



TÚSLA

An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Healthy sexuality and relationship development:

The education and
support needs of children
and young people in care.

A Toolkit for Practitioners



Foreword

We are really pleased to introduce *Healthy Sexuality and Relationship Development: The Education and Support Needs of Children and Young People in Care* Toolkit. This has been developed primarily for Tusla's Empowering Practitioners and Practice Initiative (EPPI) which aims to increase the knowledge levels and confidence of Tusla staff, and other practitioners, including foster carers, working with children and young people in care, in order to enhance the quality and consistency of their practice.

This Toolkit was developed by Tusla, in partnership the Sexual Health and Crisis Pregnancy Programme (SHCPP), HSE Health and Wellbeing, as part of an ongoing collaboration to address the sexual health and wellbeing needs of young people in care. It was informed by the *Sexual Health and Sexuality Education Needs Assessment of Young People in Care* (SENYPIC) research study, commissioned and published by Tusla and the SHCPP in 2016. The research outlined the range of issues faced by: young people who had experienced care; service providers; foster carers; and other professionals working to support these young people.

The Healthy Sexuality and Relationship Development: The Education and Support Needs of Children and Young People in Care Toolkit, seeks to address the issues raised in the SENYPIC study, so that foster carers, social work and social care professionals may promote and support the positive relationship and sexuality development of children and young people in their care. This approach starts from the premise that understanding and appreciating one's own sexuality and being able to express this healthily, is a positive resource for life.

We would like to thank the EPPI Team, Dr Stella Owens and Wendy Jacobs for their hard work in developing this Toolkit. We would also like to thank Moira Germaine (SHCPP) and the Project Steering Group, (see acknowledgements) for their inputs and expertise and also to thank Jenny Bulbulia, Barrister at Law, for her review of the document.

It is our sincere hope that this Toolkit will contribute to the important work of supporting children and young people in care to acquire the knowledge, attitudes and behaviours that are fundamental to the development of a healthy self-concept, and to the formation and maintenance of healthy relationships with others, including the option of healthy sexual relationships in adult life.

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This is not an exhaustive list as the content of the Toolkit is extensive. We would therefore like to thank everyone who contributed to the content in any way.

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Introduction

The Healthy Sexuality and Relationship Development: Education and Support Needs of Children and Young People in Care Toolkit is part of a digital learning resource within Tusla's Empowering Practitioners and Practice Initiative, known as EPPI (for further detail on EPPI see end of page).

Although this healthy sexuality and relationship development section has been developed for children and young people in care, much of it will also be of use to professionals working with a wider cohort of young people. It is therefore being made available in a pdf format to those who cannot access Tusla's intranet. It is essential that the content of this Toolkit is considered with reference to relevant professional practice guidelines and organisational policies; within the appropriate legal frameworks.

The Toolkit follows a basic structure which brings together some key evidence and learning from research, together with learning from practice on supporting children and young people. Practitioners can click through to relevant websites and resources, and read, download and print practical tools when needed. In the Toolkit you will find checklists, questionnaires, tables, guidelines, therapeutic stories and workbooks. Some sections include links to videos, audio recordings and books. Practitioners can quickly scan for key messages on a topic, or pursue further reading at their own time and pace.

It is recommended that you begin with the first section of the Toolkit and work your way through.

- The information in the Toolkit is presented in a concise and easy to read format. The small numbers to the right of the text correspond to the source articles for all the information contained within the Toolkit and are referenced at the bottom of the page. These are hyperlinked. This means that if you want to read the article, you can simply click on the link and the article in question will open. If the reference is not hyperlinked at the bottom of the page it means it is either a book or is not available online.
- Please note that some references/resources in the Toolkit relate to law/legislation in different jurisdictions and where this occurs it is clearly stated to which jurisdiction the law pertains.

- Tools and resources embedded throughout the Toolkit are all signposted using the "link" symbol in a box. If you click on the arrow at the end of the box this will open the tool or resource.
- Throughout the Toolkit you will notice "key practice points" are highlighted in blue boxes with a key symbol.
- Areas of practice, in relation to which practitioners need to exercise additional care, are indicated by red boxes with an exclamation mark, labelled "Caution".
- The Toolkit contains a wide selection of tools and resources. Sometimes multiple tools will be displayed together in a single box. Be sure to click the arrow highlighted that corresponds to your tool of choice.
- Many of the tools and resources in the Toolkit can be printed. This means that busy practitioners can print the documents and, for example, use them as a reference or when undertaking direct work with children and families.

The Toolkit contains a substantial amount of information, evidence, tools and resources. In order to get the best use of it, please take time to navigate and explore it fully.

Empowering Practitioners and Practice Initiative (EPPI)

EPPI aims to develop an evidence-using and evidence-informed practitioner by increasing the knowledge levels and confidence of practitioners and improving the consistency and quality of practice across the Tusla. The EPPI Toolkit is an online Toolkit focusing on critical areas of practice in working with children and families and includes the best available evidence for each section of the Toolkit, along with practical tools and resources that practitioners can apply to their practice.

The Toolkit currently covers ten critical areas of practice. These are: Attachment; Critical thinking and analysis; Child development; Direct work with children and families; Domestic, sexual and gender based violence; Engaging with children and families; Separation and loss; Parenting Capacity and Impact of child abuse and Healthy sexuality and relationship development: the education and support needs of children and young people in care.

01



What are the relationship and sexuality education and support needs of children and young people in care?

Sex, sexuality and relationships

Sex is what we do; sexuality is who we are

Anna Freud

Sexuality and healthy sexual development are about much more than just sexual activity with other people; it is central to who we are as human beings. Sexuality is an integral part of life and it influences personality. The development of sexuality is a process commencing before birth and ending only with death.

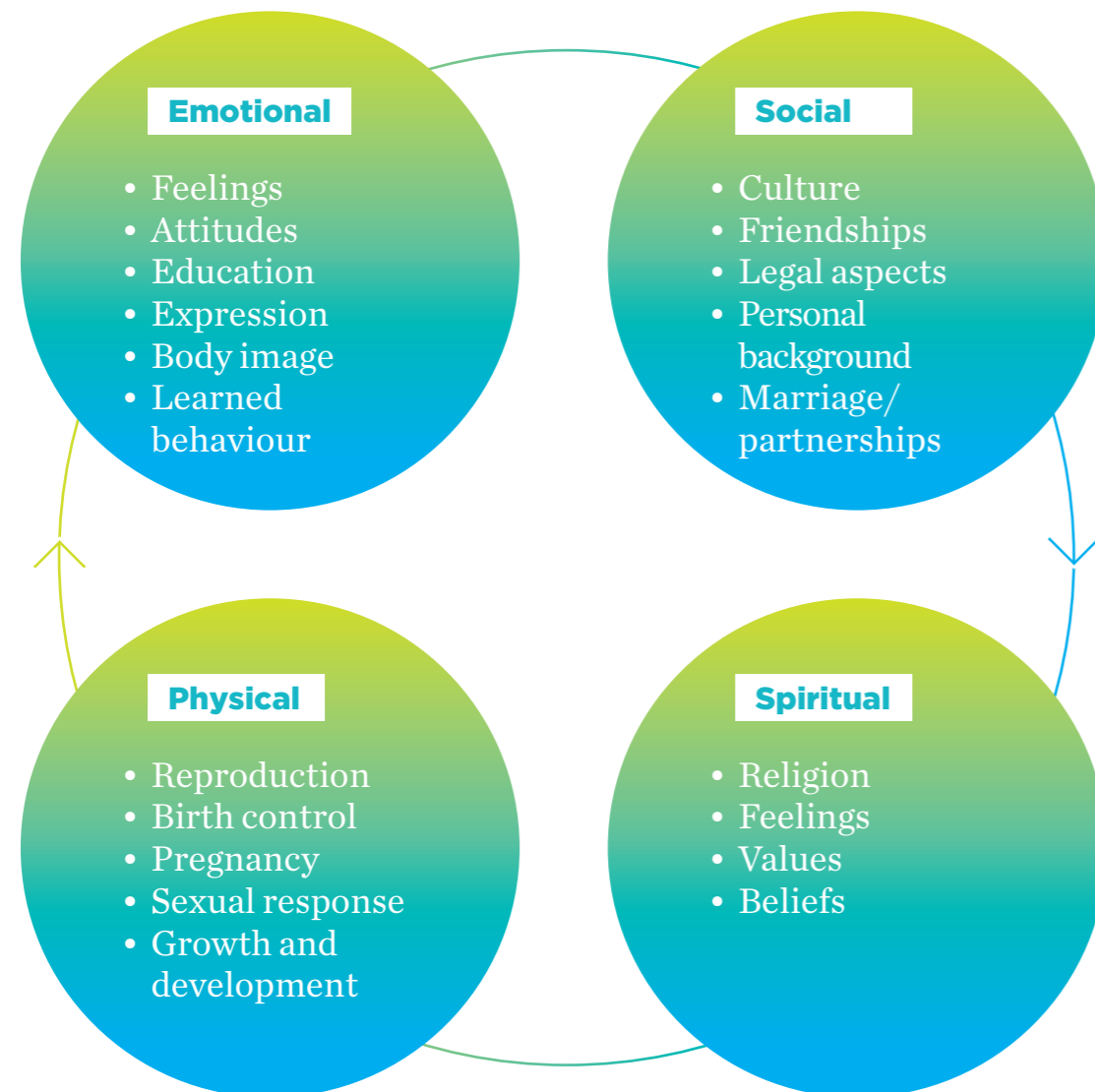
In childhood, sexuality is about how we understand and experience many things including love and attachment, our body, gender identity, gender roles, sexual orientation and more. As we grow into adults, our sexuality also includes how we experience and act on our sexual feelings and may include reproductive issues. The beliefs and values about sexuality which underpin our behaviours are culturally defined and thus influenced by family, peers, religion, economics, school, media, law and science¹.

Sexuality is influenced by both internal and external factors. Physical and biological systems interact with the environment to determine how individual sexuality is felt, understood and expressed. Human sexuality is a complex phenomenon and sexual acts and conduct represent only a small part of the expression of sexuality. A person's biological sex, gender identity and expression, sexual orientation, as well as values, beliefs and attitudes are all a part of how we express our sexuality².

¹ The Clarity Collective, UNESCO

² Greydanus and Pratt (2016)

In broad terms, the components of sexuality can be broken into four categories³:



³ TRUE (2016)

What are relationship and sexuality education needs?

In order for children and young people to achieve sexual health and well-being in adulthood it is imperative that they are provided with comprehensive and good quality information about sex and sexuality.

The World Health Organisation states that, at a minimum, children and young people should have access to “knowledge about the risks they face and their vulnerability to the adverse consequences of sexual activity; knowledge about where and how to receive quality sexual health care; and access to an environment that affirms and promotes sexual health”⁴.

[For a list of myths and facts about sexuality education.](#)



What is sexual health?

Sexual health is an important feature of overall health⁵. Although it is often understood to mean the absence of disease or infection, sexual health encompasses a broad range of physical, emotional and mental wellbeing.

When viewed holistically and positively, sexual health:

- Is about well-being, not merely the absence of disease
- Involves respect, safety and freedom from discrimination and violence
- Depends on the fulfilment of certain human rights
- Is relevant throughout the individual’s lifespan, not only to those in the reproductive years, but also to both the young and the elderly
- Is expressed through diverse sexualities and forms of sexual expression

⁴ WHO (2010)

⁵ Hse.ie (2020)

- Is critically influenced by gender norms, roles, expectations and power dynamics
- Needs to be understood within specific social, economic and political contexts

What is healthy sexual development?

Healthy sexual development is the process that creates sexually healthy adults. Like all aspects of human development, healthy sexual development begins at conception and continues throughout life⁶. Healthy sexual development is biological, emotional and behavioural; and can be observed and supported over time.

As children grow up, healthy and developmentally appropriate sexual behaviours may be observed long before most parents and caregivers expect to encounter them. Almost all children will engage in some form of sexual behaviour during childhood and even very young children can display sexual behaviours, most of which are perfectly normal and are indicative of children's innate curiosity about others and the world around them⁷.

[For a list of the stages of normal sexual development.](#)

⁶ Wurtele and Kennym (2011)

⁷ Cavanagh Johnson (2015)

Healthy relationships and sexual development

Developing a positive and respectful approach to all relationships is a critical aspect of healthy sexual development. The ability to build and maintain positive relationships requires a level of emotional literacy and empathy and key skills including listening, asking questions and seeking clarification⁸.

Early, foundational relationships have a profound impact on how children view the world and themselves in it; which in turn forms the basis of how they expect to treat, and be treated by others.

In order for children and young people to develop the skills and attitudes required to engage in healthy sexual relationships as adults, they need to have access to the appropriate support from protective and loving adults as they grow and develop. Parents and caregivers play a vital role in providing the emotional warmth, stability, guidance and boundaries that ensure that children and young people internalise a sense of self that is worth loving, and has the capacity to understand and love others.

⁸ Hyde, et al (2017)

02



Why are relationship and sexuality education and support needs of children and young people in care important?

Vulnerability to risky behaviours

Delivery of factual sexual health education, while evidently a crucial aspect of sexuality and relationships education, must be underpinned by inputs and supports with regard to emotional security, stability and self esteem⁹.

Parents and caregivers are the single most important factor in how children develop attitudes, perceptions and beliefs about themselves and others; and how these relate to sex and sexuality¹⁰.

Children in care are particularly vulnerable to poor outcomes in relation to their sexual development and sexual health and wellbeing in adulthood. Studies show that children in care experience higher rates of early sexual initiation, are more likely to contract sexually transmitted infections (STIs), and are more likely to become teenage mothers and fathers than their peers.¹¹

⁹ Hyde, et al (2017)

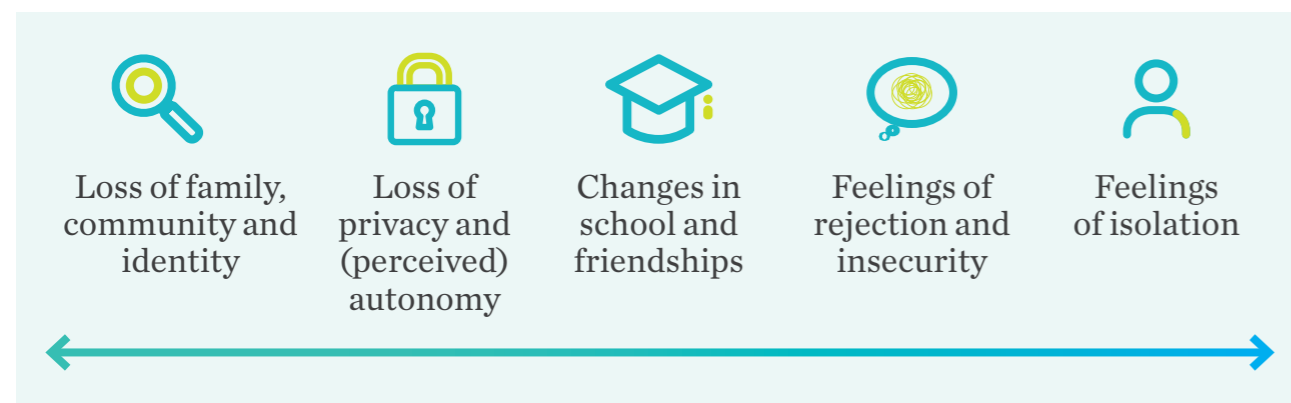
¹⁰ Cavanagh Johnson (2015)

¹¹ Chase et al (2006)

Trauma, transience and early childhood experience

Children and young people are brought into care due a myriad of difficult experiences. However, regardless of what the experience was, all children and young people in care will have experienced adversity prior to entering the care system. Moreover, coming into care in itself has a number of significant personal consequences.

