



YouthAction NI sets out in its vision to support young people to be healthy, happy and hopeful. While much focus of youth work has been on mental health and well-being, young people also need better information and understanding in relation to sexual health and relationships. Sexual health and relationship choices and behaviours are often interconnected with mental health.

Relationship and Sexuality
Education (RSE) is compulsory
in secondary schools, but some
young people have reported
that the topics covered are often
limited and don't represent all
sexual identities, gender identities
and realities. Young people have a
right to lead healthy lives and to be
prepared for the realities of sexual
health and relationships. They
require tools and skills to make
informed choices and behaviours.

Youth workers often have the opportunity to help open the conversations about sexual health and relationships. This is not an information-giving role per se, but rather helping young people to discuss and explore attitudes about a range of relationship, sexuality and sexual health themes. Youth workers can feel limited in their skills to open up conversations on those essential issues which are core to adolescence and throughout later life.

"It can be hard for people to talk about sex and sexualities and hopefully this resource pack can help to support them and to address many taboos." (youth work student)

Within the 'Framework of Outcomes' aligned to the Northern Ireland Youth Work Policy Priorities for Youth (2013:17), priorities are highlighted in relation to how young people learn to navigate a complex world of sexual development. This is, in fact, a journey for life. The 'Framework of Outcomes' articulates core outcomes that are common to all types of youth work provision and which can therefore be proportionately demonstrated and measured. These include:

- Enhanced personal capabilities (including selfawareness, confidence, resilience, managing feelings).
- Improved health and wellbeing (including awareness of sexual/ mental health and having the ability to make healthy choices).
- Development of thinking skills, life and work skills (including decision making and problem solving).
- Development of positive relationships with others (including positive peer relationships).

In 2019 The Education Authority Youth Service further prioritised 'supporting positive outcomes for young people with a range of sexual orientations' as part of its regional strategic outreach funding. YouthAction was a recipient of this funding and this resource has emerged directly from the outreach investment. Whether sexually active or not, young people have the right to information that enables them to make informed and healthy choices regarding their sexual and reproductive lives. This is recognised in article 2 and 17 of the UN Conventions on the Rights of the Child. It is a basic human right that a child or young person receives some level of sexual education and preferably a comprehensive education on sexuality. Article 17 of the UN Convention on the Rights of the Child states:

"Each child (should have) access to information and material from a diversity of national and international sources, especially those aimed at the promotion of his or her social, spiritual and moral wellbeing and physical and mental health."

#### **Purpose of resource**

This resource has been developed to support those working with young people to be better equipped to both start and develop conversations with young people about sexual health. Talking with young people about life challenges and essential life skills should be core to the youth worker repertoire. In this way this resource can be seen as 'turning the light on' for the youth worker. Youth workers can support young people to have better understandings and knowledge about sexual health, especially in making informed, safe, respectful and healthy decisions. However, the priority is about supporting young people.

"Rather than young people being, or remaining in the dark about relationships and sexual health, we believe that this resource can help turn the light on and help to build confidence among young people to make informed choices in relation to their sexual health." (youth work student)

The approach of the Facilitator is essential. They should approach the work with both confidence and caution. Each group and individual young person's context is different and should be appreciated. The topic matter can often result in embarrassment among young people and as such, the facilitator must ensure an approach that is sensitive and provide a learning environment that is safe and comfortable for the young person. Being young person-centred and providing choices for positive sex talk are central to young people's participation. The section on 'Preparation for the Facilitator' outlines this in more detail. (Page 7)

#### **Content and Format:**

A suggested workshop on preparing the group for a programme based on relationship and sexuality education is provided to help set parameters, expectations and alleviate any possible concerns. (Pages 8-9)

The topics explored throughout the resource are: Healthy Relationships; Consent; Your Body and Keeping It Safe; STIs; HIV/AIDS; Pregnancy; Sexuality; and LGBTQ+. (See glossary on Page 85).

The resource is intended to be flexible, rather than a set of topics that should be covered in a particular order. The facilitator can 'pick and mix' from the suggested topics and use the most relevant themes to suit their group. We have not allocated times to the suggested workshops as this can vary according to each group and their level of comfortability.

"We have created 8 sessions with extra sections such as a glossary of terms and 'a bit on the side' with more activities on additional themes that facilitators can call upon. There is no order to the sessions. The most important part is that young people can pick which sessions they want to do." (youth work student)

Within each suggested topic area there is clarity on the purpose that should be shared with the group at the outset so that young people are aware of the intended learning experience.

This is followed by some suggested activities for the facilitator to use.

These can be amended by the facilitator

After each session there are reflection questions that help young people to identify their learning and development as they progress through the activities. These are:

- How did you feel about the session?
- Were any of the activities challenging? If so, why?
- What did you learn/take away from the session?

Each topic area also concludes with a 'pause for thought' quote that can be used to conclude the session.

The facilitator should familiarise themselves with the resource and carry out all preparation in advance.

#### **Learning Methods:**

A mix of learning methods and styles are important within any group or individual-based intervention with young people. This should incorporate audio (music), case studies, video or YouTube clips, group discussion/debates, quizzes, creative expression and individual reflections. Facilitators can use their discretion to edit and amend the activities throughout. The pack provides suggested resources, but the best youth work is creative and tailored to the specific group.

#### **Inclusivity:**

"Turn the Light On provides young people with a space to explore alternative relationships and types of sexual encounters. We are widening the discussion to help explore a range of relationships." (youth work student)

It is important that when RSE is being delivered that the individual is taken into consideration. For example, sexual health content for and about LGBTQ+ communities should be fully integrated into all teaching and learning opportunities.

LGBTQ+ young people noted in the YouthAction 2020 manifesto.

'We believe the government should commit to safeguarding young LGBTQ+ people and implement inclusive LGBTQ+ curriculums in schools and youth work settings that highlight queer identities as positive and normal.'

#### **Acknowledgements**

In October 2019 two enthusiastic and committed students (Gemma Kelly and Christina Watson) from Ulster University came on placement to YouthAction NI. At an early meeting, on preparing a youth event for World AIDS Day, the students suggested the development of a resource that could reach more young people and workers/volunteers than that of a one-off event.

Collectively it was believed that a lot of work on sexual health in Northern Ireland appeared limited, and that resources were in part outdated and not in tune with modern sexual health, sexuality and relationships.

"The resource is flexible, inclusive and covers a lot of different topics and relationships around sex, sexuality and sexual health. I'm hoping that youth workers will be able to take it and have the confidence to use it." (youth work student)

"We hope that the resource will be successful in tackling the taboos. It's not something that schools or youth workers often focus on. We want people to feel safe and confident in talking about sex." (youth work student)

YouthActionNI are proud of Christina and Gemma for developing this modern sexual health resource. They identified a gap in the youth work repertoire and worked diligently to create a contemporary resource. It has been a pleasure to work alongside both Christina and Gemma from concept through to the final publication.

