. excessive fatigue, excessive alcohol intake, emotional shocks). Additionally, any infection may increase your BBT (diarrhoea, colds, and the flu).

Advantages:

- 1 They are not expensive.
- 2 They don't cause any changes in your body.
- 3 There are no side effects.
- 4 You and your partner(s) may learn more about the woman's body.
- 5 This is a natural way of trying to not get pregnant.
- 6 You can also use them when you want to get pregnant.

Disadvantages:

- 1 You need to learn how to use them.
- 2 It takes time and effort to use them.
- 3 You may not be able to have vaginal sex at some times of the month.
- 4 If you don't have regular cycles, this method may not work as well.
- 5 You are not protected against sexually transmitted infections.
- 6 If you are ill or under stress, your menstrual cycle may change. You might not be able to rely on these methods.

You need to be comfortable with your own body to use some of these methods.

Oral Contraceptives – “The Pill”

Talk to your partner(s) about contraception before you have sex. During vaginal or anal sex you can use latex or polyurethane condoms to lower your chances of getting sexually transmitted infections (STI's).

What is the contraception pill?

The contraception pill is a hormonal pill that women take to try not to get pregnant. Your doctor has to give you a prescription. When your doctor prescribes the pill s/he should give you a physical examination and cervical screening. This should be done yearly.

How does the contraception pill work?

The contraception pill works in different ways:

- 1 It stops your ovaries from releasing an egg each month.
- 2 It makes the mucus in the cervix thicker. It is harder for the sperm to travel into the cervix. The cervix is the opening to the uterus.
- 3 The lining of the uterus becomes thinner. This makes it harder for a fertilized egg to attach to the uterus.

How effective is the contraception pill?

Out of 100 women who take the contraception pill, about 99 of them do not get pregnant.

How do you use the contraception pill?

A nurse or doctor will tell you how to start using it. You can choose from different kinds of contraception pills. Contraception pills come in packs for 21 or 28 days.

- 1 Read the instructions that come with the contraception pills, and check the expiry date on the package before you use them.
- 2 If you get the 21-day pack, you take one pill each day for 21 days. These pills contain hormones. Then for seven days you do not take pills.
- 3 If you get the 28-day pack, you take one pill each day. For 21 days, you take pills that have hormones. For seven days, you take pills that don't have hormones. Your chances of getting pregnant are still low during these seven days.

Your chances of getting pregnant are lower if you take the contraception pill at the same time every day.

The contraception pill doesn't work right away. You can use another kind of contraception during the first month you take the pill. Your pills **might not work** as well if:

- you have diarrhoea
- you throw up
- you take medicines like antibiotics, antacids, or anticonvulsants.

If any of this happens, you should use another kind of contraception until you finish the whole pack of pills. If the doctor gives you any medication, you should tell him or her that you are taking contraception pills.

What if I forget my pill?

- **if you miss 1 pill** take that pill as soon as you remember it. Take your next pill at the regular time.
- **if you miss 2 pills in a row** take two pills as soon as you remember and take two pills the next day. Then return to your regular schedule but use a back-up method of contraception for the seven days after the two missed pills.
- **if you miss 3 pills in a row** you will probably begin your period. Whether or not you are menstruating throw away the rest of your pack and begin your next pack as you did when you first started the method. For example if you are a "Sunday starter" begin your next pack on Sunday. If you started on any other day, you may simply start your next pack immediately.

Advantages:

- 1 Your chances of getting pregnant are very low.
- 2 Your period is very regular. You might not bleed as much during your period.
- 3 The contraception pills that have oestrogen and progesterone lower your chances of getting cancer of the ovaries and endometrium. The endometrium is the lining of the uterus.
- 4 You don't have to interrupt sex.
- 5 Your partner doesn't have to be involved.

Disadvantages:

- 1 A doctor has to give you the prescription.
- 2 You might not be able to use it safely.
- 3 You must remember to take it each day at the same time.
- 4 You're not protected against sexually transmitted infections (STI's)
- 5 It costs a lot, especially at drugstores. You can buy it for less at some contraception clinics.

A very small number of women suffer more serious side effects. There is a risk of getting heart attacks, strokes, blood clots in the veins, or liver tumours. As you get older, you are at higher risk for having these problems. **If you smoke or have high blood pressure, the risk is even higher.**

The Injection – “The Shot”

What is the Injection?

The Injection is a form of contraception given by injection. You can get an injection every three months to prevent pregnancy.

How does the Injection work?

If you use The Injection, your ovaries will not release an egg each month. It also affects the endometrium (lining of the uterus) and makes the mucus found in the cervix thicker. The cervix is the opening to the uterus.

How effective is the Injection?

You have to get the injection every three months. Out of 100 women who use this method, about 99 of them will not get pregnant.

How do you use the Injection?

- The Injection is a medication. A doctor will give you a prescription. A doctor or nurse will give you the injection. You must go to a doctor or a clinic every three months for the injection.
- You will get the first shot when you are having your period.
- You should use another kind of contraception for two weeks after the first injection.

Advantages:

- 1 The chances of getting pregnant are very low.
- 2 You only have to get an injection once every three months.
- 3 You might not get cramps before and during your period.
- 4 You might not bleed as much during your period. Some women stop having periods at all.
- 5 You may use this method if you are breast feeding.
- 6 Your chances of getting some kinds of cancer are lower.
- 7 You might be able to use this method even if you cannot use the contraception pill.
- 8 You don't need to keep any contraception supplies at home.

Disadvantages:

- 1 You will have irregular bleeding. Some women stop having periods completely.
- 2 It is an injection.
- 3 You must go to the doctor or clinic every three months for the injection.
- 4 If you are late in getting your injection, your chances of getting pregnant are higher.
- 5 You might get some side effects like headaches, dizziness, bloating, tender breasts, mood changes, and weight gain.
- 6 You are not protected against sexually transmitted infections (STI's).
- 7 If you want to get pregnant in the future, it may take you up to two years after getting the last The Injection® injection.

Where can you get the Injection?

Most contraception clinics will administer The Injection.

The Implant

What are Implanon® implants?

Implanon® implants are a form of contraception. The Implanon® implant is a soft, flexible, plastic rod. It is the size of a match stick. It is placed in your arm to prevent pregnancy. It can stay in your arm for three years.

How do Implanon® implants work?

A hormone is released slowly into the woman's blood. It stops the ovary from releasing an egg. It also makes the mucus found in the cervix thicker. It makes it hard for sperm to reach and fertilize an egg that might be released.

How effective are Implanon® implants?

Out of every 100 women who use this method, 99 of them will not get pregnant. Your chances of getting pregnant are higher if you weigh more than 11 stone (154 pounds).

How do you use Implanon® implants?

A doctor will put the implant in. This takes about 15 minutes. It can be done in a doctor's office. First, the doctor or the nurse will give you medication to freeze the area of your arm where the rod will go.

- You don't need stitches
- They will put a small bandage over the tiny cut
- You might feel that the implant area is very sensitive
- You might get bruises in the implant area
- After you have Implanon® implants inserted, you may notice that:
 - your period is longer.
 - you bleed between your periods.
 - you don't bleed as much during your period.
 - you don't bleed at all.
- You can get pregnant once you have the implant removed. A doctor can remove the implants anytime during the three years.