These can include, but are not limited to:



The lives of these young people are marked by insecurity, instability and a sense of abandonment. Studies have linked the experience of care to a lack of trust and associated tendency to seek love indiscriminately¹². Findings indicate that care leavers tend to have conflictual and/or estranged relationships with birth family members and harbour feelings of rejection or abandonment. Transience between placements adds to their insecurity, making a sense of connectedness to a stable living environment problematic. This means that in practice, particularly for those who have experienced difficult childhoods sexual decision-making is often negatively influenced by a wide range of individual, cultural and societal influences¹³.

Transience and multiple placement moves also mean that children and young people in care may receive inconsistent access to education. Many young people are required to change schools when changing placement and may miss out on key aspects of the Sexuality and Relationships Education (RSE) national curriculum.

¹² Hyde, et al (2017)
¹³ Wellings, Nanchahal and Macdowall (2001)

LGBT+ children and young people in care

Children and young people who identify as Lesbian, Gay, Bisexual, Transgender or Intersex (LGBT+), or those who are questioning their sexual identity, experience a number of additional vulnerabilities in comparison to their peers. It is important that practitioners and carers are mindful of the specific stressors that can and do impact on the lives of this group.

Stressors can include, but are not limited to:



¹⁴ Higgins, et al (2016)

[For a glossary LGBT+ terms .](#)



While it is difficult to determine the exact number of LGBT+ young people in the care system in Ireland, it is estimated that they comprise at least 5–10% of the total care population. Some common anxieties experienced by LGBT+ young people in care include:

- Fear that being LGBT+ might compromise their placements
- Risk of bullying, particularly in residential placements and from birth siblings
- Fear of negative feedback from care staff and other professionals
- Fear of rejection from foster carers¹⁵

Where young people encounter welfare and protection services, it is important that those services are sensitive to LGBT++ issues and identities. Placement moves, changes in professionals and carers and new school environments can increase the young person's feelings of isolation and insecurity about who to trust. It is vital that all professionals and carers are aware of relationships and sexuality needs that are specific to LGBT+ children in care and take steps to ensure that all children and young people feel safe and supported to develop and express their sexuality in a healthy and developmentally appropriate way.

[For a helpful advice for parents and carers of LGBT+ young people.](#)



¹⁵ Tusla (2018)

03



What can help practitioners and foster carers to understand and assess the relationship and sexuality education and support needs of children and young people in care?

Just as children go through a range of stages in relation to other aspects of their development, so too do they go through stages in relation to their sexuality development.

The role of a parent, carer or professional is to nurture, educate and support the child through all the stages of development, in the knowledge that positive experiences in the early stages will promote and enhance the likelihood of positive experiences in their future development. Supporting relationships and sexuality development in children and young people is a key part of helping them to develop their relationship with themselves and how they connect with others.

[For a list of the stages of normal sexual development.](#)



Key Practice Point!

Sexuality is an integral part of our sense of identity, social wellbeing and personal health¹⁶

[The MyChild booklets, provided to all new parents by the HSE, include important information on how to support a child's sexual development. To access the resource developed for ages 0-2.](#)

[and for ages 2-5.](#)



¹⁶ Pan-Canadian Sexuality Framework (2018)



Relationships and sexuality education in the home, school and community

Research shows us that receiving informal and formal relationships and sexuality education in the home, school and community settings is a protective factor when it comes to how young people form and manage relationships, including sexual relationships. There is sometimes a debate around the best setting for discussing issues related to relationships and sexuality. However, the truth is that each setting and relationship does something a little different in addressing the needs of the child and young person and together they can provide comprehensive support¹⁷.

It is important to develop a sense of how children and young people's sexuality interacts with all other aspects of their physical, emotional and mental health in an age-appropriate, incremental manner as this helps them to develop an understanding of their sexuality and its healthy expression throughout the different life stages. It is supportive of children's and young people's ability to take care of themselves; to form connected and respectful relationships; and to make better decisions about sexual activity as they get older. So, in addition to helping to protect young people from harm, the provision of information about relationships and sexuality in the home, school and community allows them to flourish rather than flounder.

All information regarding sexuality and relationships provided to children and young people should be inclusive, acknowledging the range of sexual identities such as LGBT; regardless of whether the child or young person has self-identified as such.

 Sexualwellbeing.ie is the dedicated website developed by the HSE on sexual health. For information and resources that help parents, carers and practitioners to deliver relationships and sexuality education. 

 The Irish Family Planning association have lots of resources available to parents, carers and practitioners to deliver relationships and sexuality education. 

¹⁷ Department of Education (1997)

Sexuality and relationships education for young people with an intellectual disability

Children and young people with an intellectual disability may need additional support in their healthy sexual development. This group of children usually progress through the stages of sexual development at the same age as other children, but may lack the cognitive or emotional maturity to understand the physiological and psychosocial changes that they are experiencing. Children and young people with an intellectual disability may also lack the understanding or awareness of behaviours that may put them at risk of sexual exploitation. Some of these children may, for example, have a propensity to hug the people around them, even those they do not know well. Other children may develop fixations on particular peers or adults, and in more acute cases may engage in inappropriate behaviours such as masturbation in public.

Parents, caregivers and professionals working with children with an intellectual disability may be nervous about engaging the young person in such conversations for fear that it will confuse or overwhelm them¹⁸. However, it is vital that parents and carers engage in these conversations, both to support the child or young person to have a full satisfactory life, and also to help keep them safe from harm.



Key Practice Point!

Parents and carers who engage in developmentally appropriate conversations with children and young people with an intellectual disability provide vital information and skills that help protect these children from sexual exploitation and harm.

Traditional or mainstream relationships and sexuality education does not take into consideration the particular needs and vulnerabilities of young people with an intellectual disability, and those attending mainstream school may fall behind. Alternatively, children and young people with intellectual disability may attend special schools, many of which follow a curriculum aligned to the mainstream primary school curriculum.

¹⁸ Oireachtas (2019)

This means that teenagers and young people of 17 or 18 years old may have only received information designed for primary level, which is inadequate to meet their needs¹⁹.

There is no “one-size-fits-all” approach to providing relationships and sexuality education, including providing appropriate information for this heterogeneous group. However, it is important to consider what information, skills and support may be appropriate to support each child in their physiological and psychological development.

-  For information and tools that can help professionals and carers to provide appropriate relationship and sexuality education to young people with an intellectual disability. 
-  For resources developed by the Middletown Centre for Autism that provide information on supporting an autistic child or young person in your care, including supporting their sexual development. 
-  For information on a programme specifically designed to support parents and carers of children with special needs in Ireland, and includes information on supporting sexuality development. 
-  For a resource for parents on how to support children with an intellectual disability through puberty. 

¹⁹ Oireachtas (2019)

A positive approach to relationships and sexuality education

Traditionally the approach to providing information on relationships and sexuality in schools has been one which focuses on risk aversion and prevention of sexual initiation and interaction. National and international research shows that many young people perceive the relationships and sexuality education provided by schools to have been non-existent or too biological, without sufficient attention being paid to the relational and emotional aspects that are critical to healthy sexual development. Young people want to discuss and explore aspects of sexuality that are relevant to their lives within a safe, supportive and non-judgemental environment.



Key Practice Point!

Relationships and sexuality education in schools often emphasise the informational needs of children and young people and may provide information about biological development and the mechanisms of sex and safe sex. The relational aspect of sexuality education is therefore critically important and professionals and carers working in the social care field can provide an essential input by questioning and contextualising information and by modelling positive relationship behaviours.

In Ireland, there is a current trend towards a more positive approach to relationships and sexuality education in various settings. Instead of the focus being solely on risk modification or prevention, the development of healthy sexuality and its expression is increasingly regarded as a resource for individual and societal wellbeing.²⁰

Taking a positive approach to relationships and sexuality education requires the parent, caregiver or professional to work in an honest way; to listen to and respond to the needs of the young people in their care; to be willing to reflect on their own values and attitudes and assess its influence on their practice; to educate themselves at an appropriate level and to be willing and able to access and share evidence-based, accurate information on an ongoing basis, as relevant.

²⁰ NCCA (2019)

A positive approach to relationships and sexuality education involves promoting:



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Providing a positive approach to relationships and sexuality education is all the more important for children and young people who may not have positive role models, or positive experiences of relationships and sex. It is therefore critical that everyone involved in supporting the relationships and sexuality education of children and young people take a number of things into consideration before engaging with a child or young person in their care.

²¹ RECAP (2020) Section in brackets is an addition by author

1. The values and attitudes of the educating adult

How we inform, educate and influence the healthy sexuality development of children and young people can be impacted by our conscious or unconscious attitudes and values. The clearer we are about what we believe and why, the clearer we can be about deciding whether it is appropriate or not to allow those attitudes and values impact on our practice.

That being the case it is important for everyone who has a role in the education and support of young people to:

- Reflect on their own values and attitudes in relation to the issues within relationships and sexuality.
- Consider how those values and beliefs affect the formal and informal education they do with the child or young person; remembering that many of the most powerful negative messages are transmitted in everyday interactions e.g. disapproval of appropriate and natural curiosity, reinforcement of harmful/limiting gender and racial stereotypes; silence around reproduction, bodily functions, sex and sexual activity etc.
- Consider which, if any, of their values and beliefs should be passed on to the young person. The type and extent of personal value-sharing will be different for those in a parenting role, a foster-parenting role and for those in a professional role.
- Sharing values can be useful and supportive, if it's appropriate to the adult's role in relation to the child or adolescent and is a support rather than an imposition.



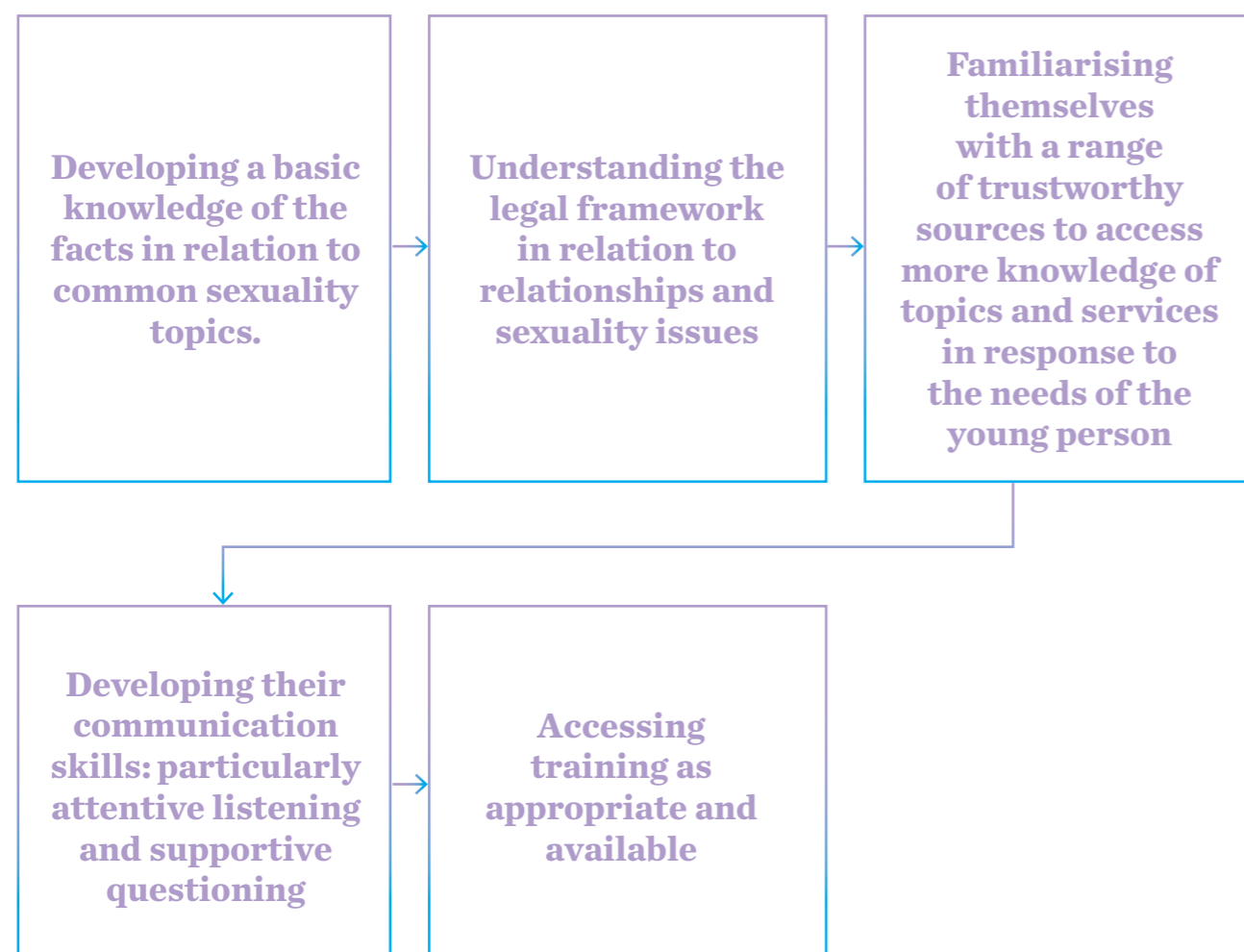
For a tool that will help you to reflect on your thoughts, feelings and values in relation to sexuality.



2. Does the educating adult have the appropriate knowledge and skills?

Parents, carers and professionals should consider what knowledge and skills they already have in relation to relationships, sexuality and sexual health.

They can further prepare themselves to support the healthy sexuality development of children and adolescents in their care by:



[Sexualwellbeing.ie](https://www.sexualwellbeing.ie) is the HSE website for all aspects of sexuality and sexual health.

3. Relationships and sexuality education is not a once off, but an ongoing process

It is important to remember that talking to children and adolescents about relationships and sexuality should not be regarded as a one off talk or performance, but should be an incremental, proactive process which uses everyday experiences as prompts to ongoing conversation.

It is not important to always get everything right, just to be in a sufficient relationship with the young person so that you can raise and revisit the issues in keeping with their developmental stage and life circumstances.

Talking to children and young people about sex

Children and young people are exposed to a range of information about sex and it is vital that parents and caregivers ensure that the information they receive is accurate. There are a number of steps that parents, caregivers and professionals can take to begin to talk with children and young people about sex.