We hope that this resource adds value to youth work interventions with young people.

**Dr Martin McMullan,** Assistant Director YouthActionNI

# urn the light on - Preparation

# Turn the light on Tips to ensure a positive and informed learning experience for young people

### PREPARATION FOR THE FACILITATOR

- Familiarise yourself with the resource and its content in advance. Edit and amend as necessary but ask yourself why you might avoid a topic or a word.
- Make yourself aware of legislation and laws that apply to young people and sexual health within your country or jurisdiction.
- Research support services and groups that can further support young people on issues related to sexual health, relationships, sexuality and pregnancy.
- As a facilitator you don't have to be an expert. Embark on a learning journey of investigation alongside young people.
- Ensure you inform your line manager and/or team that you are facilitating sessions around sexual health, sexuality or relationship.

# PREPARING THE LEARNING ENVIRONMENT

 Create an environment that is relaxed, safe and comfortable to talk about sex. This can include music, laughter, positive posters, group agreements etc.

- Be sensitive as some young people may not want to take part in conversations or share their views. Potential sensitivities within and across groups may be aligned to gender, race and/ or culture.
- Ensure that young people understand that the group is discussing opinions and perspectives rather than individual personal experiences.
- Opt for situational scenarios of fictitious characters rather than personal sharing.
- While sharing is encouraged, confidentiality should never be guaranteed. Remind young people about any relevant safeguarding and child protection policies and procedures that are in place, especially if a young person makes a disclosure.
- Don't make assumptions about anyone's sexual behaviour, sexual orientation or gender identity.
- Keep the focus on the young person and their understanding and perspectives rather than that of your own.
- Remind young people that sexuality isn't fixed and can vary throughout life.

Adapted from YWI 'Talking about sexual health – opening conversations with young people on sexual health.' (2019)



# WHAT IS RELATIONSHIP AND SEXUALITY EDUCATION?

Also known as, RSE, Relationship and Sexuality Education is a form of education which explores the physical, social and emotional aspects of growing up, engaging in different types of relationships, having sex and learning about yourself and other identities.

#### WHY IS RSE IMPORTANT?

Every day we engage in different types of relationships from family and friends to romantic and/or sexual relationships. It's important to recognise when relationships are healthy/unhealthy and how to be safe in relationships.

Relationships and discovering sexuality and identity may generate questions for some individuals and they shouldn't have to look for answers to these questions on their own. RSE creates a safe space for young people to ask these questions and learn about various life experiences together.

For some, this can be a taboo subject to talk about but this pack aims to break the stigma and encourage conversation around relationships and sexuality.

#### **USING THE PACK...**

Within this pack there are eight sessions alongside some extra activities and definitions. There is no particular order you should follow when delivering the sessions and we recommend that you ask your group what they would like to learn about. You should also note that you don't know what identities exist within your group and to not assume one particular session will be suitable to all individuals in the group. You can also pick and choose activities from different sessions to adapt our pack to your unique group!

#### CREATING A GROUP CONTRACT...

Relationship and Sexuality
Education may be a new
experience for some young people
so it's important to encourage
the group to be comfortable with
each other and create a safe space
for conversation to happen. We
recommend that you create a
group contract together.

A group contract is an agreement that is created by everyone in the group and it is ideally a set of parameters that everyone can agree to throughout the session and/or programme. It allows everyone to be on the 'same page' and creates a sense of respect and togetherness.

Your contract is yours! It can look or include anything the group wants it to. Below are some examples you could include...



Alternatively, ask the group to identify 5 key attitudes or behaviours that will make the group/session work effectively. Ask the group to complete the statement, "For us to work well together we should be...". The young people identify "Be" words such as "Be Respectful", "Be Sensitive", "Be Caring" and "Be Kind". From the list ask young people to prioritise their top 5!

Healthy Relationships	11
Consent	23
Your Body & Keeping it Safe	27
STIs	37
HIV & AIDS	45
Pregnancy	<b>53</b>
Sexuality	<b>59</b>
LGBTQ+	<b>67</b>
A Bit on the Side	81
Con Talle A List of Hardyl Definitions	OF

We encourage young people to pick and choose from these sessions according to their needs and relevance. Each session can be delivered in whichever order the facilitator feels appropriate.



#### **PURPOSE**

To explore the diversity of relationships and identify traits in both healthy and unhealthy relationships.

## ICE-BREAKER: TWO TRUTHS, ONE LIE

Ask each young person to make up three statements about themselves, one of them untrue. Give the group some time to think about their statements. They can write them down if they need to. Each young person can take it in turns to share their statements. Once one person makes their statements, the rest of the group should guess, or vote on, which statement they think is the lie. It may be useful to encourage the group to consider if this activity is harder or easier depending how well they know the people around them. If the group do not know each other ask them how they came to their conclusions about the lies and truths being told.

#### **ACTIVITY 1: WALKING DEBATE**

A walking debate can be useful when discussing different viewpoints on various issues. Explain to the group that one side of the room is 'Agree' and the other is 'Disagree'. Read out the statements below, one at a time, and explain to the young people that they should stand at 'agree' if they agree with the statement and the same for disagree. Discuss with the group why different people have stood in different places and give them time to share their opinions.

TLC: No Scrubs Spice Girls: Wannabe Rhianna: Love on the Brain All American Rejects: Dirty Little Secret Ariana Grande: Thank You Next Avril Lavigne: Girlfriend Bee Gees: How Deep is Your Love Lady Gaga: Love Game Lou Bega: Mambo No.5 Taylor Swift: We are Never Getting Back Together

#### Statement suggestions:

- KFC is better than McDonalds.
- Beauty over brains.
- It is possible for people to fall in love at first sight.
- If you love someone, you are willing to do anything to please them.
- It is okay to lie in relationships.
- My parents/friends' opinion of who I date matters to me.

(You can add your own statements too)

#### Discussion points:

- What was useful about this activity?
- How easy was it making decisions about some of these questions?
- Are you often sitting on the fence when making a decision?

#### **ACTIVITY 2: GROUPWORK AND DISCUSSION**

Provide flipchart and markers and discuss the following two questions. This can be facilitated in groups and fed back to a larger group, or with just a general discussion.

**Question:** What different types of relationships are there?

**Question:** What is important to you in a relationship?

#### Discussion points:

- Did you realise there are so many different types of relationships?
- How easy was it for you to decide what is important to you in a relationship?