Advantages:

- 1 You can use them for up to three years at a time.
- 2 You can get pregnant right after you have the implant removed. You don't have to wait.
- 3 You don't need any other kind of contraception.
- 4 You don't feel them when you have vaginal intercourse.
- 5 Your partner(s) doesn't have to be involved.
- 6 It can be used by women who cannot use a contraception method that contains the hormone oestrogen.

Disadvantages:

- 1 Bleeding during your period might be irregular.
- 2 Side effects may include acne, headaches, tender breasts, and bloating
- 3 You are not protected against sexually transmitted infections (STI's).

Where can you get Implanon® implants?

Not all doctors are trained to put in and take out Implanon® implants. Call your doctor or clinic to find out where you can get them. All treatments are free and confidential.

Emergency Hormonal Contraception

Talk to your partner(s) about birth control before you have sex. During vaginal or anal sex, you can use latex or polyurethane condoms to lower your chances of getting sexually transmitted infections (STI's). If you have unprotected sex or you think your contraception might have failed, you could use one of three methods of emergency contraception: Levonorgestrel tablet, EllaOne tablet or the copper IUD (Intra Uterine Device) coil.

What is the copper IUD Coil?

An IUD Coil is a small plastic and copper device that is put into your uterus up to five days after unprotected sex provided this is the ONLY unprotected sex that has occurred since your last period. For more details on the IUD Coil, have a look at the IUD factsheet.

What are the Emergency Hormonal Contraceptive (EHC) tablets Levonorgestrel and EllaOne?

The EHC tablet Levonorgestrel is taken orally as soon as possible, but no later than 72 hours (3 days) after you had sex where you think that you may have become pregnant. EllaOne is a tablet taken orally as soon as possible, but no later than 120 hours (5 days) after you had sex where you think that you may have become pregnant.

How does the Emergency Contraceptive Tablet work?

The EHC affects the lining of the uterus. An egg that has been fertilised cannot implant in the lining and continue to develop. It might also take longer for an egg to be released or it may not be released at all. Some of the side effects may be nausea, vomiting, dizziness, headaches, fatigue, spotting, cramping or breast tenderness. The most frequent side effects are nausea and vomiting. If vomiting occurs within 3 hours, another tablet should be taken.

How effective are the Emergency Hormonal Contraceptive tablets?

Out of 100 women who use Levonorgestrel within 24 hours of unprotected sex, about 95 do not get pregnant but it is more effective the sooner it is taken after the act of intercourse. If you take the tablet 25 – 28 hours after unprotected sex it becomes up to 85% effective. If you wait until 49 – 72 hrs after your contraception has failed, the tablet may be only up to 58% effective.

Out of 100 women who use Ella One within 72 hours of unprotected sex, about 99 do not get pregnant but it is more effective the sooner it is taken after the act of intercourse. If you take the tablet 48 – 120 hours after unprotected sex it is about 98% effective.

After you take an EHC tablet, you need to use another kind of birth control (perhaps condoms) every time you have vaginal sex until your next period. If you do not get your period within the next 21 days, consider having a pregnancy test.

How do you use the Emergency Contraceptive Tablets?

If you are able to take the birth control tablets safely, you can take the EHC tablet.

You might get an upset stomach and you might throw up. If you throw up within 2 – 3 hours of taking a tablet, call your doctor or clinic. You may need to take another tablet. You might bleed a bit after taking the EHC. This may not be your period. You might get your period before or after it usually comes.

If your period is two weeks late or if it is different, call your doctor or clinic. You may need a pregnancy test.

Advantages:

- 1 You can use it if you had sex without using birth control.
- 2 You can use it if the birth control method you used didn't work.
- 3 Your chances of getting pregnant are very low.
- 4 Most women can use it safely.

Disadvantages:

- 1 You might throw up or feel sick.
- 2 You may bleed between periods.
- 3 You might feel pain.
- 4 You might have diarrhea.
- 5 Your chances of having an ectopic pregnancy are higher. An ectopic pregnancy is a pregnancy outside of the uterus in the wrong place.

Some women might have more serious side effects. Talk to your health care provider about the risk of side effects before you use the EHC.

Where can I get Emergency Hormonal Contraception?

You can get emergency contraception free from any general practice that provides contraceptive services, a sexual health clinic and some GUM clinics. You may also be able to get emergency hormonal contraception tablets from most NHS walk-in centers, some pharmacies (although there may be age restrictions) and some hospital emergency departments. You can buy the emergency tablets from most pharmacies if you are over 16 years of age or older.

Intra-Uterine Device (IUD) – “The Coil”

What is an IUD?

An Intrauterine Device (IUD) is a small piece of plastic that is inserted by a doctor into the uterus to prevent pregnancy. It is approximately 3cm in length. There are several different types of IUDs.

The most common IUD is T-shaped and coated with copper. This can be left in the uterus for up to two years or longer. Another type of IUD contains a hormone (progestin) but it needs to be replaced once a year. Attached to the IUD are two plastic threads or strings that hang down through the cervix into the vagina. The cervix is the opening to the uterus. The threads, or strings, do not hang outside the body.

The IUD can also be used as an emergency method of contraception. If an IUD is inserted within seven days after unprotected vaginal sex it may prevent a pregnancy.

An Intrauterine System (IUS) is similar to an IUD. The difference is that an IUS releases the hormone progestogen which helps to thicken the lining of the uterus while also thickening cervical mucus.

How does an IUD work?

Exactly how an IUD works to prevent pregnancy is not fully understood. The IUD may:

- cause slight inflammation of the lining of the uterus so that a fertilized egg cannot implant
- interfere with the movement of sperm
- speed up the movement of the egg through the fallopian tube

How effective is an IUD?

The IUD is 97 – 99% effective in preventing pregnancy.

How do you use an IUD?

Insertion of an IUD must be done by a doctor or nurse. It is usually done during your period. The doctor or nurse will perform a pelvic exam and check to see where your uterus is positioned. They will then insert a speculum into your vagina to see your cervix and then wash your cervix with an antiseptic solution.

Next an IUD is put into your uterus and the strings are cut just below your cervix. IUD insertion can be uncomfortable. You may want to take pain pills before you have an IUD inserted. Removal of an IUD must be done by a doctor or a nurse. Do not try to remove an IUD yourself. At the end of each menstrual period, the location of the IUD should be checked by inserting a finger into the vagina to feel for the two strings protruding from the cervix. If the woman cannot locate the strings or if the device is expelled from the body with menstrual flow, an appointment with a physician should be made.

Advantages:

- 1 Highly effective in preventing pregnancy.
- 2 Does not interrupt sex.
- 3 Does not require partner's involvement.
- 4 Can be used for a long period of time.
- 5 Can be used as an emergency method of contraception.

Disadvantages:

- 1** Does not protect against sexually transmitted infections (STIs).
- 2** If you get a sexually transmitted infection, the IUD could increase the likelihood of developing pelvic inflammatory disease (infection of the reproductive organs), which may lead to infertility.
- 3** May increase the likelihood of ectopic pregnancy (pregnancy outside the uterus).
- 4** Can cause heavier and more painful periods.
- 5** Chance of expulsion during menstruation
- 6** Cramping and discomfort during insertion.
- 7** There are risks during insertion and removal that your doctor should discuss with you before inserting an IUD.

Where can you get an IUD?