- 01 Start Young.** Children get spoken and unspoken messages from birth onwards about relationships and sexuality. It is never too early to start talking to children about relationships and dating. It is also important to show children and young people what good and healthy relationships look like. This is called modelling and is demonstrated in how adults interact with their family and loved ones and how they talk about sexuality and relationships.
- 02 Be Brave.** You don't need to be an expert; you don't need to know everything and you don't need to be familiar with the current slang words teenagers' use. It's ok to make mistakes or get it wrong – laugh, learn and move on.
- 03 This is not about the conversation.** This is about having an on-going conversation or dialogue that is interwoven into everyday life. For example discussing the themes or issues raised in current affairs or TV programmes or trending online gives an opportunity for discussion and to introduce ideas around values.

- 04 Be Open.** Be understanding, caring and non-judgemental. Encourage young people to raise, share and discuss issues and particularly those that are concerning them. Encouraging the child or young person to share freely will give you the opportunity to correct any mistakes or misinformation or misunderstanding that a child or young person has.
- 05 Don't Assume.** Even children and young people who consider themselves to be very well informed and not in need of any further information or education can have gaps in their knowledge and information.
- 06 Don't take the easy way out.** Don't leave it up to the school or somebody else to talk to children and young people about sex, sexuality, sexual education, sexual health, dating and relationships. If the child/young person is at school, talk to teaching staff about what they are teaching and when. You can then prepare for any necessary discussions if you are aware of the school sex education curriculum.
- 07 Make sure you know the facts.** Be honest if you don't know the information and look it up together. Find the answer and show the young person or the child how and where to get accurate information and how to distinguish between reliable and unreliable sources of information.
- 08 Be Prepared.** Be aware of and help children and young people to be aware of different perspectives in relation to sexuality. For example, biological, health, cultural, religious, legal and moral considerations.
- 09 Be Helpful.** Help children and young people to figure out who they can talk to (including you) and where they can go if they have a worry or they are upset or distressed or concerned and feeling bad about anything to do with sex relationships or sexuality.
- 10 Engage in the conversation** in the knowing that your input will help the young person to make better decisions. Most researchers and sex education experts agree that there is little to no evidence to suggest an appropriate conversation about sex and sexuality would increase the chance of a young person engaging in sexual activity. There is evidence to suggest that talking about sex actually contributes to young people delaying having sex because they are able to make more informed decisions. Young people who have good sexuality and relationships education are also more likely to use contraception than those who have not received this education.²² Remember knowledge is power and young people need to make informed choices from reliable sources, such as you.

- 11 Young people need to see intimacy and sex as something that is valued and worth talking about.** Having these conversations about sex is an important message - that it matters.
- 12 You will often know the child/young person best.** So, remember to trust in your ability to speak to them when the timing feels right.
- 13 Don't make sex a taboo.** Create an atmosphere that treats sex as something private and deserving of respect but also sends messages that sex is ok to talk about and ask questions about.
- 14 Don't make assumptions about who the child/young person is attracted to (their sexual orientation).** Also don't automatically assume that they know themselves yet.
- 15 Don't make a big deal of it.** Instead open the lines of communication as opportunities arise when the subject comes up. Use a drip feed approach and make it a normal on-going thing to talk about sex and sexuality when it feels natural or helpful.
- 16 Listen to what the child has to say and ask them questions.** Remember children and young people can ask questions in subtle ways and you might have to help them to 'get it out'. Don't be afraid to gently look for clarification of what they are saying/asking before you respond.
- 17 Remember that young people need a balance between knowledge about biology and the relationship side of sex.**
- 18 At times it can help to depersonalise the subject and talk about it in the abstract or ask what a friend thinks.** Ask what the child/young person's friends think about a subject. This can also let you approach a topic indirectly.
- 19 Don't be put off.** Don't let your embarrassment or discomfort (or theirs) put you off.
- 20 It's worth It.** Remember if you can have these conversations and talk about healthy sexuality and everything that goes with it, it is much easier for them and you to talk about when things may go wrong, become difficult or cause upset.



Key Practice Point!

Having these conversations on a regular basis helps children and young people to protect themselves, helps them feel protected and safe and helps them to protect and keep others safe.

[To print out the above list as a hand out.](#)

[To view a series of videos by Jonny Matthew that provide helpful tips and considerations when talking to children and young people in care, click on the following links:](#)

[For 'Listening'](#)

[For 'Respect'](#)

[For 'Trust \(1 of 2\)'](#)

[For 'Trust \(2 of 2\)'](#)

[For 'Motivation'](#)

[For 'Expectations'](#)

[For 'Giving'](#)

[For tips for parents and caregivers on how to support children and young people to talk about relationships and sex.](#)

[For some quick tips and advice on communicating with children and young people about relationships, sexuality and growing up.](#)

[For an online resource that you can use to help children express their feelings.](#)

04

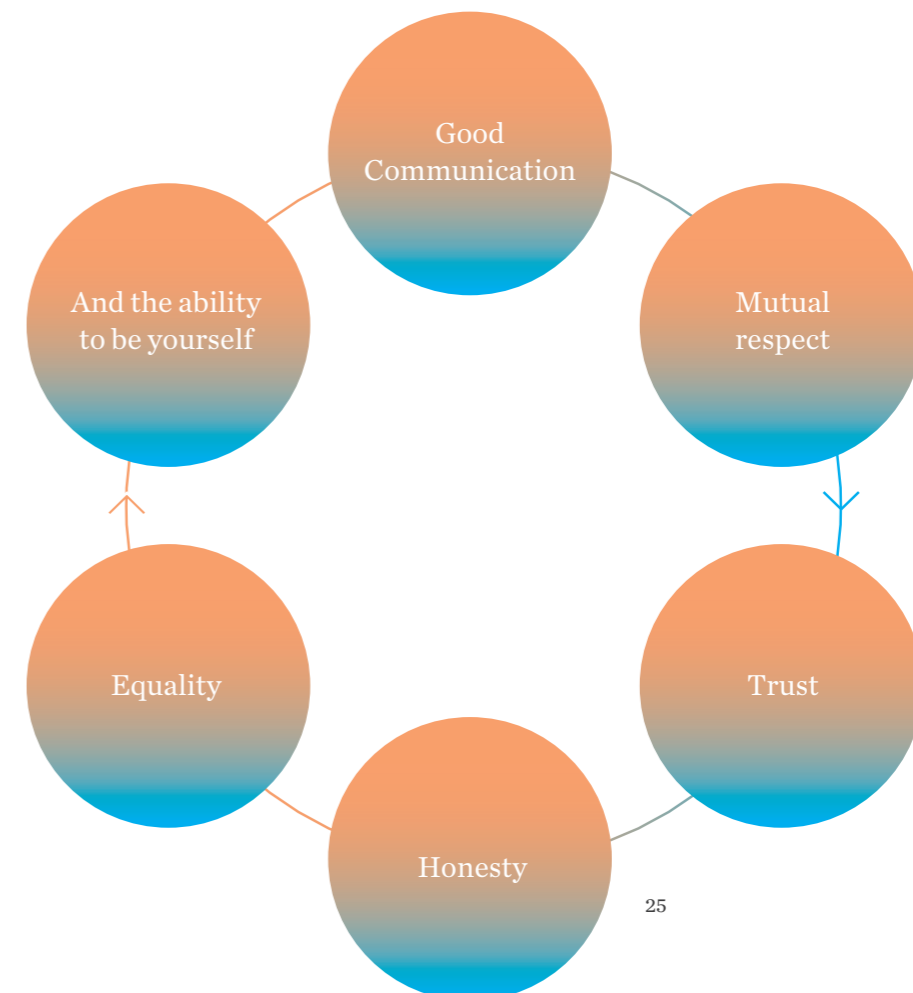


How can practitioners and foster carers support children and young people in their care with their sexuality, relationship education and support needs?

Supporting children and young people in care to develop healthy relationships



Developing a positive and respectful approach to all relationships is a critical aspect of healthy sexuality development. The ability to build and maintain positive relationships requires a level of emotional literacy and empathy; and key skills including listening, asking questions and seeking clarification²³.

In order for children and young people to develop the skills and attitudes required to engage in healthy sexual relationships as adults, they require a level of emotional literacy and empathy, and key skills including listening, asking questions and seeking clarification²⁴. These skills are relevant to all relationships, not just those of a romantic or sexual nature. Key features of a healthy relationship include:



²³ Hyde, et al (2017)
²⁴ Hyde, et al (2017)
²⁵ NSPCC (2019)

Discussing aspects of healthy and unhealthy relationships is a good way to help children and young people think and reflect on the relationships they have had to date, and to consider what parts of those relationships were good and healthy, and which were not.

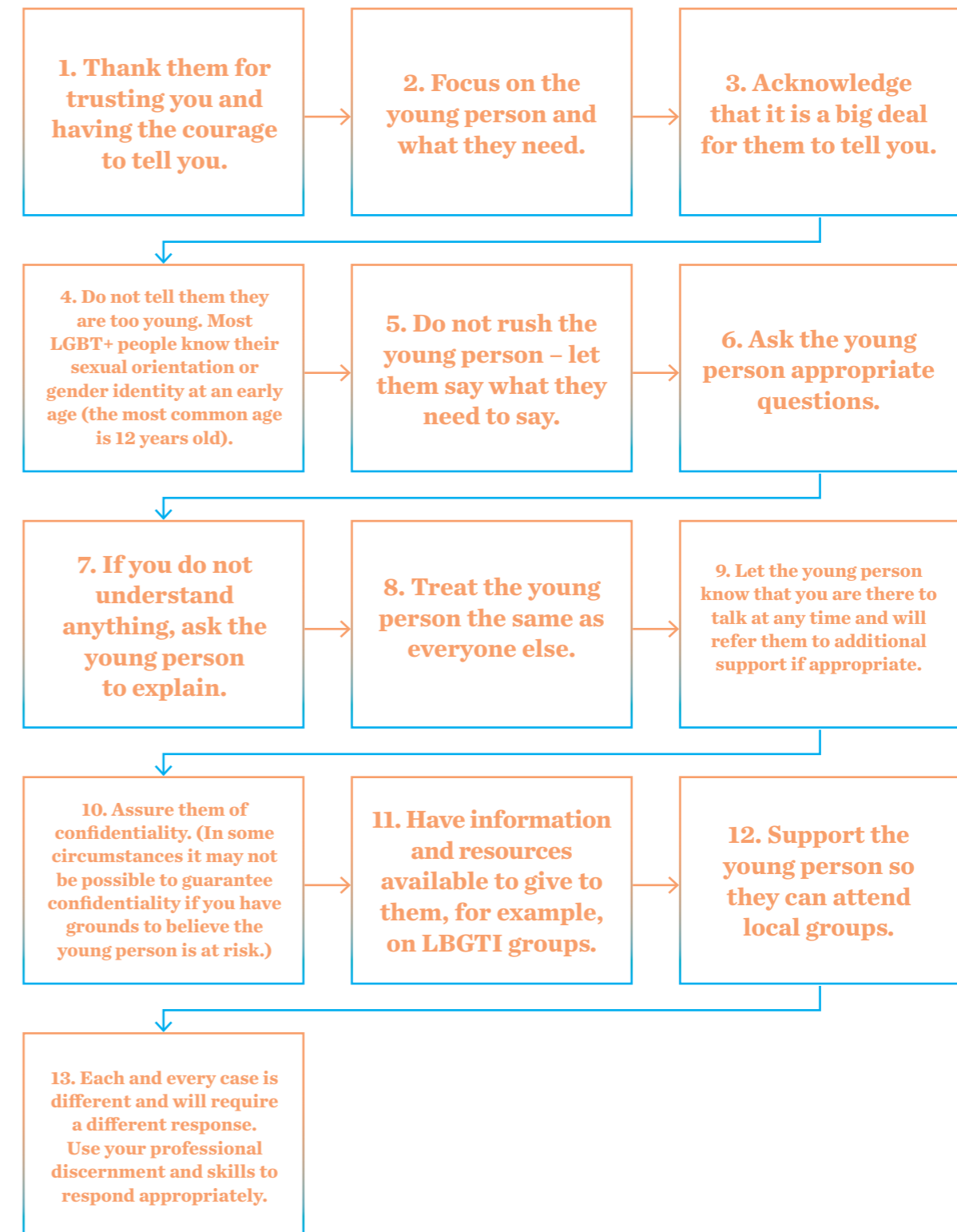
 To view the spectrum of relationships from healthy to abusive. 

Supporting LGBT+ sexuality and relationships

Children and young people who identify as LGBT+ obviously have the same need for positive relationship and sexuality education and support as their peers. However, parents, carers and professionals may feel they need additional knowledge to support a young person in their care. It is important to remember that if a child or young person tells you that they are LGBT+ or questioning, it means that they trust you and have felt comfortable enough to tell you; it is now your job to react in a positive and supportive way.

²³ Hyde, et al (2017)
²⁴ Hyde, et al (2017)

Steps to take if a young person comes out to you²⁶:



²⁶ BeLonGto (2015)

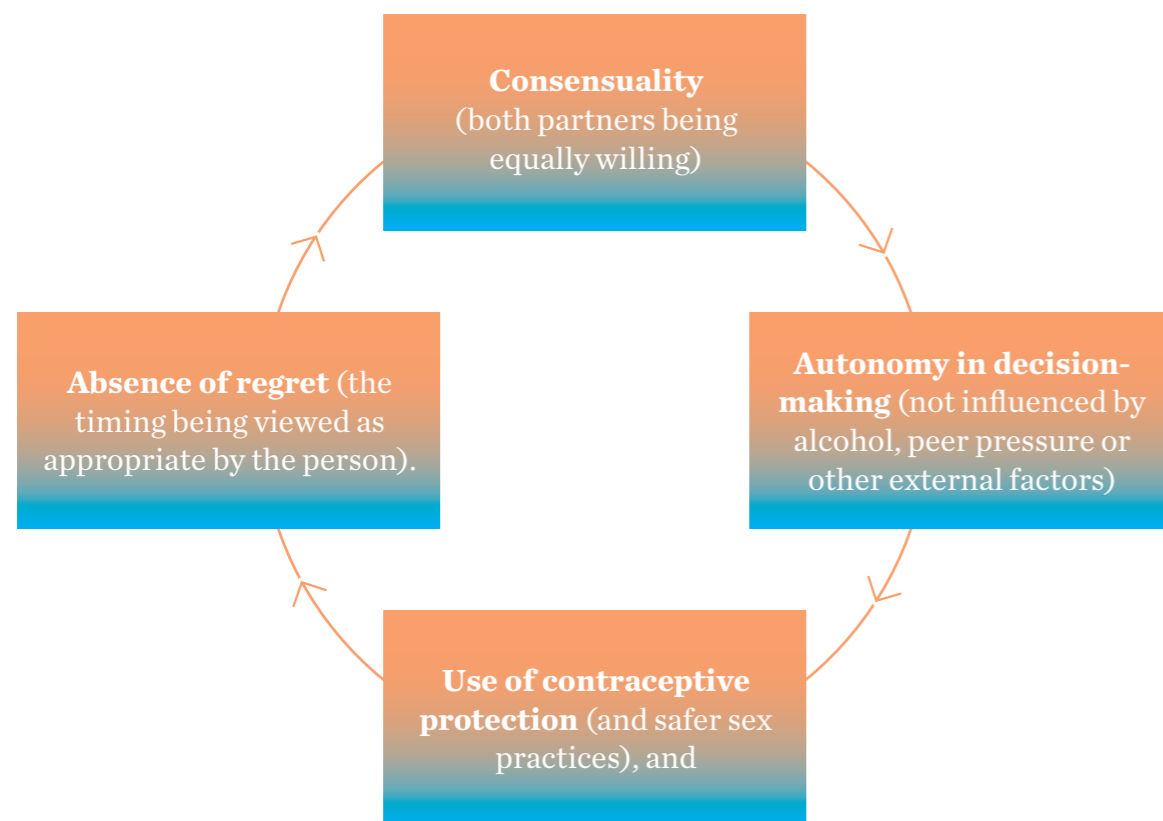
For a leaflet from Empowering People in Care (EPIC) called “Coming Out in Care” that provides useful information for carers, professionals and young people.