#### **ACTIVITY 3: RELATIONSHIP TIMELINE**

(See Activity 3 Worksheet, page 15)

Divide the young people into smaller groups. Explain that each group will get a set of cards that they will need to arrange into a timeline from the beginning of a relationship moving forward. Ask the young people to take the statements in turn and as a group, decide where each one should be placed on the timeline (there are no right or wrong answers). Allow time for discussion among the group and then discuss the activity once it is complete.

#### Discussion points:

- How did you feel about the activity?
- Was there a difference in opinion? If so, why?
- Should the timeline be the same for every relationship?
- What influences someone's ideas about how a relationship timeline should look?
- What happens if two people in a relationship want to be at different places on the timeline?
- What part does communication play in the relationship timeline?

It should be emphasised that these are not characteristics of all relationships.



(See Activity 4 Worksheet, pages 16-18)

Place the 'easy' and 'difficult' signs at opposite ends of the room. You should explain to the group that the space between the two signs is the range of difficulty, from easy to talk about (at one side), and difficult to talk about (at the other side). Read out the statements in turn and allow time for discussion. Keep in mind that this can be about present relationships or thinking into the future about how you might feel discussing these topics if they arose.

#### Discussion points:

- Why were some things harder to talk about than others?
- How could we make some subjects easier to discuss?

#### **ACTIVITY 5: HEALTHY AND UNHEALTHY RELATIONSHIPS**

(See Activity 5 Worksheet, pages 19-22)

Divide young people into smaller groups and share the 'Healthy or Unhealthy Relationship' cards evenly among the groups. Put the headings 'Healthy Relationship' and 'Unhealthy Relationship' on the floor/wall. Ask the groups to read the cards and decide if it is a characteristic of a healthy relationship or a characteristic of an unhealthy relationship. Encourage groups to put each characteristic under the corresponding heading.

You should lead a discussion on signs and symptoms of a potential unhealthy or abusive relationship. This exercise can be expanded to wider relationships such as employer and employee, or teacher and pupil. Encourage the group to think about these characteristics in terms of both people concerned including themselves.

#### Discussion points:

- Was it difficult to decide which characteristics were healthy and unhealthy in a relationship?
- After this activity, would you recognise signs and symptoms of an unhealthy relationship?
- What would you do if you found yourself in an unhealthy relationship?

#### Reflection questions:

- How did you feel about the session?
- Were any of the activities challenging? If so, why?
- What did you learn/take away from the session?

A relationship is like a house... When the lightbulb burns out, you don't go and buy a new house, you fix the lighbulb.

# **ACTIVITY 3 WORKSHEET: RELATIONSHIP TIMELINE**

First date	First kiss
Tell friends about your new partner	Tell your parents about your new partner
STI checks	Have children
Sex	Engagement
Marriage	Your parents met your partner
Stay over at each other's homes	Stop using protection during sex
Your friends met your partner	Tell your partner about past sexual experiences
Put your relationship on Social Media	Ask what are we?

# ACTIVITY 4 WORKSHEET: HOW EASY OR DIFFICULT MIGHT IT BE TO TALK WITH EACH OTHER IN A RELATIONSHIP ABOUT...?

# Easy

# Difficult

I'll only have sex if we use condoms	I want to have children
Are you using contraception?	Tell me about your previous girlfriends/boyfriends
I think I might be gay	I love you
I want to end this relationship	I fancy you
Will you go out with me?	Talking about relationships with your parents/carers
I would like a more open relationship	I don't want to use condoms
I don't want to have children	I'm pregnant
My period is late	What I think about your family or friends
I cheated on you	I haven't had sex before

Have you ever had an STI before?	I want to have an abortion
I don't want you to have an abortion	I think we should get checked for STIs
We should spice up our sex life	Our sex is boring
Should we be taking Prep to prevent HIV?	To say no
Personal Hygiene	The Future
I am Trans	

#### ACTIVITY 5 WORKSHEET: HEALTHY AND UNHEALTHY RELATIONSHIPS





Unhealthy Relationships

They put you down by calling you names, cursing or making you feel bad about yourself

They get extremely jealous or accuse you of cheating

They communicate about sex with you (if your relationship is sexual)

You never feel that they are pressuring you for sex

You have close friends and family who like them and are happy about your relationship They give you privacy- your text, diary, personal phone calls are respected as your own

They encourage your interests- like sports and hobbies

They encourage
equal decisionmaking power about
what you do in your
relationship

They apologise when you are wrong

Both accept responsibility for your actions

Having male/female stereotypes in ALL relationships They accept responsibility for their actions

They make you live up to gender stereotypes	They share responsibilities with you
They use alcohol or drugs and an excuse for hurtful behaviour	They act controlling or possessive like they own you
They go back on their promises	They make you feel crazy and/or play mind games
They make all the decisions about what you both do	They try to keep you from having a job or furthering your education
They smash, throw and/or destroy things	They embarrass or humiliate you
They threaten to hurt you or complete suicide if you want to leave them	They pressure you for sex or make sex hurt or feel humiliating for you
They frequently criticise your friends or family	They yell at you and treat you like a child
They solve conflicts without putting you down, cursing at you or making threats	They respect your opinion even when it is different to theirs





#### **PURPOSE**

To increase knowledge and understanding of consent and explore the consequences of breaking consent.

#### ICE BREAKER: 'YES' OR 'NO'?

Offer each young person a cup of tea and take their 'yes' or 'no' answer first time. Make the tea and then ask the group individually why they did or didn't want tea. You will more than likely get responses such as,

'Because I love tea.' 'Because I didn't want it.' or 'I don't like tea.' Explain we all have individual preferences and that's okay. Let the session flow into 'Activity 1'.

Note: If you don't have the facilities to make tea for your group, you can also do it with sweets.

#### ACTIVITY 1: INTRODUCTION TO CONSENT

Explain to the group that the topic of discussion is consent and ask the group to share what they already know about it, if anything.

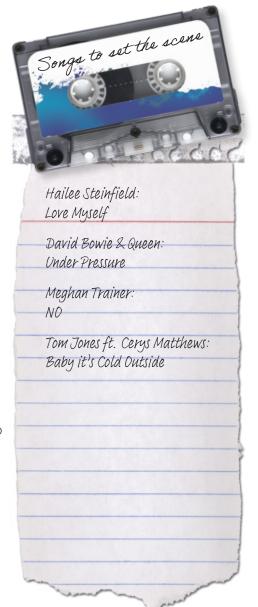
Show the 'tea' video to the group which will help to explain the concept of consent.

#### Video:

https://www.youtube.com watch?v=pZwvrxVavnQ

To summarise, give the group an explanation of consent.

**Sexual consent** is an agreement to participate in a sexual activity. Before being sexual with someone, you need to know if they want to be sexual with you too. It is also important to be honest with someone about what you want and don't want.