Most contraception clinics can insert an IUD.

Diaphragm

What is a diaphragm?

A diaphragm is a form of contraception. You put it into your vagina before you have vaginal sex. You can use it to prevent pregnancy.

A diaphragm is a shallow cup made of latex. It's shaped like a dome. It has a rim that is flexible. A doctor or nurse can tell you what size of diaphragm you need. They will also show you how to use it. A diaphragm is placed deep in the vagina. Once it is in, it should feel comfortable. A diaphragm has to be used with spermicidal jelly or cream. Spermicidal jelly and cream kill sperm. When the sperm is killed, your chances of getting pregnant are lower.

How does diaphragm work?

The diaphragm works in two ways:

- It holds the spermicidal jelly or cream that kills sperm close to the cervix. The cervix is the opening to the uterus.
- It works as a barrier. It covers the cervix. It stops sperm from going into the cervix.

How effective is a diaphragm?

Out of every 100 women who use a diaphragm, between 92 – 96 will not get pregnant. Your chances of getting pregnant are lower when you use the diaphragm correctly. You have to use it every time you have vaginal sex. You are less likely to get pregnant when you use the diaphragm with a condom or another method of contraception.

How do you use a diaphragm?

- 1 Use about a teaspoon of contraceptive jelly or cream and place it in the dome of the diaphragm. Spread a little around the rim. Hold the diaphragm, dome down and squeeze the rim together to form an arc. With the other hand, open the lips of the vagina and insert the diaphragm down and back in the vagina as far as it will go. Squatting or standing with one foot on the toilet often helps. Then tuck the front rim of the diaphragm up behind the pelvic bone.
- 2 Put the diaphragm in up to no more than 1 hour before you have vaginal sex.
- 3 If you have sex again leave the diaphragm in. Put more jelly or cream into your vagina, using an applicator, before you have sex. Do this each time you have sex again.
- 4 Leave the diaphragm in for six to eight hours after your last act of intercourse. This is so that the spermicide can kill the sperm.
- 5 You should go to your doctor or nurse to have your diaphragm checked if you have given birth, have had a miscarriage, have had an abortion, have gained or lost 10 pounds or more, have had surgery in your pelvic area, or if your diaphragm feels uncomfortable, because you may need a new size.

Advantages:

- 1 You only have to use it when you need it.
- 2 It may protect you from some sexually transmitted infections (STIs).
- 3 You don't feel it. Your partner doesn't feel it.
- 4 You don't have to interrupt sex to put it in.
- 5 Your partner doesn't have to be involved.
- 6 It doesn't cause any changes in your body.
- 7 You usually only need to get a new one every year or two.

Disadvantages:

- 1** Some women find it hard to put in or take out.
- 2** The spermicide cream or jelly might irritate you.
- 3** A doctor or nurse has to fit it.
- 4** The diaphragm does not fit all women.
- 5** You have to clean it and take care of it each time you use it.
- 6** You need to use extra jelly or cream if you have sex again.
- 7** You need to feel comfortable with putting it into your vagina.
- 8** You may have more risk of getting urinary tract infections.
- 9** You may be at more risk of getting Toxic Shock Syndrome.

Where do you get a diaphragm?

You need to go to a doctor or nurse to find out the right size of diaphragm for you.

Vaginal Ring

What is a Vaginal Ring?

A Vaginal Ring is a form of contraception. The Vaginal Ring is a flexible, transparent plastic ring. Its diameter is approximately 54mm and is 4mm thick. It is placed in the vagina throughout a female's cycle.

How does a Vaginal Ring work?

A hormone is released slowly into the woman's bloodstream through the vaginal wall. It stops the ovary from releasing an egg. It also makes the mucus found in the cervix thicker. It makes it hard for sperm to reach and fertilize an egg that might be released. It also makes the lining of the uterus thinner so it is less likely to accept a fertilized egg.

How effective is a Vaginal Ring?

Out of every 100 women who use this method, 99 of them will not get pregnant.

How do you use a Vaginal Ring?

- 1** Insert the ring on the first day of your period and you will be protected against pregnancy immediately. You can also start the ring on days 2 – 5 of your period but you must use additional contraception, such as condoms for the first 7 days you use the ring.
- 2** With clean hands squeeze the ring between your thumb and finger and use one hand to insert it into your vagina. If necessary, spread your labia (vaginal lips) with your other hand
- 3** Push the ring into your vagina until it feels comfortable. It does not need to cover your cervix to work. Most women can't feel the ring. If you feel it and it is also uncomfortable, push the ring a little further into your vagina.
- 4** The vaginal ring should be left in the vagina for 3 weeks (21 days). After 3 weeks remove the ring on the same day of the week that it was inserted.
- 5** Stop using the ring for one week (7 days). During this week you may get a bleed. You don't have periods when you use the vaginal ring – you have a withdrawal bleed. It is caused by not taking hormones in the ring-free week.
- 6** After not having a ring in your vagina for a week, insert a new ring on the same day of the week that you took the previous one out. You should do this even if you are still bleeding.
- 7** Continue using the vaginal ring as you did in the last cycle.
- 8** Put the used vaginal ring in the bin; not the toilet.
- 9 If you forget to take the ring out at the end of week three...**
 - If the ring has been left in for up to 7 days after the end of week 3, as soon as you remember, remove the ring. Do not put another ring in. Start your 7 days of having no ring in your vagina. After the 7 days, insert a new ring on the same day of the week you removed it. You don't need to use additional contraception and you are protected against pregnancy.
 - If the ring has been left in for more than 7 days after the end of week 3, as soon as you remember, remove the ring and insert a new ring immediately. You must use additional contraception until the new ring has been in place for 7 continuous days. Ask your doctor or health care provider for advice if you have had sex in the previous few days and were not using condoms, as you may need emergency contraception.

10 If you forget to put a new vaginal ring in at the end of the withdrawal bleed...

- Insert a new ring as soon as possible and use additional contraception until the new ring has been in your vagina for 7 continuous days. Ask your doctor or health care provider for advice if you have had sex in the previous few days and were not using condoms, as you may need emergency contraception.

11 If the ring comes out of your vagina for less than 3 hours...

- Rinse the ring with cool or warm water and re-insert the same ring as soon as possible within 3 hours. You don't need to use additional contraception and you are protected against pregnancy.

12 If the ring comes out of your vagina for more than 3 hours during the 1st or 2nd week of use...

- Rinse the ring with cool or warm water and re-insert the same ring as soon as possible within 3 hours. You must use additional contraception until the ring has been in place for 7 continuous days. Ask your doctor or health care provider for advice if you have had sex in the previous few days and were not using condoms, as you may need emergency contraception.

13 If the ring comes out of your vagina for more than 3 hours during the 3rd week of use...

- Throw the ring away and insert a new ring immediately and start a new ring cycle. You may not experience a withdrawal bleed but breakthrough bleeding or spotting may occur. You must use additional contraception until the ring has been in place for 7 continuous days. Ask your doctor or health care provider for advice if you have had sex in the previous few days and were not using condoms, as you may need emergency contraception.

or

- Throw the ring away and insert a new ring immediately and do not start a new ring. Start your 7 days without a vaginal ring. You will have a withdrawal bleed. Insert a new ring 7 days from the time the previous ring came out of the vagina. This option can only be chosen if the ring was used continuously for the previous 7 days. You must use additional contraception until the ring has been in place for 7 continuous days. Ask your doctor or health care provider for advice if you have had sex in the previous few days and were not using condoms, as you may need emergency contraception.