For a leaflet developed by EPIC called “Transgender in Care” that provides useful information for carers, professionals and young people.

Developing sexual competence

Good quality sexual decision-making is sometimes referred to as sexual competence. Studies show that the majority of children and young people in the Irish Care system report having had their first sex experience before the age of 17 years and few described experiences characterised by high levels of sexual competence²⁷. Children and young people reported a low sense of autonomy at first sexual intercourse, lower levels of contraceptive use and knowledge of safe sex practices, and higher levels of regret.

High levels of sexual competence is characterised by²⁸:

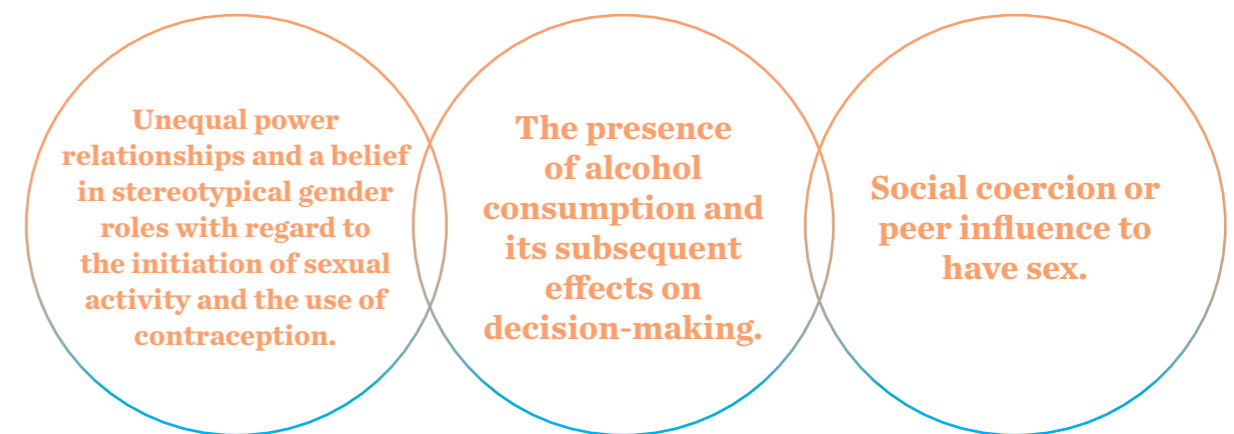


²⁷ Hyde et al. (2016)
²⁸ Hyde et al. (2016)

A lack of sexual competence at first intercourse is associated with a number of health and social consequences including:

- Testing positive for human papillomavirus (HPV)
- Low sexual function in the past year
- Reported sexually transmitted infection (STI)
- Unplanned pregnancy
- Having ever experienced non-volitional sex²⁹

Other factors associated with poor levels of sexual competence at first intercourse include:



Consent

In Ireland, the legal age of consent to sexual activity is 17. This applies to all persons, regardless of whether they are engaged in different-sex or same-sex activity. The law does however recognise that young people may be engaging in peer to peer sexual activity which may not amount to a crime and has introduced a ‘proximity of age’ defence. This is sometimes called the “Romeo and Juliet Defence”. This means that if a person has been charged with an offence of engaging in a sexual act with a child who is 15 or 16 years of age, he or she can put forward a defence but only if all of these conditions apply:

- he or she is younger or not more than two years older than the child;
- agreement was given freely and voluntarily;
- neither party felt exploited or intimidated; and
- neither person is a person in a position of authority.³⁰

²⁹ Palmer et al. (2017)
³⁰ Consent and the law

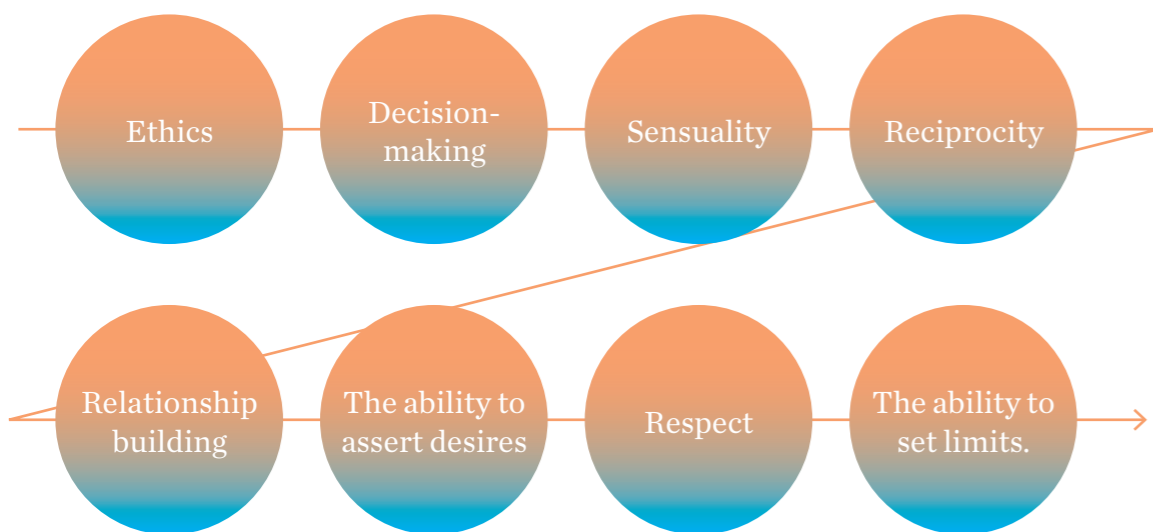
The Criminal Law (Sexual Offences) Act 2017 set out a written definition of sexual consent for the first time in Ireland. Consent in Ireland is defined in the following way:









‘A person consents to a sexual act if he or she freely and voluntarily agrees to engage in that act’

The giving and receiving of consent is integral to developing sexual competence. Although great emphasis is placed on consent at the point of sexual activity, it is clear that the practice of many elements of sexual competence, including the asking for and giving of consent, is problematic and confounded by psychosocial influences which blur the individual’s ability to practice free and informed choice.

Therefore, consent education which only focuses on the asking for, and giving of, agreement at the point of sexual activity (although important) is insufficient; it does not prepare young people to negotiate the complexity of relationships and sexual interactions. To do this young people must be supported to develop their self-awareness and self-management skills in general, and in particular with regard to relationships and sexual activity. They need to acknowledge their own desires and boundaries, and build their capacity to communicate these, whilst simultaneously acknowledging the desires and respecting the boundaries of others.





Supporting children and young people to develop the skills required to give and receive consent requires discussions about:



-  To watch a short animated video ‘Consent is like a cup of tea’. 
-  To watch videos that aim to explain consent to older and younger children.  
-  To view guides to consent for young people and youth workers from NYCI.  

Contraception

In order for young people to engage in safe and positive sexual behaviours, they must also have knowledge of good contraceptive practices and how to protect themselves from the negative consequences of sexual activity, including unwanted pregnancy and STIs. Young people in care can miss a greater number of days in school and are more likely to miss out on the sexuality and relationships education provided³¹.

-  For information about the contraceptive choices available, sexualwellbeing.ie the HSE website for all aspects of sexuality and sexual health, provides a list of options available. To access **SexualWellbeing.ie** 
-  For a series of factsheets on contraceptives developed by the Irish Family Planning Association. 

³¹ Hyde et al. (2016)



Key Practice Point!

It is important that young people in care are given the opportunity to discuss their current or prospective contraceptive needs and safer sex practices in a holistic manner which takes into account their needs; their relationship with themselves (self-esteem, self-awareness of their motivations and drivers etc.); their relationship with intimate partners and the development of communication, information retrieval and help-seeking skills.

Sexual health education can improve sexual health knowledge, however increasing knowledge alone has little impact on behaviours such as condom use³². Young people were found to continue to engage in unsafe sexual practices even where they appeared to have a basic knowledge of safer sex. Health interventions which combine safer sex education, alongside improved access to sexual health services and contraception, have shown some promise in reducing unsafe sexual practices. Whilst the factors affecting the increased risk of poor sexual health among young people in care e.g. (poor social relationships, lack of stability) are inherent in their situation, facilitating their access to appropriate sexual health services can play a role in improving their sexual health outcomes.

For information on Sexually Transmitted Infections (STIs) & treatment options available, please see sexualwellbeing.ie



A list of all public STI services in Ireland.



More detailed information on individual STIs and symptoms.



³² Kirby D, et al (2007)

Pregnancy

In Ireland, there has been a consistent downward trend in births to teenage mothers for many years. The teenage birth rate has decreased from 20 per 1000 women aged 15-19 in population in Ireland in 2001 to 6.3 per 1000 women aged 15-19 in 2018. Research suggests that good efforts are being made by teenagers to stay healthy and the majority who are sexually active are using contraception consistently³³.

However, research finds that young people in care are less likely to display high levels of sexual competence, which leaves them increasingly vulnerable to early pregnancy³⁴. Studies have identified a high incidence of early parenting among care leavers; out of nineteen young care leavers aged between 18 and 25 interviewed as part of one Irish study, nine had become parents³⁵. This is in keeping with studies elsewhere, which have identified that young people in care and care leavers are significantly more likely than young people in the general population to become pregnant and to carry a pregnancy to term³⁶.

Coupled with this, research with service-providers suggests that psychosocial aspects relating to the lives of young people in care can make becoming a parent at a young age appealing³⁷. Young people in care may have positive aspirations to parent; they can view it as a chance to rectify their own absent family life and to have their emotional needs met³⁸; to love and to be loved. It is undeniable that in general, teen parents face multiple and generally, prolonged challenges, and teen parents in care and after care even more so. However, for some young people in care and after-care, pregnancy may be viewed not as a crisis but as an opportunity. It is therefore important that caregivers approach the subjects of pregnancy and parenting with the greatest of sensitivity.

In Ireland, historically, it has been more common for teenagers who become pregnant to parent than travel to have an abortion. In 2018 there were 980 births to teenagers,³⁹ and 218 abortions to teenagers from Ireland in the UK.⁴⁰

³³ Economic and Social Research Institute, 2016.

³⁴ Hyde et al., 2016a, p.90.

³⁵ Hyde et al., 2016a, p.16.

³⁶ Craine et al, 2014; Mezey, 2015

³⁷ Hyde et al., 2016b, p.14.

³⁸ Knight, A., Chase, E. & Aggleton, P. 2006

³⁹ Central Statistics Office, 2019

⁴⁰ Department of Health and Social Care in the UK, 2019.

Since January 1st 2019, abortion services have been legally available for women in Ireland up to 12 weeks gestation and after 12 weeks in specific circumstances. Young people under the age of 18, including those in care, are encouraged to involve their parents, carers or other supportive adult in the consultation. 16 and 17 year olds, who do not involve an adult or their parents, can obtain an abortion provided the GP is confident the young person is able to give valid consent and that they fully understand the information provided. Young people aged 15 years or under, who choose not to involve their parents or another adult, can be offered an abortion in exceptional circumstances following an assessment.



Consistent with Children First Guidance⁴¹ the GP must report to Tusla in certain circumstances for under 17 year olds who have engaged in sexual activity. However a GP may not always regard underage sexual activity as child abuse that requires to be reported to Tusla where it is engaged in between older children and the GP is satisfied that all of the following conditions are met:

- The young person(s) concerned are between 15 and 17 years old
- The age difference between them is not more than 24 months
- There is no material difference in their maturity or capacity to consent
- The relationship between the people engaged in the sexual activity does not involve intimidation or exploitation of either person
- The young persons concerned state clearly that they do not want any information about the activity to be disclosed to Tusla

If the girl is under 18 and the male party is, or was, in a position of authority over her then a report will be made to Tusla and An Garda Síochána.

There are state-funded telephone counselling and face to face crisis pregnancy counselling services available nationwide that provide support to those who experience an unplanned pregnancy. This includes counselling services to support those with coping with an unplanned pregnancy; continued pregnancy supports for women who decide to continue with a pregnancy; and information on abortion. Young people under 18 will be supported, however the nature of the counselling support provided will be dependent on their exact age and the policy of individual organisation.

⁴¹ Children First

 For information from the HSE about services available to young people experiencing a planned or unplanned pregnancy. 

 For information on pregnancy, labour, child health and parenting. 

 For information on the Teen Parent Support Programme. 

Addressing Problematic Sexual Behaviour

It is not possible to talk about the sexual behaviour of a child or young person as inappropriate, problematic or harmful without having a sense of what is appropriate and normal.

However, because society still generally conceptualises sexual development as something which begins at puberty, normal sexual behaviours on the part of young children are often viewed as cause for concern⁴². However, natural and healthy sexual exploration during childhood is “an information gathering process wherein children explore each other’s bodies by looking and touching, as well as exploring gender roles and behaviour”⁴³.

 For a list of the stages of normal sexual development.



Problematic Sexual Behaviour

Research shows that between one-fifth to two-thirds of sexual abuse is committed by other children and young people. We also know that the majority of children and young people referred to sexual behaviour services have experienced at least one form of abuse or trauma. Children in care are therefore particularly vulnerable given their experience of abuse or adversity.

There are a number of factors that influence problematic sexual behaviour. These include:

- Lack of sex and relationships information
- Lack of privacy
- Boredom and loneliness
- Anxiety confusion or depression
- Family/carer conflict or information and support needs
- Lack of rules, appropriate consequences or boundaries
- Emotional, physical or sexual abuse
- Sexual exploitation and trafficking

⁴² Kellogg, N.D. (2009)

⁴³ Cavanagh-Johnson (2015).

- Communication difficulties
- Inappropriate sexual excitement or curiosity
- Attention or relationship needs
- Copying the behaviour of other children and young people
- Copying behaviour seen on the internet or TV.



Caution!

It is important to avoid stigmatising children and young people. The majority of people who experience sexual abuse in childhood do not go on to sexually abuse.

While all children and young people are potentially at risk, some groups may be at increased risk of exposure to, or of developing unhealthy sexual behaviours. These include children and young people with a disability and those who have experienced disruptions to their development or socialisation. It is important to recognise that in these cases extra support and guidance may be required.



Key Practice Point!

Dealing with unhealthy sexual behaviour at an early stage can help to prevent subsequent sexually harmful behaviours from developing.