You can also talk about consent and the law. You can find all the information you need for this on FPA's fact sheets:

https://www.fpa.org.uk/sites/default/files/northern-ireland-sex-and-the-law.pdf

#### Discussion points:

- What did you like about the video on consent?
- What jumped out at you?
- Did it give a good explanation?
- Did it leave anything out?
- Any questions?

#### **ACTIVITY 2: TAKE A STAND**

Explain to the group that there is an imaginary line down the middle of the room. This imaginary line is going to be used as a continuum between one and ten. Point out for the group where the different numbers lie on this imaginary continuum. Read out the following statements and ask the group to stand on the continuum based on how consensual they think the scenario is. 1 being no consent and 10 being consent.

#### Scenarios:

- You are a 16-year-old who decides to have sex with their 16-year-old partner.
- You meet a young woman at the local nightclub, your friends have told you that she's 'up for it.'
- You are having sex with your partner and half way through they want to stop.
- You are 'sexting' someone and you tell them to keep the messages to themselves but they send them to all their friends.
- You are having sex with someone who is unconscious.
- You go back to somebody's house and you both agree to have sex but you then realise there has been a webcam recording you.
- Your partner is still asleep but you commence oral sex.
- You are at a party where you've taken drugs and alcohol. You meet someone and you both agree to go upstairs and have sex.

Explain to the group that although it can be difficult to decide, there are no blurred lines when it comes to consent, something is either consent or not.

- How easy/hard is it to decide if something is consent or not?
- How would you feel if you were involved in these scenarios?



Ask the young people to form a circle. One person in the circle starts the activity by whispering a sentence to the person next to them. That sentence must be passed around the circle using different methods of communication. You cannot use the same method of communication twice.

Some examples of communication that could be used are; talking, acting, drawing, sign language, writing, using technology, using pictures, lip reading, etc.

Ask the two individuals who started and ended the whisper to announce to the group what the sentence was and compare how it has changed throughout its journey around the circle. The difficulty of communicating this sentence highlights how difficult and frustrating it can be when we feel we cannot talk about something and/or how it can be misunderstood.

#### Discussion points:

- If you found it challenging to communicate with others, how did this make you feel?"
- How do you think others would feel if they couldn't talk about something that was playing on their mind?
- Why is talking openly important?

#### Reflection questions:

- How did you feel about the session?
- Were any of the activities challenging? If so, why?
- What did you learn/take away from it?

If you want to give light to others, you have to glow yourself.





To identify ways to keep your body safe and improve your sexual health.

#### ICE-BREAKER: FIND YOUR PAIR

Prepare word pairs such as salt and pepper, milk and honey, sail and wind etc. on separate pieces of paper. Tape one to each person's back and encourage the young people to move around the room and ask questions to find out what they are. Once they find out what they are the aim is for them to find their pair. Once they find out three things about each other.

#### ACTIVITY 1: WHY DO PEOPLE HAVE SEX?

Begin the session by explaining to the group that this session is about your body and keeping it safe to improve your sexual health. Ask the question:

'Why do people have sex?'

Collectively discuss with the group and encourage conversation around the different reasons people may want to have sex. Keep in mind that there are many reasons people do NOT want to have sex which should also be discussed too.

# Songs to set the scene The 1975: Sex

Kings of Leon: Sex on Fire

Marvin Gaye: Sexual Healing

Salt-N-Pepa: Let's Talk About

Sex

Divinyls: I Touch Myself

Lionel Richie: All Night Long

Selena Gomez: Hands to Myself

Demi Lovato: Confident

- How did you feel about the activity?
- Was it challenging to think of different reasons people may want to have sex?
- What are some of the reasons people may NOT want to have sex?

#### **ACTIVITY 2: RISKY SEX SITUATIONS**

Divide the young people into smaller groups and equally split the following situations of sexual experiences between the groups.

- Friends with benefits
- One night stand
- Sex while in a relationship Webcam sex
- Phone sex
- Threesome
- Chem sex
- - (see Glossary, page 85)
- Dating
- Having sex in a public bathroom
- Trying for a baby
- Group sex
- Cheating

It is recognised that while some of these activities may not be legal, some young people may still engage in them. It is important to generate conversation and provide young people with information.

#### Discussion points:

- Did you know about all the risks and consequences of being involved in these situations?
- Why do you think people get involved in these situations if there are risks and consequences involved?
- How can you minimise risk while involving yourself in sexual encounters?

#### **ACTIVITY 3: OWNING OUR BODY**

Ask the young people to split into small groups and provide them with flipchart paper with the words 'Penis' and 'Vagina' written on them. Explain to the young people that in their groups, they should write down as many other words they know that can also be used to describe these terms. When they are finished, take some time for each group to feedback to the larger group and discuss.

After this activity is complete, discuss the importance of using the correct names for our body parts and talk about taking ownership of the terminology.

- What do you notice about each list?
- · What kind of words are there?
- What does the use of language show us about our attitudes to sex?
- Are there more positive or more negative words? Why do you think this is?
- Why do you think there are so many different words used to describe sexual body parts?

#### **ACTIVITY 4: BODY PARTS**

(See Activity 4 Worksheet, Page 32)

Divide the group into two and ask each group to draw the outline of a person. Encourage the groups to draw and label the internal and external reproductive and sexual parts of both sexes, each group taking one to focus on.

Once the groups have had sufficient time to do this, regroup and feedback. Use the body diagrams attached to talk the group through the male and female reproductive parts.

#### **Discussion Points:**

- · Was this activity challenging?
- What did you learn about the reproductive parts of the body?
- Which parts are for reproduction and which part are for pleasure?

#### **ACTIVITY 5: CONTRACEPTION**

(See Activity 5 Worksheet, Pages 33-35)

Photocopy and cut out different parts of the 'mix and match' activity. Divide the young people into smaller groups and provide them with a set of photos, names and descriptions of the different types of contraception. The groups should match the descriptions and names with the photo of the correct contraception. Once you have given some time for the groups to do this, come back into a larger group and share what each group decided. Taking each method of contraception in turn, discuss and show the group each type, if possible.

- Have you ever learnt about contraception before?
- Did you know of all these types of contraception?
- What do you think would be the benefits of using the different types of contraception?
- How could you get access to different forms of contraception?

#### **EXTRA INFORMATION: SMEAR TESTS**

Cervical screening (a smear test) checks the health of your cervix. The cervix is the opening to your womb from your vagina. It's not a test for cancer, it's a test to help prevent cancer. All women and people with a cervix aged 25 to 64 should be invited by letter. During the screening appointment, a small sample of cells will be taken from your cervix and tested for changes. Finding abnormal changes early means they can be monitored or treated so they do not get a chance to turn into cervical cancer. You'll get your results by letter, usually in about 2 weeks.