Advantages:

- 1** Your chances of getting pregnant are very low.
- 2** You don't have to think about it every day.
- 3** You don't have to interrupt sex.
- 4** The ring is not effected if you vomit or have diarrhoea.
- 5** Bleeding will usually become more regular, lighter and less painful

Disadvantages:

- 1** Some women may not feel comfortable inserting and removing it.
- 2** You may get temporary side effects at first including increased vaginal discharge and vaginal infections, headaches, nausea, breast tenderness and mood changes.
- 3** Breakthrough bleeding and spotting may occur in the first few months of ring use.
- 4** You're not protected against sexually transmitted infections (STI's).

Where can you get Vaginal Rings?

Not all doctors are trained to put in and take out Vaginal Rings. Call your Outreach Nurses (07920 823812) or Sexual Health Clinics (01793 428514) to make an appointment to get the Vaginal Rings. All treatments are free and confidential.

Internal Condom

What is an internal condom?

- An internal condom is a form of contraception. You can use it with your partner(s) to prevent pregnancy.
- An internal condom also helps to protect you from some sexually transmitted infections.
- The internal condom is a strong, thin membrane pouch that lines the vagina or anus. It is made from polyurethane. Polyurethane is a soft, thin, supple plastic which is 40% stronger than the latex used in external condoms. Polyurethane can be used with oil-based lubricants, whereas latex cannot. The internal condom has a soft ring at each end. The ring at the closed end is used to put the device inside the vagina or anus and holds it in place. The other ring stays outside the anus or vagina and partly covers the lip area of the vulva.

How does the internal condom work?

An internal condom works as a barrier. It keeps sperm from getting into a vagina or anus during sex. Internal condoms stop semen, vaginal fluid, or blood from being passed on during vaginal sex. This gives you some protection from STI's like chlamydia, gonorrhoea, Hepatitis B, and HIV.

The internal condom is placed inside the vagina about 2 to 20 minutes before you have vaginal sex. The internal condom is pre-lubricated on the inside with a silicone-based lubricant. Additional lubricant is provided. The internal condom does not contain any spermicide. Your chances of getting pregnant are lower when you use an internal condom correctly. You have to use a new one each time you have sex. You are less likely to get pregnant when you use an internal condom with another kind of contraception. The internal condom should not be used at the same time as an external condom.

How effective is the internal condom?

Out of 100 women who use the internal condom, 95 will not get pregnant.

How do you use the internal condom?

Make sure you read an information sheet or are taught by a doctor, nurse or counsellor on how to insert the internal condom before you use it. It is always a good idea to practice inserting it before you use it with your partner(s).

- 1** When you remove the internal condom from its package check that the inner ring is at the closed end of the pouch.
- 2** Use the illustrations on the package directions to help you.
- 3** Hold the pouch with the open end hanging down.
- 4** Use the thumb and middle finger of one hand to squeeze the inner ring into a narrow oval for insertion; place your index finger between your thumb and middle finger to guide the condom during insertion.
- 5** Insert inner ring and pouch into vaginal opening. With your index finger, push the inner ring and the pouch the rest of the way up into the vagina or anus if you are using it for anal sex.
- 6** The outside ring will lie against the outer lips of the vulva when the internal condom is in place in the vagina. For anal sex, the outside ring will stay outside of the anus. About 2.5cm of the open end will stay outside the body until the penis enters the vagina or anus causing the slack to decrease.

Remove before standing up. Squeeze and twist the outer ring. Pull out gently. Dispose in trash, not a toilet.

Advantages:

- 1** It warms up instantly to body temperature, making it quite sensitive for both partners.
- 2** It may protect you from some sexually transmitted infections (STI's).
- 3** You only use it when you need it.
- 4** You can use it with other kinds of contraception to lower your chances of getting pregnant.
- 5** You can involve male partner(s).
- 6** You don't need a prescription.

Disadvantages:

- 1** You may have to interrupt sex to put it in.
- 2** It may be awkward for the first few times you use it.
- 3** It may be expensive.

Where can you get the internal condom?

The internal condom can be purchased at pharmacies or are free from sexual health clinics.

External Condoms

Talk to your partner(s) about protection before you have sex. During vaginal or anal sex you can use latex or polyurethane condoms to lower your chances of getting sexually transmitted infections (STI's).

What is an external condom?

- An external condom is a form of contraception. You can use it with your partner(s) to prevent pregnancy.
- An external condom also helps protect you from some sexually transmitted infections (STI's).
- An external condom is a thin covering, usually made of latex rubber. It is worn over an erect penis during sex.
- Condoms come in many shapes, colours, and flavours. Condoms made from lambskin do not protect you from STI's.

How does an external condom work?

An external condom works as a barrier. It keeps sperm from getting into a vagina or anus during sex.

Latex and polyurethane condoms stop semen, vaginal fluid, or blood being passed on during oral sex, vaginal sex, or anal sex. This gives some protection from STI's like chlamydia, gonorrhoea, Hepatitis B, and HIV. Condoms that are not made of latex or polyurethane will not protect you from STI's.

How effective is a condom?

If 100 men use external condoms, 98% of their partners will not get pregnant.

Your chances of getting pregnant are lower when you use a condom correctly. You have to use a new one each time you have sex.

How do you use an external condom?

- 1 Check the expiry date and kite mark on the wrapper before you use it.
- 2 Unroll the external condom a short distance over a finger before placing it on to the penis to ensure condom is being properly unrolled. The rolled rim should always remain on the outside of the condom.
- 3 Pinch the pointed tip so no air is trapped inside the condom.
- 4 Place condom on penis and unroll it all the way to the base, gently squeezing out any remaining air as soon as the penis is erect.
- 5 After sex, withdraw the penis before losing erection, holding on to the rim of the condom so it does not slip off or spill semen. Dispose in trash, not a toilet.
- 6 Never use Vaseline®, hand lotion, massage oil, or baby oil as lubrication. Use only water based lubricant.

Note: Heat and light can make the condom weaker. Keep condoms in a dry place at room temperature. Don't carry them in your wallet, your pocket, or in the glove box of a car. Condoms can rip. Don't test them for holes or fill them with anything before you use them. Make sure you read an information sheet or are taught by a doctor, nurse or counsellor on how to put on and take off a condom before you use them.

Advantages:

- 1 It may protect you from some sexually transmitted infections (STI's).
- 2 It is not expensive. You can often get free condoms at contraception clinics.
- 3 You don't need to see a doctor or nurse.
- 4 You only use it when you need it.
- 5 You can use it with other kinds of contraception to lower your chances of getting pregnant.

- 6 You can involve partner(s).
- 7 It can help some penises to stay erect longer.
- 8 There are lots of kinds of condoms to choose from.

Disadvantages:

- 1 It can tear or come off during sex.
- 2 Some condoms may taste bad.
- 3 You may have to interrupt sex to put it on.

Where can you get external condoms?

You can buy external condoms at pharmacies or washroom vending machines. You can also get free condoms from sexual health clinics, school nurses and Youth Engagement Workers.