When considering whether or not to be concerned and evaluating sexual behaviour there are a number of helpful questions you can ask:

- Is behaviour reflective of natural curiosity or experimentation?
- Does the behaviour involve children or young people of a similar age or developmental ability?
- Is the behaviour unusual for that particular child or young person?
- Is the behaviour excessive, coercive, degrading, or threatening?
- Is the behaviour occurring in public or in private space?
- Is the behaviour consensual for all children or young people involved?
- Are other children or young people showing signs of alarm or distress as a result of the behavioural?

To explore the Brook Traffic Light Tool that helps to understand and assess what behaviours are normal (green), problematic (amber) or harmful (red).



Caution!

In evaluating sexual interactions understanding the context is crucial. The affect or presentation of a child or young person is significant. It is not a particular sexual act that characterises behaviour as sexually harmful. Bear in mind the difference between inappropriate and harmful. Make sure you are clear about what everyone is talking about or referring to.

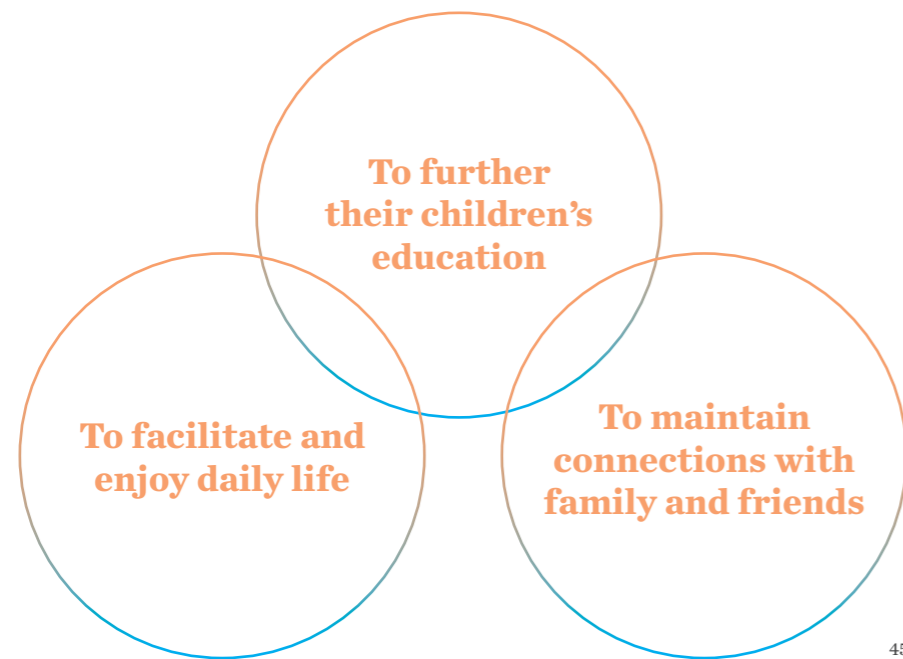
- For a series of scenarios to help you think through whether the sexual behaviour of children and young people is normal, problematic or harmful.
- For a guide developed by CARI that provides information and support to parents and carers on how to understand and manage harmful sexual behaviour in children and young people.
- For the NSPCC framework on working with harmful sexual behaviour.
- For information on what to do if you are concerned about a child.

Online safety

Statistics released by Ofcom in the UK show that over 50% of children aged 3-4 go online for nearly 8 hours a week, and 1 in 5 children aged 3-4 have their own tablet⁴⁴.

This may be surprising, but research has shown that families are spending more time on technology for a number of positive reasons:

⁴⁴ Ofcom (2020)



45

Whether it's watching videos or playing games on their devices – today's children and young people are spending more time online, even from a very young age. They can have little appreciation of the dangers, or understanding of the consequences, of their online behaviour. It is important to start talking about online safety before children are unsupervised online. There are a number of things that parents and caregivers can do to support the children in their care to be safe online.

- [To watch a video that discusses the importance of online safety with young children.](#)
- [for a video aimed at older children.](#)
- [For a guide that provides helpful tips and advice to parents and carers on how to support children to be safe online.](#)

⁴⁵ Blum-ross & Livingstone (2016)

What can I do to support an under 5 to be safe online?

Explore together:	Explore the child's favourite apps and websites with them. This can be a fantastic way to find out what the child enjoys doing online, as well as having fun and learning together.
Talk to the child about their online experiences:	Start and continue regular conversations with under 5s about what they enjoy doing online, introducing online safety messages. These conversations can be a great way to reinforce the message that if the child sees anything online which makes them feel worried, they can tell you or another adult they trust.
Supervise the under 5 while they're online:	Keep the devices the child uses in communal areas where an adult can supervise. Children under 5 should not access the internet unsupervised in private spaces, such as alone in their bedroom or bathroom. You might also consider covering the camera of their device with a piece of tape or blue tack.
Parental controls	Make use of the parental controls available on broadband and any internet enabled device.
SafeSearch	The use of 'SafeSearch' is recommended for use with young children. Most web search engines will have a 'SafeSearch' function, which allows you to limit the material the child can see when they're online. Look out for the 'Settings' button on the web browser homepage, which is often shaped like a small cog. It is important to understand that no 'SafeSearch' function is 100% effective, and this cannot be used alone to protect a child from being exposed to age inappropriate material.
Set boundaries	You can agree a set of rules, such as locations in the house/ premise where devices can be used, times of day that the child can use devices, or which age appropriate apps or websites they can access. On devices you do not wish them to have access to, use passwords and keep these out of reach of the child.









Lead by example Modelling the digital habits you expect from the child (for example, no devices during meal-times) can be an effective way of supporting young children to develop their own positive digital behaviours from an early age.

What can I do to support 4 to 7 year olds to be safe online?

Jessie and Friends is a series of three animations which aims to give 4-7 year olds knowledge, skills and confidence to help them respond safely to risks they may encounter online. Before you watch *Jessie & Friends* with a child, here are a few things you can do:

- Explore together:** Ask the child to show you their favourite websites and apps and what they do on them. Listen and show interest and encourage them to teach you the basics of the site or app.
- Initiate (and continue) conversations about online safety** Ask them if anything ever bothers or worries them while they're online. You could use examples of events from the animations and ask if they've experienced anything similar. Reinforce the key message: if anything happens online which makes them feel worried, scared or sad, the best thing to do is talk to you or another adult who they trust.
- Help the child identify adults who can help** Help the child identify trusted adults from different areas of their life such as at home or at school.
- Be non-judgemental** Explain that you would never blame them for anything that might happen online, and you will always give them calm and loving support.
- Supervise the child while they're online** Keep the devices the child uses in communal areas where an appropriate adult is able to supervise. It is not safe for 4-7 year olds to access the internet unsupervised in private spaces, such as alone in a bedroom or bathroom. You might also consider covering the camera of their device with a piece of tape or Blu Tack.

- Talk to a child about how their online actions can affect others** If a child is engaging with others online remind them to consider how someone else might feel before they post or share something. If they are considering sharing a photo or video of somebody else, they should always ask permission first.
- Safe Search** The use of 'Safe Search' is highly recommended for use with young children. Most web search engines will have a 'Safe Search' function, which will allow you to limit the content the child is exposed to whilst online. Look out for the 'Settings' button on your web browser homepage (often shaped like a small cog).
- Parental controls** Make use of the parental controls available on your broadband and any internet-enabled.

-  For "Webwise", the Irish Internet Safety Awareness website which has lots of useful tips and information on how to stay safe online. 
-  To watch the Jesse and Friends series which discuss the importance of online safety designed for 4 to 7 year old children. 
-  To watch a series of videos called "Like, Play Share" that are aimed at supporting 8 to 10 year olds to understand online safety. 
-  For a helpful site for working with 11 to 13 year olds. 

Problematic online behaviour in children and young people

In terms of online behaviour generally, where there is a problem it typically involves three key issues:

1. Sexting

The emerging phenomenon of youth ‘sexting’ or sending ‘nudes’ presents a range of unique legal, policy and educative challenges. Sexting is described as the sending or receiving of sexual images by text, email or social media.

The growing phenomenon of young people sexting is problematic for many reasons; depending on content, it can be illegal and can cause great distress if material is made available to people other than the intended person or if unsolicited material is received.



Key Practice Point!

A very useful rule of thumb is that if it is illegal offline it is illegal online.

It is important that young people have an understanding of the potential consequences of creating, storing or sending nude photographs or images of people engaged in sexual activity. There may be serious legal implications if the images are of a person younger than 18. For example, while it is highly unlikely that a young person under the age of 18 would consider sending a picture of themselves in a sexually explicit pose to be distribution of child pornography, in Ireland, such a young person may be subject to prosecution under the Child Trafficking and Pornography Act 1998, resulting in a criminal or police record.

It is important to have conversations about what children and young people can do if they receive an unsolicited sexting message or sexual image, what to do with these types of images in the event of a break up in a romantic relationship, and the need to think about whether images should be shared. Children and young people often do not fully understand the nature of sharing sexually explicit images⁴⁶. It is also important that they understand that even if both parties are above the legal age to decide whether or not to send “sexts”, receiving sexual images can be a traumatic experience and is something that should never be done without the other person’s consent.

⁴⁶ <https://www.webwise.ie/teachers/law-sexting/>











Caution!

It is important that young people understand that such images, especially if the sender or receiver is a minor (under 18) may constitute a child pornographic image, is against the law, and may result in prosecution and a criminal or police record.

There are a number of reasons why young people may send a ‘sext’ including:

- As an expression of intimacy
- For sexual arousal
- Due to peer pressure
- As a joke

Teenagers tell us that sharing sexual pictures and videos is not unusual. If they don’t realise the risks involved, talk to them in a calm and measured way about these. If they are distressed, reassure them that you will help them work through whatever consequences there might be.

-  For information from WebWise, the Irish internet safety information website called “6 things you need to know about sexting.” 
-  For a short video from Webwise which demonstrates how children and young people can be exploited through sexting. 
-  For a short video from the NSPCC that demonstrates the importance of being ‘share aware’. 
-  For advice on how to talk to a child or teenager about sexting. 

If a young person tells you that they have shared a nude photograph, don’t panic. There are steps you as a professional, parent or caregiver can take.

For advice about what to do if a child in your care has shared a nude picture.

For information on what to do and who to contact if a child in your care has shared a nude picture.

In the context of sexting and other problematic online behaviour it may be helpful to talk to children and young people about the concept of digital literacy and citizenship and what kind of digital citizen they want to be.

Digital literacy is the development of a set of competencies and skills that allow you to participate fully in a digital world⁴⁷. Young people were born into a world of technology, and are often referred to as “digital natives” to describe their aptitude at navigating and engaging in the online world. Digital citizenship on the other hand is concerned with the capacity to use technologies in an appropriate, responsible and ethical way. Digital citizenship encompasses digital literacy, ethics, etiquette, online safety, norms, rights, culture and more. A digital citizen is able to distinguish between behaviour that is right and wrong, and to make good choices when using technology⁴⁸.

For information on digital citizenship and digital literacy.

2. Pornography

Access to the internet means that children and young people are now viewing adult content at a much greater rate, and from a much younger age. Pornography gives children and young people unrealistic messages and changes their expectations of sex. While some children have the ability to critically interpret pornography and see that it is not realistic, others view the scripts as realistic. Moreover, it has been shown that children and young people who think that pornography is a realistic interpretation of sex are those who are less likely to have alternative sources of information⁴⁹. In an extensive study of UK adolescents (aged 11–16), 53% of boys and 39% of girls agreed that pornography was realistic⁵⁰. It is also suggested that higher pornography use is associated with higher engagement in, or interest in, trying sexual behaviour consistent with pornographic scripts⁵¹.

⁴⁷ Webwise.ie

⁴⁸ Costello, 2019

⁴⁹ Martellozzo et al., (2016), p. 37

⁵⁰ Martellozzo et al., (2016)

⁵¹ Sun, Bridges, Johnson, Ezzell, (2014)

Studies show that the **over use** of pornography may lead to:

- Erectile dysfunction
- Negative body image
- Unrealistic expectations about sex
- Elevated divorce rates
- Shorter attention spans
- Sexual deviancies
- Sex addiction⁵²

Pornography can have the effect of eroticising inequality and reinforcing sexist and racist attitudes. This is done through the objectification of women and the reduction of their value to their body parts, and by exploiting stereotypes of certain racial groups, in particular Black and Asian women.

Studies have shown that young girls feel anxiety about what boys expect them to do sexually⁵³. A UK study asked if viewing pornography had led adolescents to believe that men and women ‘should act in certain ways during sex’. The study found that older (aged 15–16) respondents were more willing to disagree than younger (aged 13–14) participants⁵⁴. In further research on exposure to sexually explicit media by 12 to 15 year olds, adolescents who use sexually explicit media were found to have more permissive sexual norms, have less progressive gender role attitudes and that more males had perpetrated sexual harassment activities compared to their peers⁵⁵.

In Ireland, where 63% of men and 75% women reported that they were dissatisfied with the sexual health education they received at secondary school, this further illustrates the importance of ensuring good quality, comprehensive and holistic relationship and sexuality education to help children and young people criticise and contextualise what is presented in pornography.

The nature and content of what is depicted in pornographic videos has changed over the years. Pornography that depicts significant violence is more prevalent and accessible than ever before, and often depicts women as enjoying such violence⁵⁶. In considering whether watching pornography may impact on participation in acts that could be considered aggressive, a content analysis of pornography showed that 28% of pornographic scenes depicted choking while 75% of scenes in popular pornographic films depicted spanking.

⁵² LaMorgese (2017)

⁵³ Häggström-Nordin et al., 2009

⁵⁴ Martellozzo et al., (2016)

⁵⁵ Brown, and L'Engle, (2009)

⁵⁶ O'Connor, (2006)



Caution!

Pornography presents unrealistic scenarios associated with sex and sexuality and many depict significant violence. While it is not uncommon for older children (15 – 17 years) to view pornography, it is important to be aware that specific content may contain implicit messages that reinforce sexist attitudes, fetishize racial groups, and normalise unhealthy sexual practices.

When to be concerned about a young person viewing pornography?

A parent, carer or professional may be concerned if they find out that a young person in their care is viewing pornography. It is important to remember that it is not unusual for young people to view pornography, and for teenagers, it is a normal part of sexual curiosity.

Teenagers who are less sexually healthy tend to have few positive and realistic role models to help them learn about sexuality. They are more vulnerable to adopting as fact, misinformation and distorted media messages about, for example: how men and women are supposed to act, what is a healthy relationship, and what is involved in a mutually pleasurable sexual relationship, areas seldom addressed in sexually explicit materials on the Internet⁵⁷.

If you discover that a child in your care has been viewing adult content, don't overreact. It is important to remind them that pornography is a scripted performance, and is not representative of realistic or healthy sexual interactions.

⁵⁷ Longo, 2003



For key messages to provide to children and young people about how pornography is a performance.



For information on how to talk to a teenager about pornography.