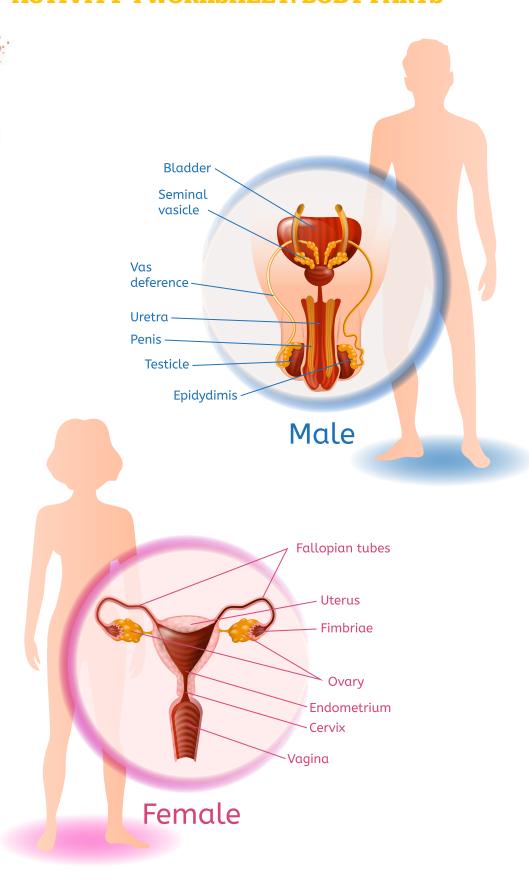
**IMPORTANT!** Do not avoid cervical screening. It's one of the best ways to protect yourself from cervical cancer. You can also take a friend or a family member with you.

#### Reflection questions:

- How did you feel about the session?
- Were any of the activities challenging? If so, why?
- What did you learn/take away from the session?

Know what sparks the light inside you. Then use that light to illuminate the world.

#### **ACTIVITY 4 WORKSHEET: BODY PARTS**



#### **ACTIVITY 5 WORKSHEET: CONTRACEPTION**

Information taken from NHS guidelines.

#### **Diaphragm**



A circular dome made of thin, soft silicone that's inserted into the vagina before sex.

It covers the cervix so sperm can't get into the womb (uterus) to fertilise an egg.

#### The combined oral contraceptive pill ('The Pill')



Contains artificial versions of female hormones oestrogen and progesterone, which women produce naturally in their ovaries.

A woman can get pregnant if a man's sperm reaches one of her eggs (ova). This type of contraception tries to stop this happening usually by keeping the egg and sperm apart or by stopping the release of an egg (ovulation).

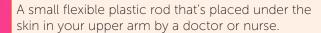
#### **Condoms**



The only type of contraception that can both prevent pregnancy and protect against sexually transmitted infections (STIs).

Made from very thin latex (rubber), polyisoprene or polyurethane and are designed to stop a man's semen from coming into contact with his sexual partner.

#### The implant



It releases the hormone progestogen into your bloodstream to prevent pregnancy and lasts for 3 years.

#### The contraceptive injection



Releases the hormone progestogen into your bloodstream to prevent pregnancy. It lasts for 13 weeks.

#### The contraceptive patch



A small sticky patch that releases hormones into your body through your skin to prevent pregnancy.

#### **Female Condom**



Made from soft, thin synthetic latex and worn inside the vagina to prevent semen getting to the womb.

#### **Intrauterine Device (IUD)**



A small t-shaped plastic and copper device that's put into the womb (uterus) by a doctor or nurse.

It releases copper to stop you getting pregnant, and protects against pregnancy for between 5 and 10 years. It is sometimes also called a 'coil'

#### **Dental Dam**



A thin, flexible piece of latex that protects against direct mouth-to-genital or mouth-to-anus contact during oral sex. This reduces your risk for sexually transmitted infections (STIs) while still allowing for clitoral or anal stimulation.

#### **PrEP**



A HIV prevention strategy that can be taken by a person before coming into contact with HIV to reduce their risk of becoming infected. The medications work to prevent HIV from establishing infection inside the body.

#### **Abstinence**



Not having sex.





To explore and identify different types of STIs, their symptoms, and how they are transmitted. To gain a better understanding of how to prevent contracting an STI and where to go for support if you need it.

## ICE-BREAKER: FIRST THOUGHT

Write each letter of the alphabet on a piece of paper and place them on the floor around the room. Read out the statements below and ask the young people to think about the first thing that comes into their head when they hear that word/phrase. Then encourage them to walk to the letter that corresponds with their answer. After each word/phrase, ask the young people what their answer is and encourage some feedback.

Statement suggestions:

- 1. Sex
- 2. Unprotected Sex
- 3. One-night Stand
- 4. Long Term Relationship
- 5. STIs
- 6. Netflix and Chill
- 7. Socks and Sandals

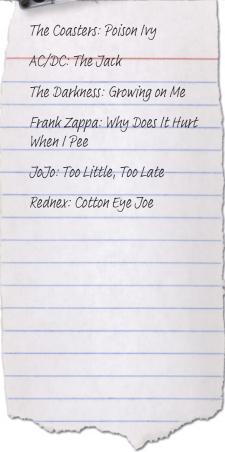
## **ACTIVITY 1: WHAT DO WE KNOW ABOUT STIs?**

Write the word 'STI' on flipchart paper and ask the group to call out what they already know about this abbreviation. Discuss as the young people share their ideas.

Share with the group an explanation of STIs.

A sexually transmitted infection (STI), is any kind of bacterial or viral infection that can be passed on through unprotected sexual contact. It doesn't matter how many times you have had sex or how many partners you have had; anyone can get an STI. Sexual contact can be more than vaginal intercourse, for example oral sex or anal sex. Therefore, you can also get an STI from multiple forms of sexual contact.

YouTube video on STIshttps://www.youtube.com/watch?v=IF9OqT8JxBo



You can follow on from this by asking the group if they know of any STIs and generate discussion around this before moving on to the next activity.

#### Some common STIs are:

GonorrheaGenital HerpesGenital Warts

- Syphilis - HIV

You can find more information about STIs here: https://www.sexwise.fpa.org.uk/stis

#### Discussion points:

- Had you heard of the STIs listed above before this session?
- What did you learn about STIs that you didn't already know?
- Was this activity challenging?

#### **ACTIVITY 2: WALK 'N' TALK**

(See Activity 2 Worksheet, pages 41-43)

Write out the letters A, B and C on flipchart or paper and place them in different sides of the room to prepare for this activity.

Read out the questions (each which has option A, B or C answers) and ask the young people to decide which answer they think is correct and go to that corresponding letter placed in the room. Encourage discussion among the group before revealing the correct answer. This provides young people with the space to talk and have an open discussion about important topics around STIs.

#### Discussion points:

- Did you find this quiz challenging?
- Did you learn anything from this quiz?
- Pick one fact that stood out to you.