Factsheets on Sexually Transmitted Infections (STIs)



Yeast Infection

(Monilia, Candida, Fungus Infection)

What is a yeast infection?

Yeast is a very common fungus that normally lives in a woman's vagina. When it overgrows, it can cause uncomfortable symptoms. Yeast is usually not sexually transmitted. However, some men are especially sensitive to yeast and can have symptoms.

What are the symptoms?

Some people do not have any symptoms. If you have a yeast infection you may notice:

Women

- White, thick "cottage cheese-like" vaginal discharge
- Mild to severe vaginal itching and burning
- Red sore labia (vaginal lips)
- Pain with intercourse.

Men

- Most men do not have symptoms
- May experience irritation, redness at tip of the penis or under the foreskin
- Pain when passing urine
- Dry itchy skin.

How is Yeast diagnosed?

A vaginal swab (sample of the discharge) is taken. Yeast sometimes shows up on a woman's cervical screening. Men do not usually have a swab taken. Usually, the doctor makes the diagnosis by simply examining the penis.

How is it treated?

Yeast infections are usually treated with the prescribed vaginal creams or suppositories. Treatment of male partners is usually unnecessary. If men are uncomfortable, these creams may be prescribed for them as well. The infection will clear up faster if there is no sexual intercourse during treatment.

Medication will almost always cure yeast infections. However, you can get the infection many times. Yeast infections are more common during pregnancy or when a woman is on contraception pills or antibiotics. Women with diabetes, or who are overweight often have repeated yeast infections – possibly due to a higher blood sugar and vaginal sugar.

How can Yeast Infections be prevented?

- Wear cotton underpants; avoid nylon underpants, pantyhose and tight jeans because they tend to hold moisture in the genital area
- Keep the genital area clean and dry; wash with plain water or a mild soap
- Wipe from front to back, so you do not bring rectal bacterial into the vaginal area
- Do not use bubble baths, oils, and commercial hygiene sprays
- Do not douche, which can irritate the vaginal lining and increase the risk of infection
- Do not use deodorant tampons and pads
- Eat balanced meals and try to stay away from foods high in sugar or yeast.

Syphilis

What is syphilis?

Syphilis is the oldest known sexually transmitted disease. It is caused by an organism which is passed through mucous membranes (e.g. penis, vagina, mouth, or anus) during sex. It takes 10 days to 3 months for the symptoms to show up.

How do you get syphilis?

You can get syphilis if you have oral, vaginal, or anal sex with a person who already has the infection. Pregnant women may also pass it to her unborn child.

How do I know if I have syphilis?

If you have syphilis, you may experience the following:

- painless open sore(s) usually around the genitals, rectum and/or mouth
- rash anywhere on the body
- flu-like symptoms – headache, slight fever, fatigue, loss of appetite, weight loss, sore throat
- symptoms may be very mild and not noticeable.

How do I get tested for syphilis?

You can get a blood test done.

How is syphilis treated?

It is best to treat syphilis as early as possible to prevent serious complications and the spread of the disease to others. The best treatment is penicillin injections. For people who are allergic to penicillin, there are other specific antibiotics available.

Treatment will cure syphilis but any damage that has been done to the body before treatment cannot be reversed. Even though you have been treated, your blood test may remain positive for life, but the disease can no longer be passed on to others or cause further damage. After treatment, regular blood tests are needed to show that the disease has been cured, and that there is no re-infection.

Are there complications from having syphilis?

Even without treatment, symptoms will disappear, but the disease may continue to spread throughout your body. Many years later, it may cause severe damage to such organs as the heart, liver, brain and eyes. If not treated, a pregnant woman can pass syphilis to her unborn child. This can cause serious damage to the baby.

Can I prevent syphilis?

If you or your sexual partner has a sore(s) or a body rash, do not have sex until they have been checked by a doctor.

Do I need a follow-up test?

Following your treatment you should have a blood test each month for the next three months. If these tests show improvement in your blood, then you may wait another three months before returning. If this blood test is satisfactory, you may wait six months before returning. After this, you should be seen yearly for a blood test. Those who are sexually active with more than one partner should be seen regularly every six months to have their blood checked.

When can I have sex again?

If you have syphilis, avoid sexual contact, even with a condom, until the doctor tells you your blood test is satisfactory.

Gonorrhoea

What is gonorrhoea?

Gonorrhoea, sometimes known as the dose, clap or drip, is caused by bacteria. It is spread from one person to another by vaginal oral or rectal sex. Gonorrhoea can cause serious health problems. It can infect the penis, rectum, throat, eyes or cervix.

How do you get gonorrhoea?

You can get gonorrhoea if you have oral sex, vaginal sex, or anal sex with a person who already has the infection. A pregnant woman can also pass it to her baby while she is giving birth.

How can I tell if I have gonorrhoea?

It may take 1 – 14 days or longer for symptoms to show up. Some people never have symptoms. However, if you have gonorrhoea you may experience some of the following symptoms:

Women

- Strange discharge from your vagina
- Itchy, red or swollen vagina
- Pain or burning during urination
- Pain in your lower abdomen
- Pain when you have vaginal intercourse
- Bleeding between periods
- Abnormally long or heavy periods.

Men

- Pain when you urinate
- Discharge from the penis that is thick, white, and yellow
- Frequent passing of urine
- Burning or itching around the tip of the penis.

Are there complications?

Women

The spread of the infection to the fallopian tubes and ovaries may result in Pelvic Inflammatory Disease (PID), which is a cause of sterility (inability to get pregnant) and ectopic (tubal) pregnancy. A pregnant woman could pass gonorrhoea onto her baby during birth, causing a serious eye infection in the baby.

Men

Inflammation and spread of the infection to the testicles and prostate gland may cause sterility.

How can I get tested for gonorrhoea?

Gonorrhoea is diagnosed by taking a swab from the throat or rectum, from the woman's cervix or from a man's penis. The sample is sent to a laboratory for testing.

How is gonorrhoea treated?

There are several different types of gonorrhoea. A specific antibiotic is prescribed by the doctor. To cure gonorrhoea, all pills must be taken. It is important that all sexual partner(s) be tested and/or treated, whether they have symptoms or not.

Do I need a follow-up test?

Yes. You should have another test 2 days after finishing your antibiotics.

When can I have sex again?

It is important to avoid oral, vagina or anal sex, even with a condom, until you and your partner(s) have finished your medication.

Chlamydia

What is chlamydia?

Chlamydia is the most common sexually transmitted infection (STI). It is caused by bacteria. Chlamydia can cause very serious health problems, and must be treated.

It may take one to six weeks for the symptoms of chlamydia to show up. Many people never even develop symptoms.

How do you get chlamydia?

Whether the symptoms appear or not, chlamydia can be spread during vaginal, oral or rectal sex. Chlamydia can be found in the throat or rectum, or in the male's urethra or the female's vagina. A pregnant woman can also pass chlamydia onto her baby while she is giving birth.

How can I tell if I have chlamydia?

Many people who have chlamydia do not have any signs that tell them they have a sexually transmitted disease. You can pass on chlamydia without even knowing you have it. However, if you have chlamydia you may experience some on the following:

Women

- Strange discharge from your vagina
- Itchy vagina
- A little bit of bleeding even when it is not time for your period
- Bleeding during or after you have sex, pain during sex
- Pain in your lower abdomen
- Pain or burning when you urinate.