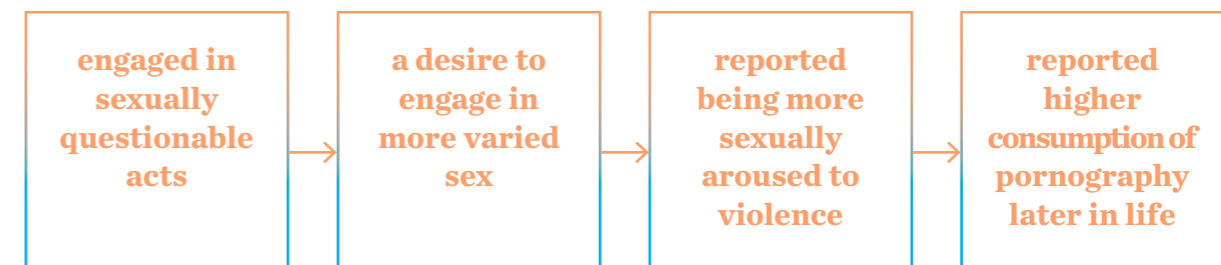
Risk factors that may indicate a predisposition to sexually aggressive behaviours include hostility towards women, lower intelligence, antisocial tendencies and a higher interest in impersonal sex and domination⁵⁸. Adolescents with these risk factors in turn are more likely to use pornography, more likely to use violent pornography, and more likely to be affected by the gender and sexual messages of the pornographies they consume⁵⁹.



For advice about what parents and caregivers can do about pornography.



It is important to be aware of the age and developmental stage at which the child or young person was exposed to pornography. Studies show that inappropriate or excessive viewing of pornography from a young age may have psychosocial consequences. In a Canadian survey of 470 people, of those who initially viewed pornography at the age of 9 or younger, more had:



60

⁵⁸ Malamuth & Huppert, 2005; Ybarra & Mitchell, 2005

⁵⁹ Malamuth & Huppert, 2005; Ybarra & Mitchell, 2005

⁶⁰ Skau & Barbour, (2011)

There are at least 82 publicly available pornography sites. Moreover an Irish study reported that as many as 53% of male and 23% of female college students stated that they were between the ages of 10 and 13 years old when they were first exposed to pornography⁶¹.

If you are caring for children of different ages and developmental stages, it may be worth discussing the potential impact of pornography with older children and to help them take appropriate measures to protect younger children from being exposed to inappropriate content.

It is important to note that there are mitigating factors that reduce the negative impact of pornography on children and young people. These are:

An alternative source of information for example from parents or carers,

Good sex education and sexual knowledge,

Discussion and conversation about values in relation to sexual behaviour,

Understanding that what they view in pornography is not real life.

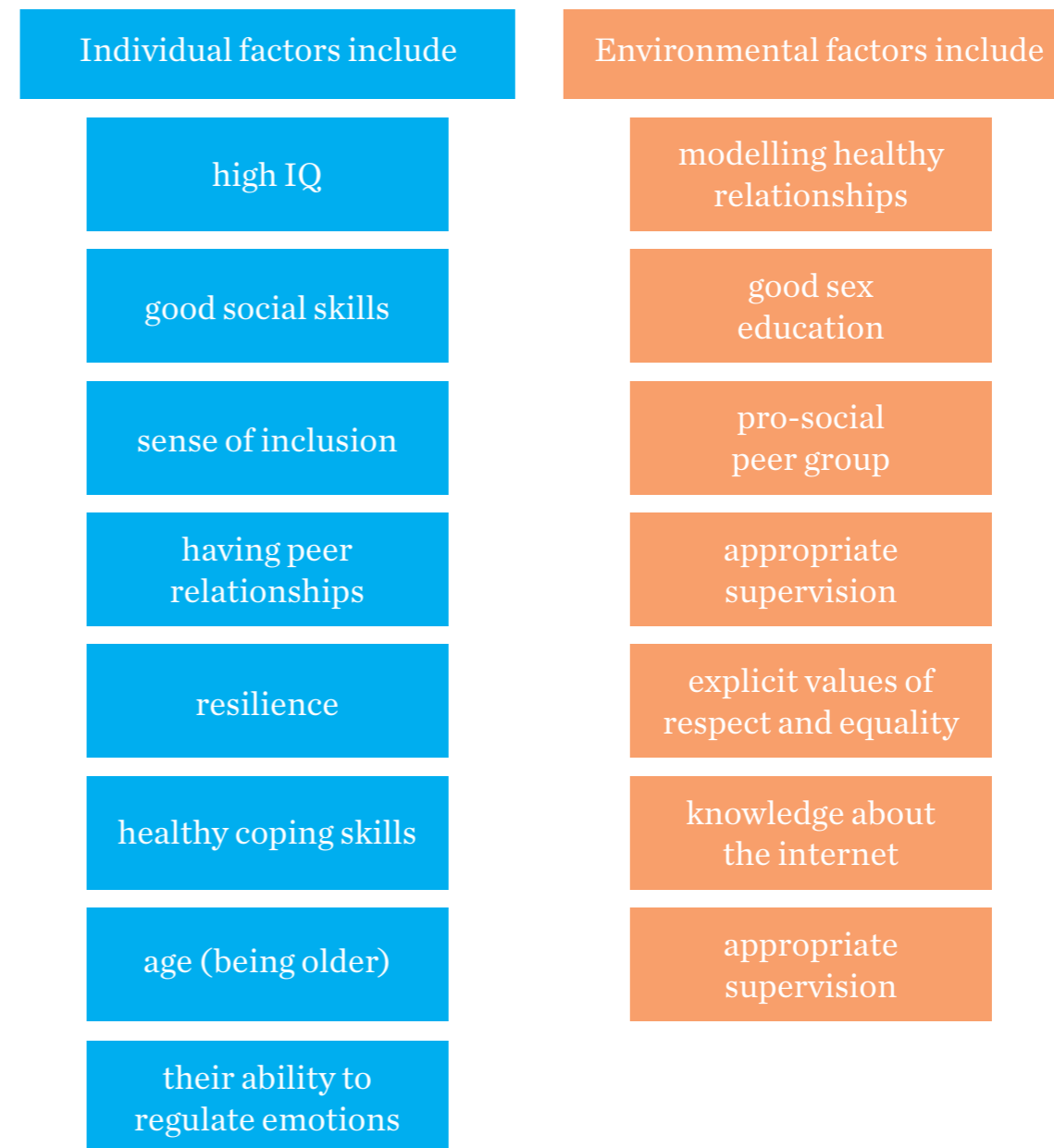


Caution!

The vast majority of young people who view pornography do not go on to sexually harm others. In fact, for the majority of young men, frequent consumption of pornography cannot be linked to sexual aggression.⁶²

⁶¹ MacNeela, et al (2018)
⁶² Ybarra & Mitchell, 2005

There are also a number of individual and environmental factors that can help to prevent problematic or aggressive behaviours from developing. These include:




For advice about what parents and caregivers can do about pornography.



3. The child or young person has been viewing indecent images of children.

In this case, it will be very important to have a safety plan that addresses this behaviour.

- It is most important that the child or young person's feelings are taken into consideration.
- The child or young person needs to know that while the caring adult cannot condone the behaviour, they still love the child and will support them.
- It's important that the child or young person knows that they can talk to their parent or carer.
- The child or young person may also need information about how viewing such material can lead to unhealthy and damaging messages about sex and relationships at a time when their patterns of sexual arousal are becoming established.
- The young person should be encouraged to continue hobbies and healthy interest activities.
- It's important to be careful not to minimise behaviour.
- Consider that the child or young person may need professional help.

 For a guide for parents and carers of children and young people who have got in trouble online.



Vulnerability to sexual exploitation

Child Sexual Exploitation (CSE) is a form of child abuse and can have severe and long lasting consequences for the child/ young person. Child sexual exploitation is the coercion (through payment /threat/ violence/ blackmail) of a child /young person to perform sexual acts for the benefit of another. Child Sexual Exploitation can be perpetrated in person or online. Children aged 12 – 15 years are the age range most at risk. However, a child or young person's life circumstances may render them more vulnerable to exploitation. Risk factors associated with CSE include:

Risk factors associated with CSE

- Bereavement or loss
- Homelessness / poverty
- Problems at home
- Feeling unpopular / unwanted
- Non school attendance / school exclusion.
- Poor relationship with authority figures such as teachers, social workers, guards
- Feeling alone / isolated
- Running away
- Having a physical or learning disability
- Young people who are exploring their sexuality
- Being connected to other young people who are experiencing CSE,
- ***Being in care, particularly residential care and having an interrupted care history**



Caution!

There is no clear profile for people who sexually exploit children. People who are known or suspected to exploit children may use a range of techniques including flattery, overt power, deliberate confusion, bribes or payment, promises and sympathy. Perpetrators can be opportunistic or use planned approaches.⁶³

Children and young people in care therefore need additional support from carers and practitioners to help keep them safe from exploitation, whether in person or online.

- [For a list of common Child Sexual Exploitation risk indicators.](#)
- [For information provided by Tusla in relation to child sexual exploitation in the Child Protection and Welfare Handbook 2.](#)
- [To read the Barnardos Practice Model for working with children who are victims or at risk of CSE.](#)
- [For the NSPCC five easy rules to teach a young child about staying safe, known as the PANTS underwear rule.](#)

⁶³ Victoria Health and Human Services (2017)

Further training

There are a number of training and professional development programmes related to sexuality education and support that are available to carers and professionals. These include:

- [Foundation Programme in Sexual Health Promotion - HSE](#)
- [Sexual Health Training - Irish Family Planning Association](#)
- [Real-U Relationships and Sexuality Programme - Foróige](#)
- [Understanding Young People and Pornography - National Youth Council of Ireland](#)
- [B4Udecide - National Youth Health Programme](#)
- [Developing a Sexual Health Policy - National Youth Council of Ireland](#)
- [Parenting children with special needs - Parents Plus](#)
- [The Middletown Centre for Autism offers a range of training opportunities for parents and professionals working with autism, including on RSE.](#)

[For References and Further Reading.](#)

05

Toolkit



Myths and Facts about Sexuality Education⁶³

(Tool 1)

Myth	Fact
Sexuality education leads to young people having sex earlier than is expected based on the national average.	Good quality sexuality education can lead to a later first sexual experience and more responsible sexual behaviour.
Sexuality education deprives children of their 'innocence'.	Providing children with information on sexuality that is scientifically accurate, non-judgemental, age-appropriate and complete; as part of a carefully phased process can be of great benefit to children and help prevent them from seeking information from less reliable sources.
Sexuality education and an open attitude towards sexuality make it easier for children to be abused.	When children learn about equality and respect in relationships they are in a better position to recognise abusive persons and situations.
Sexuality education is damaging to children or adolescents.	Sexuality education encompasses a range of topics that must be tailored to the age and developmental level of the child. A child aged 4-6 may learn about topics such as friendships, emotions and different parts of the body. Gradually other topics such as puberty, family planning and contraception may be introduced. Age-appropriateness is critical in ensuring that children and young people receive the full intended benefit of sexuality education.
Sexuality and sexual relationships are distinct from other types of social and emotional relationships.	For most young adults, sexual relationships are built on principles similar to those of the social relationships learnt in early life. Children are aware of and recognise these relationships long before they act on their sexuality. Children and young people therefore need the skills to understand their bodies, relationships and feelings from an early age.

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⁶³ Adapted from: European Expert Group on Sexuality Education (2016) Sexuality education –what is it? Journal of Sex Education, Vol.16(4), 427-431

Normal Sexual Behaviour in Children and Young People⁶⁴ (Tool 2)

0 – 4 years

- Touching or playing with their own genitals.
- Attempting to touch or curiosity about other children's genitals.
- Attempting to touch or curiosity about breasts, bottoms or genitals of adults.
- Playing games with other children such as 'mummies and daddies' or 'doctors and nurses'.
- Enjoying being naked.
- Interest and curiosity about body parts and what they do.
- Interest and curiosity about the differences between male and female bodies.

5 – 9 years

- Feeling and touching own genitals.
- Curiosity about other children's genitals.
- Interest and curiosity about sex and relationships, e.g. differences between male and female bodies, how sex happens, where babies come from, same-sex relationships.
- A growing sense of privacy about bodies, their own and others.
- Telling stories or asking questions using swear and slang words for parts of the body.

10 – 13 years

- Solitary masturbation.
- Use of sexual language including swear and slang words.
- Having romantic relationships (girl/boyfriends) who are of the same age and developmental stage and of any gender.
- Interest in popular culture, e.g. fashion, music, media, online games, chatting online.
- Need for privacy.
- Consensual kissing, hugging, holding hands with young people of the same age of any gender.

14 – 17 years

- Solitary masturbation.
- Sexually explicit conversations with peers.
- Obscenities and jokes within the current cultural norm.
- Interest in erotica/pornography.
- Use of internet/e-media to chat online.
- Having sexual or non-sexual relationships.
- Hugging, kissing, holding hands with peers of the same age and developmental stage.
- Consenting sexual activity with others who are of similar age and developmental ability.
- Choosing not to be sexually active.

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⁶⁴ Adapted from Brook: Sexual Health and Wellbeing for under 25s

List of Terms and Definitions – LGBT+ (Tool 3)

Biphobia

is a dislike, fear or hatred of bisexual people.

Bisexual

is a term used to describe someone who is sexually and romantically attracted to both males and females.

Bi-erasure

is ignoring, removing, or re-explaining the evidence of bisexuality.

Cisgender

is a term used to describe an individual's gender when their experiences of their gender correspond to the biological sex they were assigned at birth.

Coming out

is a process that involves a lesbian, gay, bisexual or transgender person developing an awareness of an LGBT+ identity, accepting their sexual orientation or gender identity, choosing to share the information with others and building a positive LGBT+ identity (King and Smith, 2004). It not only involves coming out but staying out and dealing with the potential challenges that one might encounter as an LGBT+ person.

Demi-girl

is someone who only partially (not wholly) identifies as a girl or woman, whatever their assigned gender at birth.

Families of choice or 'friendship families'

refer to non-familial social networks which have been highlighted as playing a more significant role in the lives of LGBT+ people when compared with heterosexual people.

Female-to-male (FTM) transgender

refers to a person assigned 'female' at birth but who identifies as male.

Gay

is a term traditionally used to describe a man who is sexually and romantically attracted to other men. While the term 'lesbian' is typically used to describe women who are attracted to other women, many women with same-sex attractions self-identify as 'gay'.

Gender fluid

refers to a person who does not feel confined by the binary division of male and female.

Gender identity

refers to how a person identifies with a gender category. For example, a person may identify as either male or female, or in some cases as neither, both or something else.

Gender identity disorder

is a controversial term. Within the medical world it refers to a formal medical diagnosis for the condition in which a person experiences persistent discomfort and disconnect with the biological sex with which they were born. It was included in the Diagnostic Statistical Manual of Mental Disorders (DSM-IV) in 1994 as a replacement for the term 'transsexualism'.

Gender reassignment surgery

refers to a variety of surgical procedures by which the physical appearance and function of existing sexual characteristics and/or genitalia are altered to resemble that of another sex.

Heteronormative

or the 'heterosexual norm', refers to the assumption that heterosexuality is the only sexual orientation. It is closely related to 'heterosexism' (see below) and can often cause other sexual orientations to be ignored or excluded.