#### **ACTIVITY 3: DEAR LISTENER...**

(See Activity 3 Worksheet, page 44)

Read out the 'Dear Listener...' letters to the group and encourage them to get into small groups and write a response to the person who has written the letter. Once they have done this they can read their letters out to the group. This is an opportunity for discussion around what we can do next if we are ever found in these situations.

#### Discussion points:

- How would you feel if you were writing this letter?
- How do you feel reading this letter?
- What advice would you offer the person writing this letter?

# **HELP AND SUPORT: WHERE TO GO TO FOR SUPPORT IF YOU SUSPECT YOU MAY HAVE AN STI** (It is recommended that you familiarise yourself with organisations in your local area)

- Doctors
- Hospitals/A&E
- Sexual health (GUM) clinics
- Sexual Health Organisations/Charities

The above list can offer a range of services, including:

- Testing and treatment for Sexually Transmitted Infections (STIs)
- Advice and information about sexual health
- Free condoms, dental dams, female condoms and lube
- Contraception, including emergency contraception
- Pregnancy testing
- HIV testing, including rapid tests that give results in about 30 minutes and counselling for people who are HIV-positive
- PrEP (Pre-exposure Prophylaxis) and PEP (Post-exposure Prophylaxis)
   medication that can help prevent people from developing HIV before or after they've been exposed to it
- Hepatitis B vaccination
- Advice about abortion

The session on HIV & AIDS might best follow this session.

#### Reflection questions:

- · How did you feel about the session?
- Were any of the activities challenging. If so, why?
- What did you learn/take away from the session?

Don't let the darkness hide your light. Pick yourself back up and burn with the brightest stars in the sky!

#### **ACTIVITY 2 WORKSHEET: WALK 'N' TALK**

#### 1. What does STI stand for?

- a) Sexually transformed infection
- b) Sexually transmitted infection
- c) Sexually transfused infection

**Answer:** Sexually Transmitted Infection. STIs can also sometimes be called sexually transmitted diseases or STD's.

## 2. Which is not a way to contract an STI?

- a) Sharing needles for drug use
- b) Sexual activity such as oral, anal and vaginal sex
- c) Brushing your hair with someone else's hairbrush

**Answer**: Brushing your hair with someone else's hairbrush.

Many STIs are spread through contact with infected body fluids such as blood, vaginal fluids, or semen. They can also be spread through contact with infected skin or mucous membranes, such as sores in the mouth. You may be exposed to infected body fluids and skin through vaginal, anal or oral sex.

## 3. Which one of these is NOT a way to prevent STIs?

- a) Knowing your partners sexual history
- b) Abstinence
- c) Using two condoms at the same time

**Answer**: Using two condoms at the same time.

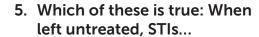
It is important to only use one condom at a time. Doubling up can lead to both condoms slipping of or rubbing together and breaking. Never use a male and female condom together.

## 4. Which of the following is not a way to test for STIs?

- a) Urine tests
- b) Blood tests
- c) DNA test

**Answer**: DNA tests.

Health professionals will decide with the individual the most suitable test depending on their sexual history. Some common methods for testing are blood samples, urine samples, swabs from the inside of the mouth, genitals or any discharge or sores.



- a) may damage the internal reproductive system
- b) are harmless
- c) can only be transmitted to another person when there are open cuts on the body

**Answer**: May damage the internal reproductive system.

When left undetected or untreated for a long period of time, STIs can have an impact on your reproductive system e.g. chlamydia.

#### 6. Which of these is not an STI?

- a) Hepatitis B
- b) Hand-foot-mouth disease
- c) Herpes

**Answer**: Hand-foot-mouth disease.

Hand-foot-and-mouth disease, or HFMD, is caused by a virus. Symptoms include ulcers, or sores, inside or around the mouth, and a rash or blisters on the hands, feet, legs, or buttocks. And while it's not pleasant, it also isn't serious. Anyone can get the disease, but children under age 10 are most likely to catch it. It Is highly contagious and can be spread in a similar way to a cold or flu.

## 7. Which of the following is a possible symptom of an STI?

- a) Painful intercourse
- b) Pain when going to the toilet
- c) All of the above

Answer: All of the above.

While some people may not experience any symptoms, painful urination, painful intercourse, and bumps, sores, or warts near the mouth, anus, penis or vulva are all possible signs and symptoms of sexually transmitted diseases. Other symptoms of STIs include swelling or redness near the penis or vulva, severe itching near the penis or vulva, penile or vaginal discharge, vaginal bleeding other than a monthly period, skin rash, weight loss, loose stools, night sweats, aches, pains, fever, and chills. Different STIs have different symptoms.

## 8. What STI usually has no symptoms?

- a) Chlamydia
- b) Gonorrhoea
- c) HIV

Answer: Chlamydia.

Most people with Chlamydia do not have any symptoms, or if they do get symptoms, they usually show up weeks after having unprotected sex. If untreated Chlamydia can damage your reproductive system, cause epididymitis, or lead to infertility.

## 9. Which STI is connected to AIDS?

- a) None
- b) HIV
- c) Hepatitis B

Answer: HIV.

HIV is a virus which may cause AIDS after you've been infected for several years and it has weakened your immune system. Not everyone who has HIV will get AIDS but the infection can advance, usually in 10-15 years, if you don't get treated with antiretroviral drugs.

## 10. Which of these can HIV be transmitted through?

- a) Tears
- b) Unprotected sex
- c) Urine

**Answer**: Unprotected sex.

The most common way that HIV can be transmitted is through unprotected sexual intercourse (either vaginal or anal) with someone who has HIV.

### 11. How can gonorrhoea be treated?

- a) With antibiotics
- b) There is no cure
- c) A prescription shampoo

Answer: With antibiotics.

Yes, antibiotics can be used to treat gonorrhoea. These can be prescribed after you have been assessed by a doctor or nurse. These will usually begin to improve the symptoms within a few days although it can take a few weeks for any symptoms to disappear completely.

#### **ACTIVITY 3 WORKSHEET: DEAR LISTENER**

Dear listener,

I have been in a relationship with my partner for over a year now and we want to have sex but I am worried I will catch an STI.

Dear listener,

I recently found out I have an STI. I am in a relationship and need to tell my girlfriend about it. How do I tell her?

Dear listener,

I am in a relationship, but I slept with someone else and have contracted an STI. I know I've probably passed it onto my boyfriend but I don't know what to do.

Dear Listener,

I haven't had intercourse. We have only touched each other and we both masturbate because I don't want to get an STI.

Dear listener,

I have been sexually active for two years now but recently I haven't been enjoying having sex as much, it is painful and unenjoyable and sometimes my vagina feels irritated and itchy. What is wrong with me?