Men

- Needing to urinate a lot
- A feeling of burning when you urinate
- Watery discharge coming out of your penis
- Burning or itching around the hole of your penis
- Pain in your testicles.

Are there complications from chlamydia?

It is important to treat chlamydia because it can lead to serious health problem.

Women

- Women may become infertile (unable to have children) if not treated. The infection may spread to the fallopian tubes and ovaries and may cause Pelvic Inflammatory Disease (PID). This disease can make a woman sterile or cause an ectopic (tubal) pregnancy. Babies born to women with untreated chlamydia are at risk for severe eye, ear and throat infections.

Men

- The infection may spread to the testicles and prostate glands and may cause infertility.
- How could I get tested for chlamydia?
- Chlamydia is diagnosed by taking a swab from the throat or rectum or from a woman's cervix or from the man's penis. The sample is then sent to the laboratory for testing.

How is chlamydia treated?

A special antibiotic is taken for a period of 7 – 14 days. To cure chlamydia all prescribed pills must be taken. It is very important that sexual partner(s) be tested and treated, whether they have symptoms or not.

Do I need a follow-up test?

Yes. You should have another test. Women should get this test done after they finish all the antibiotic pills and have one period. Men should get another test done a month after finishing the antibiotics.

When can I have sex again?

It is important to avoid sexual intercourse, even with a condom, until you and your partner(s) have finished the medication and all test results after the treatment are negative.

Pelvic Inflammatory Disease (PID)

What is PID?

Pelvic Inflammatory Disease (PID) is a serious infection of a woman's pelvic organs – uterus, fallopian tubes, ovaries and surrounding tissues.

PID is usually caused by two common sexually transmitted diseases: gonorrhoea and chlamydia. A woman can get these diseases during sexual intercourse with an infected partner.

Most women and many men do not have signs or symptoms of chlamydia and gonorrhoea, so they don't get treated. In women, the infection continues to spread from the vagina to the uterus and the fallopian tubes, causing PID.

What are the symptoms?

- Pain in lower abdomen - may be severe
- Fever
- Strong odour from the vagina
- Discharge from the vagina that is different from regular discharge
- Flu-like symptoms including chills, fever, achy feeling, fatigue, nausea
- Pain in the lower back
- Pain during or after sexual intercourse
- Increased menstrual flow
- Bleeding from the vagina between periods.

How is PID diagnosed?

The only way to know for sure if you have PID is to go to a doctor, hospital or STD clinic. A pelvic examination and lab tests will be done.

How is PID treated?

You may be treated with antibiotics at home or you may need to be in the hospital for a few days for intravenous (IV) antibiotics and bed rest.

Sexual partners must always have treatment even if they have no symptoms. You should not have intercourse until the doctor says you are cured, usually at least 6 weeks.

Are there complications?

PID is the leading cause of infertility and the reason for hysterectomy (removal of the reproductive organs) in women. One woman in five who has had PID is unable to get pregnant. If she does get pregnant, she may have an ectopic (tubal) pregnancy. Early treatment will improve chances of fertility and normal pregnancy.

How can PID be prevented?

Get an STI check-up even if you don't have any symptoms. If you have more than one partner, consider getting checked for STIs with every new partner.

Human Immunodeficiency Virus (HIV)

What is HIV?

Human Immunodeficiency Virus (HIV) is the virus that causes AIDS (Acquired Immunodeficiency Syndrome). HIV is spread from one person to another through tattoos or skin piercing with unsterilized needles, during childbirth, during pregnancy, breastfeeding, sharing needles, and unprotected vaginal, oral or rectal sexual contact with an infected person.

How can I tell if I have HIV?

After infection people may not feel or look sick for years. As the disease progresses, infected persons get sick more often with different illnesses because their immune system has been affected. As a result of the damage to the immune system, HIV positive people are more likely to get specific types of infections, pneumonias or cancers.

Some symptoms may include:

- extreme fatigue
- persistent fever or night sweats
- swollen glands
- recurrent yeast infections for women
- neurological problems, including memory loss
- skin lesions or sores
- breathing difficulties
- unexplained loss of weight
- mild diarrhoea.

How is HIV diagnosed?

A blood test is conducted to look for HIV antibodies within the blood. HIV antibodies show up in the blood from 6 – 14 weeks after someone has been infected. The blood test does not tell you that you will get AIDS. AIDS is a collection of specific symptoms that indicate to a physician that a person has moved from being an asymptomatic carrier (a person that has HIV but isn't feeling or looking sick) to a person that has illnesses due to the HIV infection.

How is HIV treated?

Right now, there is no cure for HIV. However, there are medications that can help HIV positive people live longer, better quality lives.

Human Papilloma Virus (HPV) – Genital Warts

What is HPV?

Human Papilloma Virus (HPV) causes genital warts. HPV is spread from one person to another during childbirth, unprotected vaginal, oral or rectal sexual contact. Warts may grow on the penis, anus, or inside/outside the vagina. Some HPV types can cause changes to a women's cervix.

How can I tell if I have HPV?

Symptoms may not appear until 1-6 months after exposure to the virus. Some people never get symptoms, even though they carry the virus and can infect their sexual partner(s).

Some symptoms may include:

- warts with a cauliflower-like appearance
- warts can be pink, white, brown or grey and occur alone or in clusters
- in women, visible warts can be on the vulva (vaginal lips), on the cervix (entrance to uterus) and/or anus
- in men, visible warts can be on the penis, scrotum and/or anus
- warts are usually painless, but may be itchy and uncomfortable.

Can I prevent HPV?

You can protect yourself against HPV. You can get vaccinated by a needle injection. It takes three needles and several months before you are protected – one on the first visit, another two months later and another in 6 months. The vaccination will be given as an injection into the muscle of the upper arm or thigh. Once you've had all 3 injections, you are protected for at least 6 years.

HPV vaccinations were introduced in the UK in Sept.2008, for girls aged 12 – 13, as part of the national immunisation programme. In England, from September 2019 all boys and girls aged 12 – 13 year will be routinely offered the first HPV vaccination when they're in Year 8 at school. The second dose is usually offered to 6 – 12 months after the first.

How is HPV diagnosed?

In both men and women, visible warts are diagnosed by the way they look.

Women

Warts on a woman's cervix will usually show up on a cervical screening. A special magnifying microscope called a colposcope is used to see the cervix and upper vagina to confirm HPV.

Men

Warts may be hidden in the urethra and cannot be seen or felt. An endoscope (similar to a coloscope but magnifies the urethra) is used to detect these warts.

How is HPV treated?

Right now, there is no cure for HPV. If you want the warts taken off, there are many different ways a doctor or nurse can do this:

- Special medication applied directly to the warts, once or twice a week
- Cryotherapy, a procedure in which the warts are "frozen" off with liquid nitrogen
- They can burn the warts
- Laser therapy, a laser beam is used to destroy the warts.

About 20% of warts disappear without treatment, 60% respond well to treatment, the remaining 20% resist treatment and may require laser therapy. These treatments will remove the warts but may not remove the virus from the body.

Is follow-up important if I've been diagnosed with HPV?

Yes, both men and women who have HPV or have been in contact with HPV should examine themselves regularly for warts. It is very important for women with HPV to have regular cervical screenings, every 6 – 12 months. Men with HPV should see their doctor every 6 – 12 to make sure no warts have reappeared.