Heterosexism

is the assumption that being heterosexual is the typical and 'normal' sexual orientation, with an underlying assumption that it is the superior sexual orientation. This assumption often results in insensitivity, exclusion or discrimination towards other sexual orientations and identities, including LGBT+.

Heterosexual

is a term used to describe someone who is sexually and romantically attracted to a person of the opposite sex.

Homophobia

is a dislike, fear or hatred of lesbian and gay people.

Internalised homophobia

is the homophobia of a lesbian, gay or bisexual person towards their own sexual orientation. It has been described as the conscious or unconscious incorporation of society's homophobia into the individual. It can be recognised or unrecognised by the individual but has been found to lead to struggle and tension, sometimes severe, for a person when dealing with their sexual orientation and identity.

Internalised stigma

occurs when a person cognitively or emotionally absorbs stigmatising assumptions and stereotypes about mental illness and comes to believe and apply them to him or herself.

Intersex

is an umbrella term used to describe a variety of conditions in which a person is born with anatomy or physiology that does not fit societal definitions of female or male (e.g. sexual or reproductive anatomy, chromosomes, and/or hormone production).

Lesbian

is a term used to describe a woman who is sexually and romantically attracted to other women.

Male-to-female (MTF) transgender

refers to a person assigned 'male' at birth but who identifies as female.

Minority stress

is based on the premise that LGBT+ people, like members of any minority group, are subject to chronic, psychological stress due to their group's stigmatised and marginalised status. While LGBT+ people are not inherently any more prone to mental health problems than other groups in society, coping with the effects of minority stress can be detrimental to LGBT+ people's mental health.

Pansexual

is sexual attraction towards people of any sex or gender identity.

Sexual identity

refers to how a person identifies the gender of whom they are sexually and emotionally attracted to. It includes a wide range of identities, with the most typical being gay, lesbian, bisexual and heterosexual. A person's sexual identity may be different than his or her sexual behaviours and practices.

Sexual orientation

refers to an enduring pattern of emotional, romantic or sexual attraction to men, women or both sexes. It includes a wide range of attractions and terms, the most common being gay, lesbian, bisexual and heterosexual. People who do not experience attraction to any sex may define themselves as asexual.

Transgender

is an umbrella term referring to people whose gender identity and/or gender expression differs from conventional expectations based on the gender they were assigned at birth. This can include people who self-identify as transsexual, transvestite, crossdressers, drag performers, genderqueer, and gender variant.

Transitioning

is the process through which a person takes steps to live in their preferred gender. This can include changing appearance, mannerisms, name/pronouns, legal documentation, and other personal, social, and legal changes. This may also include undertaking hormone replacement therapy and/or gender reassignment surgery.

Transphobia

is a dislike, fear or hatred of people who are transgender, transsexual, or people whose gender identity or gender expression differs from the traditional binary categories of 'male' and 'female'.

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Talking to children and young people about sex: self - reflection exercise (Tool 4)

Thinking about your own childhood experiences of learning about relationships, sexuality and growing up, can be a good starting point for any adult preparing to talk to children and adolescents about such issues. Before speaking to the child or young person in your care, it may be helpful to reflect on the following:

1. What messages did you receive as a child and how have they impacted on you? How would you like that experience to inform your practice as you now support the healthy sexuality development of children and adolescents?

2. What are your thoughts and beliefs on common practical sexuality issues, for example:

- Different family structures
- Healthy and unhealthy relationships
- Naming body parts (including the genitals) and talking about their functions
- Public and private behaviours (including masturbation)
- Conception, pregnancy, birth
- Pregnancy termination
- Contraception
- Breast feeding
- Gender, gender identity, gender stereotyping
- Sexual orientation
- Sexual activity
- Safer sex
- Pornography

3. How might these thoughts and beliefs impact positively or negatively on the children and young people in your care?

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Advice on talking to children and young people about sex (Tool 5)

- 01 Start Young.** Children get spoken and unspoken messages from birth onwards about relationships and sexuality. It is never too early to start talking to children about relationships and dating. It is also important to show children and young people what good and healthy relationships look like. This is called modelling and is demonstrated in how adults interact with their family and loved ones and how they talk about sexuality and relationships.
- 02 Be Brave.** You don't need to be an expert; you don't need to know everything and you don't need to be familiar with the current slang words teenagers' use. It's ok to make mistakes or get it wrong – laugh, learn and move on.
- 03 This is not about the conversation.** This is about having an on-going conversation or dialogue that is interwoven into everyday life. For example discussing the themes or issues raised in current affairs or TV programmes or trending online gives an opportunity for discussion and to introduce ideas around values.
- 04 Be Open.** Be understanding, caring and non-judgemental. Encourage young people to raise, share and discuss issues and particularly those that are concerning them. Encouraging the child or young person to share freely will give you the opportunity to correct any mistakes or misinformation or misunderstanding that a child or young person has.
- 05 Don't Assume.** Even children and young people who consider themselves to be very well informed and not in need of any further information or education can have gaps in their knowledge and information.
- 06 Don't take the easy way out.** Don't leave it up to the school or somebody else to talk to children and young people about sex, sexuality, sexual education, sexual health, dating and relationships. If the child/young person is at school, talk to teaching staff about what they are teaching and when. You can then prepare for any necessary discussions if you are aware of the school sex education curriculum.
- 07 Make sure you know the facts.** Be honest if you don't know the information and look it up together. Find the answer and show the young person or the child how and where to get accurate information and how to distinguish between reliable and unreliable sources of information.
- 08 Be Prepared.** Be aware of and help children and young people to be aware of different perspectives in relation to sexuality. For example, biological, health, cultural, religious, legal and moral considerations.

- 09 Be Helpful.** Help children and young people to figure out who they can talk to (including you) and where they can go if they have a worry or they are upset or distressed or concerned and feeling bad about anything to do with sex relationships or sexuality.
- 10 Engage in the conversation** in the knowing that your input will help the young person to make better decisions. Most researchers and sex education experts agree that there is little to no evidence to suggest an appropriate conversation about sex and sexuality would increase the chance of a young person engaging in sexual activity. There is evidence to suggest that talking about sex actually contributes to young people delaying having sex because they are able to make more informed decisions. Young people who have good sexuality and relationships education are also more likely to use contraception than those who have not received this education. Remember knowledge is power and young people need to make informed choices from reliable sources, such as you.
- 11 Young people need to see intimacy and sex as something that is valued and worth talking about.** Having these conversations about sex is an important message - that it matters.
- 12 You will often know the child/young person best.** So, remember to trust in your ability to speak to them when the timing feels right.
- 13 Don't make sex a taboo.** Create an atmosphere that treats sex as something private and deserving of respect but also sends messages that sex is ok to talk about and ask questions about.
- 14 Don't make assumptions about who the child/young person is attracted to (their sexual orientation).** Also don't automatically assume that they know themselves yet.
- 15 Don't make a big deal of it.** Instead open the lines of communication as opportunities arise when the subject comes up. Use a drip approach and make it a normal on-going thing to talk about sex when it feels natural or helpful.
- 16 Listen to what the child has to say and ask them questions.** Remember children and young people can ask questions in subtle ways and you might have to help them to 'get it out'. Don't be afraid to gently look for clarification of what they are saying/asking before you respond.
- 17 Remember that young people need a balance between knowledge about biology and the relationship side of sex.**
- 18 At times it can help to depersonalise the subject and talk about it in the abstract or ask what a friend thinks.** Ask what the child/young person's friends think about a subject. This can also let you approach a topic indirectly.
- 19 Don't be put off.** Don't let your embarrassment or discomfort (or theirs) put you off.
- 20 It's worth It.** Remember if you can have these conversations and talk about healthy sexuality and everything that goes with it, it is much easier for them and you to talk about when things may go wrong, become difficult or cause upset.

Understanding and Managing Sexualised Behaviour – Scenarios (Tool 6)

Consider the following four scenarios. Each scenario describes a child or young person engaging in some kind of sexual behaviour. Taking each scenario in isolation consider the following:

- How concerned are you?
- What colour is the traffic light?
- What else do you need to know?

- 01** Alex, aged 15 years, spends lots of time chatting to friends on the internet. Recently, Alex made a new friend, 'Sexy Boy', online. The more they chat, the more Alex feels attracted to 'Sexy Boy' and thinks about making a time to meet him in person. Alex talks to a friend about it.
- 02** Harry, aged 8, masturbates for most of the day at school. When masturbating he will often expose his penis to the rest of the class
- 03** Mary (12years) and Mike (13years) are brought to the office by the teacher. The teacher reports that they were found kissing and fondling in front of a small group of 1st year students behind the school shop. The teacher heard a few hoots and cheers and went to investigate. Mary says they've been going out for nearly 3 weeks and Mike says it was a bit of a dare.
- 04** Avril (aged 15 years) is overheard by her foster carers telling school mates of her 17-year-old boyfriend giving her oral sex. She is heard to tell her friend that she enjoys it.

What can Parents do about Pornography? (Tool 7)

1. Don't underestimate your influence

A USA study of emerging adults (aged 18–26), found that restrictive mediation of Sexually Explicit Media (SEM) by parents during adolescence carried over into their view on pornography as emerging adults (Rasmussen et al., 2016).

Those researchers concluded that “parents’ provision of rules about viewing pornography during adolescence may reduce future pornography use by instilling the salient belief that the parent disapproves of viewing pornography” (Rasmussen et al., 2016; see also, Rasmussen, Ortiz & White, 2015).

2. Limit children and young people's exposure

Young people's access to pornography is primarily via technology so limiting exposure will require limiting and managing their access to technology. For example, keeping devices out of bedrooms and other private spaces and putting time limits on use.

3. Encourage critical thinking

- Young people need to be taught to read imagery and to develop the sort of frameworks that allow them to understand and critique what they are seeing.
- They need to understand that media is often created to promote something as desirable and necessary and at the same time communicates a whole range about the messages - about power, gender, age, class and culture.
- Help children develop these critical media literacy skills by discussing the underlying messages about power and relationships communicated in advertising films and television.
- There is no need to show young people pornography.

4. Equip them with skills

- Young people need help to act differently and to learn the skills required to respond to pornography's influence.
- They need help to develop practical skills about what they could say and do to protect their well-being in situations such as when they experience peer pressure to consume pornography or an intimate partner initiate's unwanted porn like sex.
- Support children and young people to develop the skills by talking through the types of situations they might face and exploring the options for how they could respond. Let them know you understand that these aren't easy situations -that it can feel hard to know what to do or say. Together, think creatively about their options and discuss the pros and cons.
- For example, if peers pressure them to watch porn, would they ignore it, use humour, say why they don't want to watch it or make an excuse to leave? What could each option look like in practice and what would be the risks or benefits of each approach?
- Remind them that it is never ok for anyone pressured them to do anything sexual - in luring watching porn - and affirm that you will support them however you can.
- Parents or carers may want to consider developing a code they can use to indicate when the child or young person wants support in a difficult situation (for example if they text their name, parents/ carers may know to call them and ask them to come home, so they have an easy excuse to leave).

5. Give them healthy messages about sex

- Feeling safe – both physically and emotionally. Feeling safe means being able to trust that your partner will treat you well – with care and respect – whether you're together for one hour, a week, months or years.
- Feeling keen - your body actually changes when you want to have sex. It pumps blood to your genitals, and makes fluids for lubrication.
- Clear consent – knowing this is what you both want, not being under any pressure, and feeling free to say yes or no to anything at any stage.

- Really good communication – checking in with your partner about what they like, don't like or aren't sure they like, what they have or haven't tried, and what they would like to explore.
- Time and space – to explore, talk, and discover things about yourself and your partner.
- A sense of humour – sex can be funny and sometimes awkward or embarrassing, but that's okay if you feel comfortable and trust your partner. It can be funny and awkward for adults, too, not just when you start having sex!
- Respect – both partners respecting the other, including their right to privacy during and afterwards.

6. Inspire them

We need to be able to help young people to see that sex and relationships can be better than what porn portrays. We can model good practice by engaging in just and respectful gender relations in our homes, extended family, schools, communities and workplaces and in public spaces, politics and the media. We can seek to encourage ways of thinking and talking about sexuality that include communication, consent, mutual pleasure and respect.

7. Advocate

- Some of the most important to advocacy and education occurs through simply having conversation with friends and family.
- Are our schools and support services equipping students for healthy respectful relationships in the 21st century?
- Do all relationships and sexuality curriculum address the influence of pornography?
- Do school policies address explicit sexual imagery?

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Child Sexual Exploitation Risk Indicators (Tool 8)

01 Unexplained absences

- Young person goes “missing” for periods of time during the day and fails to give an explanation about where they have been.
- Some difficulty contacting the young person.
- Sporadic episodes of absconding and remaining out overnight with no explanation about where they have been
- Constant absconding but returning washed and well dressed.
- No contact while away refuses to discuss who they were with.

02 Truant or absent from education

- Irregular or poor attendance at education/training.
- Whereabouts during school hours not known.
- Placements at risk due to behavioural difficulties
- Regular breakdown of placements due to behavioural difficulties.
- Not engaged in educational placement.
- Whereabouts mostly unknown

03 Running away / going missing

- Often comes home late.
- Incidents of absence without permission and returning late.
- Frequently staying out late or overnight without permission/ explanation.
- Whereabouts often unknown.
- Repeated episodes of running away/ going missing.

- Looking well cared for despite having no known base.
- Regular breakdown of placement due to behaviour problems.
- Persistent periods of missing from care.
- Missing with other young people assessed at risk of sexual exploitation.
- Pattern of street homelessness.

04 Sexual Risk Taking

- Concerns about sexualised dress/attire.
- Meeting unknown adults/older peers through the internet.
- Overt sexualised dress/ attire.
- Reported to be getting into cars with unknown adults/older peers.
- Having access to premises unknown to carers.
- Clipping (offering to have sex and then running upon payment)
- Use of internet to share /send inappropriate images.
- Older boyfriend (5+years)
- Regular use of internet to meet unknown adults/older peers.
- Evidence of bullying via the internet/social media sites.
- The young person is associating with other young people known to be involved with sexual exploitation.

05 Unexplained gifts or rewards

- Unaccounted for monies and or goods (new cloths/make-up, CD's).
- Regular unaccounted for monies and or goods (new cloths/make-up, CD's) especially Jewellery and mobile phones.
- Finance from unknown source for the purchasing of drugs alcohol tobacco.

- Has unexplained use of more than one mobile phone.
- Has unexplained access to money whenever they want it.

06 Contact with abusive adults or young people and/or risky environments

- Associating with unknown adults / older peers and/or other sexually exploited children.
- Extensive use of phone (including late at night, and secret use of phone).
- Use of more than one mobile phone. Having access to premises not known to carer (hotel room key cards, or house keys).
- Reports from reliable sources, suggesting involvement in sexual exploitation.
- Evidence of association / relationships with adults / older peers believed / known to be involved in grooming /exploitation.
- Reported to be seen/picked up in areas where street sex work is known to take place.
- Family/friends/peers are known sexual offenders.