Dear listener,

I found out that someone I slept with last night is HIV positive. What do I do?

Dear listener,

I have been in a long-term relationship with my girlfriend and we have been having sex for the last year. She has been trying to convince me to start having sex without using a condom because we have been together for a long time. What should I do?



#### **PURPOSE**

To explore the topic of HIV and AIDS and work towards breaking the stigma around it.

### ICE-BREAKER: HUMAN BINGO

(See Ice-Breaker Activity Sheet, page 49)

Explain to the young people that they are going to play a game of 'Human Bingo', which involves finding out different things about the others in the group. Hand out 'Human Bingo' sheets and tell them that their task is to find one person who identifies with each statement on the sheet; the people they find should sign their name in the box and there should be no duplicates. Therefore, they should find a different person for each descriptive statement (unless there isn't enough people in the group for one statement each). The first person to fill all the boxes on their sheet should shout 'HIV' or 'AIDS' and they are the winner.

All the statements are something personal about an individual that you wouldn't know unless they told you. You wouldn't be able to find out the information by just looking at the person, just as people who are living with HIV/AIDS often don't display any physical signs. Encouraging the young people to shout, 'HIV and AIDS' to win the game also breaks the stigma of talking.

## ACTIVITY 1: WHAT DO YOU KNOW ABOUT HIV/AIDS?

(See Activity 1 Worksheet, pages 50-51)

Give each individual three pieces of paper and ask them to write the letters H, I and V on each. Read out the series of statements provided and encourage the young people to guess which answer they think is correct using their HIV cards. Inform them of the correct answer and facts that go with it. After all the statements have been read out, you can use the discussion points provided to reflect on the activity.



#### Discussion points:

- What stands out about these questions and answers?
- How do these facts affect you?
- Should we care about these statistics? If so, why?
- What other questions do you have about HIV/AIDS? Where could you go to find the answers?

#### **ACTIVITY 2: REDUCE THE STIGMA**

Play the videos below, which show advertisements throughout history about HIV/AIDS. Use this to generate discussion about stigma around the topic and the effect this may have had on people and their families and friends.

https://www.youtube.com/watch?v=9SgRNUUOk7s (1986) https://www.youtube.com/watch?v=OJ9f378T49E (1987) https://www.youtube.com/watch?v=X6Ol0209V5w (1987)

#### Discussion points:

- How did the videos make you feel?
- How do you think people felt at the time when HIV/AIDS first appeared? How do you think gay men felt at the time?
- How do you think somebody with HIV/AIDS would have felt when society was sending out this message?
- What impact do you think the stigma has had on HIV/AIDS now?

#### **ACTIVITY 3: ONE SMALL STEP**

Place three pieces of flipchart paper around the room with the following questions written on them:

'What can you do?'

'What can you ask your community to do?' E.g. churches, schools, local businesses, etc...

'What can you ask your government to do?'

Ask the young people to divide into groups and provide enough time for each group to write on each piece of flipchart. Encourage them to write at least one thing (as small as it may seem) that can be done to take action about the stigma around HIV/AIDS.

If they are struggling you can give some ideas;

- Educating their friends and parents about HIV and AIDS.
- Challenging HIV & AIDS stigma when they see it, campaigns etc.
- Wearing a red ribbon to show support.

Join the One Small Step Campaign at YouthAction:

These ideas are all small steps we can take to challenge the stigma. Regroup and feedback ideas on the flipchart, before encouraging everyone in the group to share their individual one small step. You can even think about encouraging the group to think about making their one small step into a bigger project!

#### Discussion points:

- How did you decide what change you would make?
- How can you implement a change in everyday life?
- Would you like to turn your small step into a bigger project?

#### **EXTRA INFORMATION: PrEP and PEP**

Pre-exposure prophylaxis (PrEP) are pills which people can take every day if they do not have HIV but are at very high risk of contracting it. You may be able to get a prescription for PrEP from your doctor or nurse, but if not, there are also many websites where you can buy it.

If you think you have been exposed to HIV then you can also go to A&E up to 36 hours after it's happened to get medicines such as Post-exposure prophylaxis (PEP) in order to prevent infection.

There are many heterosexual people who live with HIV/AIDS. However HIV/AIDS is often still associated with gay men, substance users and the countries of Africa.

For more information, you can visit: http://www.positivelifeni.com/?LMCL=fDUio2 https://www.rainbow-project.org/tackling-hiv

#### Reflection questions:

- How did you feel about the session?
- Were any of the activities challenging? If so, why?
- What did you learn/take away from the session?

Love the light that shows you the way, and apprciate the darkness which illuminates the stars..

# ICE – BREAKER ACTIVITY SHEET: HUMAN BINGO

Find someone who...

Likes to dance	Enjoys sushi	Has lived outside of the country
Plays a musical instrument	Exercises everyday	Likes pop music
Loves to read	Likes to cook	Speaks two foreign languages
Has taken an education course outside of school	Has been camping	Likes the colour red
Has a pet	Likes musicals	Has received an award

## ACTIVITY 1 WORKSHEET: WHAT DO YOU KNOW ABOUT HIV/AIDS?

These materials are adapted from NIDA for Teens.

#### 1. HIV is transmitted when the

of an infected person comes into contact with the blood or mucous membrane of a healthy person.

.....

- H Clothing or skin
- I Blood or other body fluids
- V Drugs or alcohol

ANSWER: I - HIV is transmitted when the blood or body fluids of an infected person comes into contact with the blood or mucous membrane of a healthy person.

#### 2. HIV is .....

- H A virus that attacks the immune system
- I A sexually transmitted virus
- V The virus that causes AIDS

**ANSWER**: ALL - HIV is a sexually transmitted virus that attacks the immune system and causes AIDS.

## 3. Drug abusers are at risk for HIV infection .....

- H Only when they inject drugs
- I Because drugs can affect the way people make decisions
- V When they share drug injection equipment

ANSWER: BOTH I and V - Drug abusers are at risk for HIV infection when they share drug injection equipment and because drugs affect the way people make decisions.

# 4. More than .....people are living with HIV/AIDS in the USA?

- H 100,000
- 1,000,000
- V 5,000,000

**ANSWER**: I - More than 1 million people are living with HIV/AIDS in the USA.

# 5. The name of the treatment regimen commonly used to treat HIV/AIDS is.....

- H Selective serotonin reuptake inhibitors
- I Highly active antiretroviral therapy
- **V** Antibiotics

ANSWER: I - Highly active antiretroviral therapy, commonly called HAART, is a combination of three or more drugs that can hold back the HI virus that causes aids.