When can I have sex again?

There is still no cure for HPV, so you will always have this virus in your body. Even after you have been treated for warts, you could pass HPV on to the people you have sex with. That's why it is so important to talk to your partner(s) before you start having vaginal or anal intercourse. It might be hard to talk about HPV, but it is important that both you and your partner(s) know the risks.

Please note: HPV is a leading factor for cancer of the cervix in women.

Genital Herpes

What is herpes?

Herpes is an infection caused by a virus called herpes simplex virus (HSV). There are two types of HSV, Type 1 and Type 2. In the past, Type 1 was known as the cause of cold sores on the lips, while Type 2 was the cause of sores on the genitals. Today both Type 1 and Type 2 can be the cause of genital herpes.

How do you get herpes?

- You may get it by kissing someone who has a cold sore.
- You may get herpes in your genital area if you have oral sex with someone who has cold sores.
- You may also get herpes in your eyes, mouth, and genitals by touching the sores. In most cases, people with herpes pass on the virus when they have sores that are easy to see. However, it is possible to transmit the virus to others a day or two before the sores actually appear. Some people never develop symptoms or blisters, but can transmit the virus in oral or genital fluid.
- A pregnant woman can also pass on the virus to her baby while she is giving birth.

How can I tell if I have herpes?

Herpes sores usually appear 2 to 21 days after contact with an infected person. The first outbreak is usually the worst. Blisters appear in the genital area (vagina, vaginal lips, penis, buttocks and opening to the rectum). There is often fever, pain in the joints, flu-like symptoms, painful urination, itching and tingling, and enlarged and tender lymph nodes.

Some people have one blister (sore) during an outbreak; others have several. It may take two to three weeks to feel better. Some people have recurrences (repeat outbreaks) monthly, some have every few months, and about 10% never have another recurrence. Once you are infected with the herpes virus, it will always be in your body, but it is active only during an outbreak

When might I get another outbreak?

- You are tired or under stress
- You are ill
- You have a fever
- You got too much sun
- You have your period
- You are pregnant
- You are not eating a balanced diet.

How do I get tested for herpes?

Fluid from the sores is taken by a swab soon after the sores first appear. A culture is done to detect the herpes virus. Herpes cannot be detected by a blood test.

How is herpes treated?

At present, there is no cure for herpes. However, there is a drug that helps heal the sores, reduces multiplication of the virus and reduces the number of repeat attacks. This drug must be prescribed by a doctor.

Is there anything I can do to prevent herpes?

Spread of the virus by a person with no symptoms can definitely occur, but it is more likely when sores are visible. Do not have vaginal, anal or oral sex when sores are present even with a condom. Wait until 2 – 3 days after the sores are completely healed and the skin looks normal.

What can I do when I get a herpes outbreak?

- Keep the area clean
- Wear cotton underwear
- Wear loose fitting clothes
- After urinating, wash your genital area with cool water
- If it hurts when you urinate, sit in a tub of warm water to urinate or pour water over the area.

When can I have sex again?

Do not have oral sex when you have cold sores around the mouth.

Do not have vaginal, oral or anal sex if you have an outbreak of genital herpes. Wait until the sores are gone.

Please note: A first attack of herpes during pregnancy is a serious risk for the baby. Pregnant women must tell their doctor as soon as possible if they or their partner have a history of herpes. Keep regular prenatal appointments and watch for signs of repeat attacks close to the due date. A caesarean section is sometimes necessary. As well, women with herpes should have yearly cervical screenings. Smear results indicating pre-cancerous changes are slightly higher in women with herpes.

Hepatitis B

What is Hepatitis B?

Hepatitis B is a virus that can cause a serious infection of the liver.

How do you get Hepatitis B?

You can get the virus from a person who has the infection in blood, semen, vaginal fluid and saliva. Hepatitis B can be passed on in many ways; through sharing needles, vaginal, oral or anal sex with a person who has the infection. It can also be passed on by sharing personal items like toothbrushes or shavers.

How can I tell if I have Hepatitis B?

Almost half of the people who have Hepatitis B don't even know that they have it. They can still pass the virus without knowing it. However, if you have Hepatitis B you might notice:

- You feel tired, sick or weak
- You have pain in your abdomen
- Your urine or stool is a strange colour
- Your skin is yellow
- You are not very hungry
- You feel like throwing up
- You may have a fever.

How can I get tested for Hepatitis B?

You can get a special blood test done by a doctor.

How is Hepatitis B treated?

Right now, there is no cure for Hepatitis B. If you have Hepatitis B, you might need to change the way you eat and also stop drinking alcohol. Most people with Hepatitis B do get better.

Can I prevent Hepatitis B?

You can protect yourself against Hepatitis B. You can get vaccinated by a needle injection. It takes three needles and several months before you are protected – one on the first visit, another one month later and another in 6 months. If you are at risk for getting Hepatitis B, you and your partner(s) should ask a doctor or a nurse for these needles.

Do I need a follow-up test if I've been treated for Hepatitis B?

Yes. If you have Hepatitis B, the doctor or nurse will give you another blood test to see if you are still able to pass the infection on to other people.

Infestations

(Pubic Lice/Crabs and Scabies)

What are crabs and scabies?

Crabs

Crabs, or pubic lice, are tiny insects that live on the hair around the genitals. Lice live by feeding on human blood. They lay their eggs, called nits, at the base of the hair. Sometimes the crabs can spread to the hair on the chest, under the arms, and occasionally, facial hair. They are greyish brown and about the size of a pencil dot. The eggs look like tiny whitish dots.

Scabies

Scabies are tiny insects (lice) that live under the skin and lay their eggs there. They are invisible to the naked eye. They are usually found between the fingers, around the genitals, on the wrists, buttocks or under the arms.

How do you get crabs or scabies?

You get crabs or scabies by closely touching someone who has the infection, or if you share a bed or clothing with someone who has the infection. Lice can live up for two days away from the body.

How can I tell if I have crabs or scabies?

It may take 2 – 6 weeks for symptoms to show up. However, there are signs to watch for:

Crabs

- Itching in the pubic area
- Visible crabs or eggs in pubic hair or other body hair
- Bites or marks in these areas.

Scabies

- Itching, particularly at night
- Rashes in streaks on the skin that are greyish or red and slightly raised
- Symptoms usually appear on wrists, between fingers and toes, in the arm-pits and groin, penis or breasts, other skin fold areas.

How can I get tested for crabs or scabies?

You can usually tell if you have crabs by finding the adult lice or eggs on the hair. If it moves, it's crabs. However, scabies are harder to recognize. If you think you might have scabies, you should be checked by a doctor or nurse.

How are crabs and scabies treated?

Special medicated lotions or creams are available at the drugstore without a prescription. Check with your doctor if you are pregnant or breastfeeding. Some treatments should not be given to infants. Follow the instructions carefully; too many applications of the treatment can be dangerous. Itching will often continue for several days after treatment. Household and sexual partners should be checked and treated at the same time.

As well:

- dry clean or machine wash in hot soapy water any of your clothing, bed linens or towels that have been used in the past 2 – 3 weeks
- you can store quilts and blankets for two week if you cannot wash them
- floors, furniture, and mattresses should be vacuumed thoroughly
- a spray can be purchased from the pharmacy which will destroy the insects and their eggs.