07 Suspected coercion or control

- Reduced contact with family and friends.
- Limited contact with family and friends.
- Appears to be controlled / negatively influenced by others.
- Disclosure of physical / sexual assault followed by withdrawal of allegation.
- Physical injuries –external /internal.
- Concerns about significant relationships and domestic abuse/violence.
- No contact with family and friends.
- Concerns that relationships might be abusive /violent/ controlling.
- Forced imprisonment (being locked in).

- Abduction.
- Disappears from system (no contact with support system)

08 Poor sexual health

- Sexually transmitted diseases (STIs)
- Recurring or multiple Sexually transmitted diseases.
- Concerns about un-treated STIs.
- Pregnancies, miscarriage(s)/terminations
- Recurring or multiple sexually transmitted diseases.
- Physical symptoms suggestive of sexual assault.

09 Substance misuse

- Mild use of substances.
- Experimenting with drugs/alcohol.
- Evidence of regular substance use (including alcohol).
- Concerns about degree of use/dependency or changing habits in use of substances.
- Evidence of heavy/ dependency /worrying substance misuse (including alcohol).
- Chronic dependency of addictive substances.

10 Poor Emotional Health

- Fatigue, poor self – image. Expressions of despair, low mood.
- Self-harming (cutting, overdosing, eating disorders).
- Sexualised risk taking.
- Chronic low self –esteem/ self-confidence.

- External (intensive acting out) Bullying / threatening behaviour.
- Violent out bursts.
- Offending behaviour.
- Mental health problems.
- Suicide attempts.

11 Unsuitable or unsafe accommodation

- Unsuitable/ unstable temporary (hostel, shared house) unsupported overcrowded.
- The child is unhappy with their accommodation.
- There is little or no communication between the carers.
- There is a lack of warmth/ understanding/attachment and or trust.
- Breakdown in family relationships/ no contact.
- Parents fail to report missing episodes.

12 Poor social interaction

- Mild concern about influence on other children & young people.
- Concern regarding negative influence on others.
- Concern the young person might expose others to risky situations.
- Bullying and threatening behaviour.
- Places other young people at risk of child sexual exploitation.
- Displays violence towards others.
- Angry out bursts.
- Offending behaviour.

13 Past experience of violence

- Some concerns that the young person has being exposed to violence in the home and or from others.
- Disclosure of physical /sexual assault followed by withdrawal of allegation.
- Physical injuries internal/external.
- Evidence of abuse towards the child from family members.
- Older friends/ partners are violent towards the young person.
- Abusive significant relationship. Physical symptoms suggestive of physical / sexual assault.
- Disclosure of physical/sexual assault.

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The Relationship Spectrum (Tool 9)

Healthy	Unhealthy	Abusive
A Healthy relationship means that both you and your friend are...	An Unhealthy relationship starts when even just one of you is...	An Abusive relationship starts when just one of you...
Communicating You talk openly about problems without shouting or yelling. You listen to one another, respect each other's opinions and are willing to compromise.	Not communicating Problems are not discussed calmly. You don't listen to each other or try to compromise.	Communicates abusively During disagreements there is screaming, cursing or threats or these things happen even when there is no argument. A friend is demeaning or insulting towards the other.
Respectful You value each other as you are. Culture, beliefs, opinions and boundaries are valued. You treat each other in a way that demonstrates the high esteem you hold for one another.	Disrespectful One or both of you are inconsiderate toward the other. One or both of you don't treat each other in a way that shows they care.	Is disrespectful through abuse A friend intentionally and continuously disregards your feelings and physical safety
Trusting You both trust each other and the trust has been earned.	Not trusting There is suspicion that your friend is doing things behind your back, or your friend is suspicious of your loyalty without reason.	Falsely accuses the other of flirting or cheating A friend suspects flirting or cheating without reason and accuses the other, often harming their friend verbally or physically as a result.

Healthy	Unhealthy	Abusive
A Healthy relationship means that both you and your friend are...	An Unhealthy relationship starts when even just one of you is...	An Abusive relationship starts when just one of you...
Honest You are both honest with each other but can still choose to keep certain things private. For example, you both know that it is important to be honest about things that affect or involve the relationship/friendship and still know that it is also ok to keep certain things private.	Dishonest One or both of you is telling lies to each other or to other people about one another.	Doesn't take responsibility for the abuse The violent or verbally abusive friend denies or minimises their actions. They try to blame the other for the harm they are doing.
Equal You make decisions together and you hold each other to the same standards.	Trying to take control One or both of you sees their desires and decisions as more important. One or both of you is focused only on getting their own way.	Controls the other friend There is no equality in the relationship/friendship. What one person says goes and if the other friend tries to change this there is increased abuse/bullying.
Enjoy personal space You both enjoy spending time apart and respect when one of you voices a need for space.	Feeling smothered or forgetting to spend time with others So much time is spent together that one friend is beginning to feel uncomfortable. Or sometimes both friends spend so much time together that they ignore other friends, family or other things that used to be important to them.	Isolates the other friend One friend controls where the other one goes, who the other friend sees and talks to. The other friend has no personal space and is often isolated from other people altogether.

References/ Further Reading

(Tool 10)



BelongTo (2019) *School Climate Survey: Key findings*. BelongTo <http://belongto.org/wp-content/uploads/2019/11/Key-Findings-School-Climate-Survey-2019-1-1.pdf>

Blum-Ross, A. and S. Livingstone. (2016) *Families and screen time: Current advice and emerging research*. Media Policy Brief 17. London: Media Policy Project, London School of Economics and Political Science.

Brown, J. D., L'Engle, K. L. (2009) X-rated: Sexual attitudes and behaviours associated with U.S. early adolescents' exposure to sexually explicit media. *Communication Research*, 36, pp.129–151

Central Statistics Office. (2019) Vital Statistics Yearly Summary 2018. <https://www.cso.ie/en/releasesandpublications/ep/p-vsyst/vitalstatisticsyearlysummary2018/>

Chase, E., Maxwell, C., Knight, A. and Aggleton, P. (2006) 'Pregnancy and parenthood among young people in and leaving care: what are the influencing factors, and what makes the difference in providing support', *Journal of Adolescence*, 29(3), pp. 437-451.

Craine, N., Midgley, C., Zou, L., Evans, H., Whitaker, R. & Lyons, M. (2014) Elevated teenage conception rates amongst looked after children: a national audit. *Public Health*, 128, 668– 670.

Curtin, N., Ward, L. M., Merriwether, A. and Caruthers, A. (2011) Femininity Ideology and Sexual Health in Young Women: A focus on Sexual Knowledge, Embodiment, and Agency, *International Journal of Sexual Health*, 23:1, pp. 48-62,

Department of Education (1997) *Relationships and Sexuality Education: Going forward together*. Dublin: The Stationary Office. Available at: <https://web.archive.org/web/20191020010327/https://www.education.ie/en/Schools-Colleges/Information/Post-Primary-School-Policies/1997-RSE-Going-Forward-Together-an-Introduction-to-RSE-for-Parents-.pdf>

Department of Health and Social Care, United Kingdom. (2019) *Abortion statistics for England and Wales: 2018*. <https://www.gov.uk/government/statistics/abortion-statistics-for-england-and-wales-2018>

Economic and Social Research Institute. (2016) *Growing Up in Ireland Key Findings: Child Cohort at 17/18 years, no. 4: Risky Health Behaviours and Sexual Activity*. ESRI <https://www.growingup.ie/pubs/SUSTAT59.pdf>

Fleming, M.J, Greentree, S., Cocotti-Muller, D., Elias, K.A. and Morrison, S. (2006) Safety in cyberspace: Adolescents' safety and exposure online. *Youth and Society*, vol. 38(2), 2006, pp. 135–54

Greydanus, D. and Pratt, H. (2016) Human Sexuality. *Journal of Child and Adolescent Health*. Vol. 9(3) pp. 291-312

Häggström-Nordin, E., Tyden, T., Hanson, U. and Larsson, M. (2009) Experiences of and attitudes towards pornography among a group of Swedish high school students. *The European Journal of Contraception and Reproductive Healthcare*. Vol. 14(4) pp.277-284.

Health (Regulation of Termination of Pregnancy) Act 2018. Available at <http://www.irishstatutebook.ie/eli/2018/act/31/enacted/en/print>

Hermann, C., Liang, C. T. H., & DeSipio, B. E. (2018). Exploring sexual consent and hostile masculine norms using the theory of planned behavior. *Psychology of Men & Masculinity*, 19 (4), pp. 491-499.

HSE (2019) Your guide to medical abortion. Health Service Executive. Available at <https://web.archive.org/web/20200110110150/https://www2.hse.ie/file-library/unplanned-pregnancy/guide-to-medical-abortion.pdf>.

Hyde, A., Fullerton, D., Dunne, L., Lohan, M. & McDonald., G. (2016) *Sexual Health and Sexuality Education Needs Assessment of Young People in Care in Ireland (SENYPIC) The Perspectives of Care Leavers: A Qualitative Analysis* <https://www.sexualwellbeing.ie/for-professionals/research/research-reports/senypic-report-5-final.pdf>

Hyde, A., Fullerton, D., Dunne, L., Lohan, M. & McDonald., G. (2016a). *Sexual Health and Sexuality Education Needs Assessment of Young People in Care in Ireland (SENYPIC)*.

Hyde, A., Fullerton, D., Dunne, L., Lohan, M. & McDonald., G. (2016b). *Sexual Health and Sexuality Education Needs Assessment of Young People in Care in Ireland (SENYPIC). Report 3: The Perspective of Key-Service Providers: A Qualitative Analysis* <https://www.sexualwellbeing.ie/for-professionals/research/research-reports/senypic-report-3-final.pdf>

Hyde, et al (2017) Doing relationships and sexuality education with young people in state care. *Health Education Journal*. Vol. 76(2), pp. 194-205

Johnson, T.C. (2015) *Understanding Children's Sexual Behaviours: What's natural and healthy* www.tcavjohn.com

Jones, R. and Biddlecom, A. (2011) Is the internet filling the sexual health information gap for teens? An exploratory study. *Journal of Health Communication*. Vol. 16 (2) pp. 112 -123

Kellogg, N.D. (2009) Clinical Report – The Evaluation of Sexual Behaviours in Children. *Paediatrics*. Vol. 124(3), pp. 992-998

Kirby D., Laris B., Roller L. (2007) Sex and HIV education programs: their impact on sexual behaviors of young people throughout the world. *J Adolescent Health*, 40: pp.206-217.

Keogh, B (2019) *Reframing the concept and approach to sexual health promotion - a national and international perspective*. TCD, Dublin

Nolan, A. and Smyth, E. (2020) *Talking about sex and sexual behaviour of young people in Ireland* ESRI <https://www.sexualwellbeing.ie/for-professionals/research/research-reports/talking-about-sex-and-sexual-behaviour-of-young-people-in-ireland.pdf>

Ofcom (2020) Children's Media Lives <https://www.ofcom.org.uk/research-and-data/media-literacy-research/childrens/childrens-media-lives>

Oireachtas report (2019) *Report on relationships and sexuality education: Joint committee on education and skills*. Dublin Post Office https://data.oireachtas.ie/oireachtas/committee/dail/32/joint_committee_on_education_and_skills/reports/2019/2019-01-29_report-on-relationships-and-sexuality-education-en.pdf

Orenstein, P. (2018) *Don't call me princess. Essays on Girls, Women, Sex, and Life* Harper, London

Mezey G., Robinson F., Gillard S., Mantovani N., Meyer D., White S., Bonell C. 2015. Tackling the problem of teenage pregnancy in looked after children. *Child & Family Social Work*, 22 (1) 527-536

MacNeela, P., O'Higgins, S. McIvor, C., Dawson, K., and Delaney, N. (2018) *Are Consent Workshops Sustainable and Feasible in Third Level Institutions? Evidence from Implementing and Extending the SMART Consent Workshop*. NUIG

Martellozzo, E., Monaghan, A., Adler, J., Davidson, J., Leyva, R., and Horvath, M. (2016) "... I wasn't sure if it was normal to watch it..." A quantitative and qualitative examination of the impact of online pornography on the values, attitudes, beliefs and behaviours of children and young people. Middlesex University Research Repository [http://eprints.mdx.ac.uk/19989/6/MDX%20NSPCC%20OCC%20Online%20Pornography%2016.5.17a%20\(2\).pdf](http://eprints.mdx.ac.uk/19989/6/MDX%20NSPCC%20OCC%20Online%20Pornography%2016.5.17a%20(2).pdf)

NCCA (2019) *Draft Report on the Review of Relationships and Sexuality Education (RSE) in primary and post-primary schools*. National Council for Curriculum and Assessment <https://www.ncca.ie/media/4004/draft-report-on-the-review-of-rse.pdf>

Palmer M.J., Clarke L., Ploubidis, G.B., *et al.* (2017) Is “sexual competence” at first heterosexual intercourse associated with subsequent sexual health status? *J Sex Res*, 54 pp.91–104.

Powell, A. and Henry, N. (2014) Blurred lines? Responding to ‘Sexting’ and gender based violence among young people. *Children Australia*, Vol. 39, Number 2, pp. 119-124

RECAPP (2020) Topics in Brief: Positive sexuality. Resource centre for adolescent pregnancy prevention <http://recapp.etr.org/recapp/index.cfm?fuseaction=pages.TopicsInBriefDetail&PageID=61>

Skau, B., & Barbour H. (2011). The pursuit of “*Good Sex*” in a pornified world: Assisting adolescents in constructing positive sexual scripts. Paper presented at the 30th Annual ATSA Conference, Toronto, Ontario, Canada.

State of Victoria (2017) *Child sexual exploitation: A child protection guide for assessing, preventing and responding*. Department of Health and Human Services. Available at www.dhhs.vic.gov.au

Sun, C., Bridges, A., Johnson, J. and Ezzell, M. (2014) Pornography and the Male Sexual Script: An analysis of consumption and sexual relations. *Archives of Sexual Behaviour*. Vol. 45(4)pp. 983-994 https://www.researchgate.net/publication/269173515_Pornography_and_the_Male_Sexual_Script_An_Analysis_of_Consumption_and_Sexual_Relations

Suzuki, L. and Calzo, J. (2004) The search for peer advice in cyberspace: An examination of online teen bulletin boards about health and sexuality. *Journal of Applied Developmental Psychology*. Vol.25, 6, PP. 685-698

True Relationships and Reproductive Health (2016) *Positive and Protective: Identifying and responding to sexual behaviours in children and young people*. Department of Communities, Child Safety and Disability Services Australia

Wellings, K., Nanchahal, K., & Macdowall, W. (2001). Sexual behaviour in Britain: Early heterosexual experience. *The Lancet*, 358, 1843–1850.

WHO (2006a) *Defining sexual health: Report of a technical consultation on sexual health 28–31 January 2002*, Geneva

World Health Organization (2010) *Developing Sexual Health Programmes: A framework for action*. Geneva: WHO.

Wurtele, S., and Kennym, M. (2011) Normative sexuality development in childhood: Implications for developmental guidance and prevention of childhood sexual abuse. *Journal of multicultural counselling and development*. Vol. 43(9) 1-24

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