Do I need a follow-up test?

The treatment usually works. You may need the treatment again after one week. You may still feel the itching after you are cured. Don't use the treatment a third time. If you still feel that you have lice or scabies, talk to a doctor or nurse.

Contacts



National Organisations

Sex Education Forum

23 Mentmore Terrace, Hackney, London E8 3PN

Tel: **020 7843 6052**

www.sexeducationforum.org.uk

Provides publications and resources, as well as an information helpline for professionals involved in sex and relationship education.

Brook

421 Highgate Studios,

53 – 57 Highgate Road, London NW5 1TL

Tel: **020 7284 6040**

www.brook.org.uk

Provides a free helpline for young.

For up to date and more detailed information, visit: www.swindonsexualhealth.nhs.uk

BPAS (British Pregnancy Advisory Service)

Dammas House, Dammas Lane, Swindon SN1 3EF

Mon and Tue 8:00 – 16:00

Wed 9:30 – 19:00

Thur 9:00 – 16:00

Fri 9:00 – 15:00

Sun 8:00 – 16:00

24 hour line: **08457 304 030**

Abortion provider of terminations up to 9 weeks, free pregnancy testing, pregnancy options counselling, Chlamydia screening, contraception information and contraceptive prescriptions. Pro-choice approach.

Youth Engagement Workers

Based at The Meadow and Oaktree Annexe Information, Condoms and Chlamydia Screening.

Swindon Pregnancy Crisis Centre

Knighton House, 35 Milton Road, Swindon SN1 5JA

Mon 10:00 – 15:00 and 18:00 – 20:00

Fri 9:30 – 15:00

Tel: **0747 320 7217**

In an emergency, call **0747 320 7217**

Free pregnancy testing. Post abortion counselling for men and women. Support to continue with a pregnancy. Information and counselling provided for pregnancy, adoption, miscarriage, and abortion.

Service provided by trained volunteers.

Other appointments can be arranged at convenient times. Please check the website for updates and phone before attending. Pro-life approach.

School Nurses

Advice, Pregnancy Testing, Chlamydia Screening.

Provision at Dorcan, Churchfields, Warneford, Lydiard Park Academy, Commonweal and Nova Hreod can also receive Emergency Contraception (FREE) [not the coil], Condoms. Students at Swindon Academy may receive EC. Ridgeway and St Joseph students cannot access condoms, EC, pregnancy testing or Chlamydia screening.

Swindon Health Centre

1 Islington Street, Swindon SN1 2DQ

Mon – Fri 7:00 – 20:00

Sat and Sun 8:00 – 20:00

Tel: **01793 541 655**

www.swindonsexualhealth.nhs.uk

General Health Matters + Emergency Contraception Services (Free). Free Pregnancy testing. Condoms.

Youth Clinic

2nd Floor, Swindon Health Centre,

1 Islington Street, Swindon SN1 2DQ

Tel: **01793 604 038** or **01793 607 870**

Mon 15:00 – 17:00 (Limited to 25 people)

Full contraception service. Free pregnancy testing. STI testing and treatment. HIV/Hepatitis counselling and tests.

Outreach Nurses

Outreach nurses offer young people free and confidential advice and support on sex and relationships.

Based at Swindon Health Centre on Islington Street, the Great Western Hospital, colleges, schools, GP surgeries and in people's own homes.

Screening and advice on STIs, advice on contraception, prescribing and administering contraception, including emergency hormonal contraception (the morning after pill), pregnancy testing and advice.

For advice or to arrange a visit call **07920 823 812**, **07920 829 032** or **01793 607877/607878/607879**.

Sexual Health Department

The Great Western Hospital, Swindon SN3 6BB

Tel: **01793 604038**

Appointment needed

Advice/testing/treatment STI's. Counselling and testing for HIV and Hepatitis.

A&E Department/Urgent Care Centre

Great Western Hospital, Swindon SN3 6BB

Tel: **01793 604038**

Mon – Fri 8:00 – 18:00

Sat and Sun 7:00 – 14:00

Walk-in for emergency contraception (FREE) [not the coil]. Condoms. Pregnancy testing. General health matters.

Swindon & Wiltshire Sexual Assault Referral Centre

Shrivenham Road, Swindon SN3 4RB

Self-Referral Helpline **0808 168 0024**

24 hours a day, 7 days a week

Immediate Crisis Support, Forensic Medical Examination, Access to Emergency Contraception, Options that will address the risk of Sexually Transmitted Infections and onward fast-track referral for sexual health screening, Access to an Independent Sexual Violence Advisor to provide support, Access to counselling support for over 16's.

Pharmacies (for people under 25 years old)

Young people are encouraged to attend a contraceptive clinic following a visit to the pharmacy.

ASDA Pharmacy

Orbital Shopping Park, Thamesdown Drive
Swindon SN25 4BG

Tel: **01793 707 801**

Emergency Contraception (FREE), Chlamydia Screening and Condoms.

ASDA Pharmacy

West Swindon, West Swindon Shopping Centre
Tewkesbury Way, Swindon SN5 7DL

Tel: **01793 872 781**

Emergency Contraception (FREE), Chlamydia Screening and Condoms.

Ashington Way Pharmacy

Ashington Way, Westlea, Swindon SN5 7XT

Tel: **01793 616 840**

Emergency Contraception (FREE) Condoms and Chlamydia Screening.

Avicenna Pharmacy

56 Guildford Avenue Swindon SN3 1JE

Tel: **01793 496 093**

Emergency Contraception (FREE) Condoms and Chlamydia Screening.

Boots the Chemists Ltd

Unit 5 – 6, Greenbridge Retail Park, Stratton Road
Swindon SN3 3SG

Tel: **01793 423 838**

Emergency Contraception (£28* or FREE), Condoms, Chlamydia Screening. *Depending on the licensing of the chemist, Emergency Contraception may be free or have a fee. If there is an Emergency Contraception licensed chemist on duty, it will be free, so call first.

Boots the Chemist Ltd

North Swindon District Centre, Swindon SN25 4AN

Tel: **01793 728 569**

Emergency Contraception (FREE) Condoms and Chlamydia Screening.

Boots the Chemists Ltd

3 Brunel Plaza, Swindon SN1 1LF

Tel: **01793 536 347**

Emergency Contraception (FREE), Condoms and Chlamydia Screening.

Jephson Pharmacy Ltd

The Health Centre, Barrett Way, Wroughton SN4 9LW

Tel: **01793 812 250**

Emergency Contraception (FREE), Condoms and Chlamydia Screening.

Lloyds Pharmacy

Unit 1, Royston Road, Park South, Swindon SN3 2GD

Tel: **10793 521 379**

Emergency Contraception (FREE), Condoms and Chlamydia Screening.

Swindon Health Centre (PD) Ltd

Pharmacy Department, 1 Islington Street
Swindon SN1 2DQ

Tel: **01793 616 280**

Emergency Contraception (£25 – £30).

Mon – Fri 8:00 – 19:00

*Call first to see if Chemist is available for EC.

St John Pharmacy

6 – 8 St John Road, Wroughton SN4 9ED

Tel: **01793 814 388**

Emergency Contraception (FREE).

Swindon Borough Council

Wat Tyler House
Beckhampton Street
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www.swindon.gov.uk

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