# 6. HIV destroys certain cells in the body, called CD4+, that are important in .....

- H Sending messages in the brain
- I Fighting germs and diseases
- V Preventing addiction

**ANSWER**: I - CD4+ cells are part of the body's disease and germ fighting immune system. Without them, people with HIV are more susceptible to infections and diseases.

7. World AIDS Day occurs every ...... to spread the word about how HIV can be prevented and to fight stigma of being HIV positive.

H 1st December

I 1st July

V 31st January

**ANSWER**: H - World AIDS Day occurs every December 1 to increase awareness about HIV and to spread the word about ways to prevent it.

8. If you are living with HIV and you are taking your HAART drugs regularly then you will maintain undetectable levels. Can you still transmit HIV to your sexual partner?"

H Yes

I No

V Depends on the time

**ANSWER**: I – If your levels remain undetectable you cannot transmit HIV onto your sexual partners.



#### **PURPOSE**

To explore the different situations and choices young people may face when expecting a baby and identifying support mechanisms available.

## ICE BREAKER: JELLY BABIES!

Pass a packet of jelly babies around the group and ask each young person to pick one out. Each individual can answer the question below which corresponds to the colour of their jelly baby;

**Red/Pink** – What do you think it would be like if you/your partner was pregnant?

**Orange** – If you/your partner were having a baby, how would you feel?

**Yellow** – Do you know anyone who is pregnant? If so, who?

**Green** – Do you want to have children in the future? If so, how many?

**Purple** – If you had a baby, what name would you choose?

Pause for thought: Before the sessions activities start it is important to consider and possibly discuss that not everyone wants to have children and that is okay and to keep in mind that there are multiple ways for people to start a family e.g. surrogate, step-parenting, adoption etc.



- Ed Sheeran:
   Small Bump
- Salt n Peppa: Push It
- Eric Church:
  Two Pink Lines
- Madonna: Papa Don't Preach

## ACTIVITY 1: PREGNANCY SCENARIOS

(See Activity 1 Worksheet, 56-58)

Ask each person to find a partner and hand out the scenarios. Encourage the pairs to discuss the situation they have been given. One person should be 'Person A' and the other, 'Person B.'

Encourage the pairs to read out the scenario and tell the larger group what they would do if they were faced with that situation. Have a short discussion after each scenario.

#### Discussion points:

- What happened in the scenario?
- How would person A and B feel? Could they feel differently about the situation?
- Would anyone in the group do something different from what has been suggested?

#### **ACTIVITY 2: NEXT STEPS**

Lay out pieces of paper around the room with the following words on them; pregnancy test, hospital, abortion, adoption, telling someone, keeping the baby.

Choose one of the suggested songs from the 'setting the scene' section and ask the young people to move around the room. When the music stops they should stand on the piece of paper closest to them. Encourage them to discuss their thoughts about the choice which is being made when taking the next step. Do this a few times, giving the young people a chance to stand at the different words.

Once the young people have stood at all the words, regroup and discuss.

#### Discussion points:

- What did the group talk about?
- How did you feel considering the next steps?

For more activities around contraception, STIs and responsibility, please visit the sections in this resource titled, 'Your Body and Keeping it Safe' and 'Sexually Transmitted Infections.'

#### Reflection questions:

- How did you feel about the session?
- Were any of the activities challenging? If so, why?
- What did you learn/take away from the session?

Sometimes our light goes out but is blown into a flame by another human being. Be thankful to those who have rekindled your light.

#### **Activity 1 Worksheet: Pregnancy Scenarios**

#### Roleplay 1:

Person A: Your partner is pregnant and is keeping the baby. You are upset about their decision and feel like you have no say about what happens. Talk to your friend about what's going on and how you're feeling.

Person B: Your friend tells you their partner is pregnant. They seem upset about their partner's decision. Show how you can support your friend and talk with them about places they can go for help.

#### Roleplay 2:

Person A: You had sex about a month ago and the condom broke. You had your period, but it was shorter and lighter than usual. You're worried you might be pregnant. Ask your friends if they know where you can get a pregnancy test.

**Person B:** Your friend thinks she's pregnant and asks you to help her to get a pregnancy test. Talk about a few places you can go together to get one.

#### Roleplay 3:

Person A: You have found out you're pregnant and you don't know what to do. You're worried about how being pregnant and having a child might change things. You need to talk to someone before you make any decisions. You decide to talk to someone at school.

Person B: Someone tells you they're pregnant. You let them know their options are abortion, adoption, parenting, getting support from family or others to help you look after the baby, but only you can make that decision. Listen to how they're feeling and try to be supportive.

#### Roleplay 4:

Person A: Lately you've missed a couple of periods, gained some weight and you're tired all the time. You think it's just from being stressed out about school and family, but your cousin is worried and asks if you might be pregnant.

Person B: You're worried about your cousin. She hooked up with someone a few months ago and she told you she didn't use a condom. You think she might be pregnant but she is telling you she's only stressed out. Ask her if it's possible she's pregnant and help her figure out what to do next.

#### Roleplay 5:

Person A: Your friend is a new parent. Your other friends have stopped inviting them to hang out. You don't want them to feel left out and lonely. Talk to your friends about how you feel.

Person B: You and some of your friends are freaked out that one of your friends has a baby now. You've all stopped hanging out with them because of it. You want to be supportive but you don't know how. Another friend brings it up one day. Talk together about what's going on and how you can be a good friend.

#### Roleplay 6:

Person A: Your partner has children. You all live together and you treat them like they are your own. You are happy with your family but people keep asking when you are having your own children. Talk to your partner about how you are feeling.

Person B: Your partner comes home from a family gathering and she is upset. Her family and friends keep asking when she is going to have her own children but she repeatedly tells you she is happy with you and your children. You talk together about how she is feeling.

#### Roleplay 7:

Person A: You got married at the age of 20 and you have been trying for a baby for four years now. People keep asking when you are going to have a baby. You find it difficult to tell them you've been trying because it makes you feel upset. You are out for lunch with your friend and she asks you again so you tell her you are struggling to conceive, you've had a number of miscarriages and you are planning another trip to the doctors to talk about it.

Person B: Your friend got married four years ago and you can't wait until she has a baby. You keep asking her when it's going to happen but she doesn't say much. You're out for lunch and the 'baby talk' comes up in conversation so you ask her again. She tells you she has been trying from when she got married but unfortunately, she has had many miscarriages. What do you say to her?

#### Roleplay 8:

Person A: You were on a night out drinking with your friends and you woke the next morning in a stranger's bed. You can't remember anything that happened. A month later you are feeling sick and your period is late so you take a pregnancy test and it's positive. You're worried about what your parents will think of you when you tell them. You go into your sister's room in tears asking her what you should do.

Person B: Your sister comes into your room crying and tells you she is pregnant. She was drunk one night and had a one night stand. How do you support her?

#### Roleplay 9:

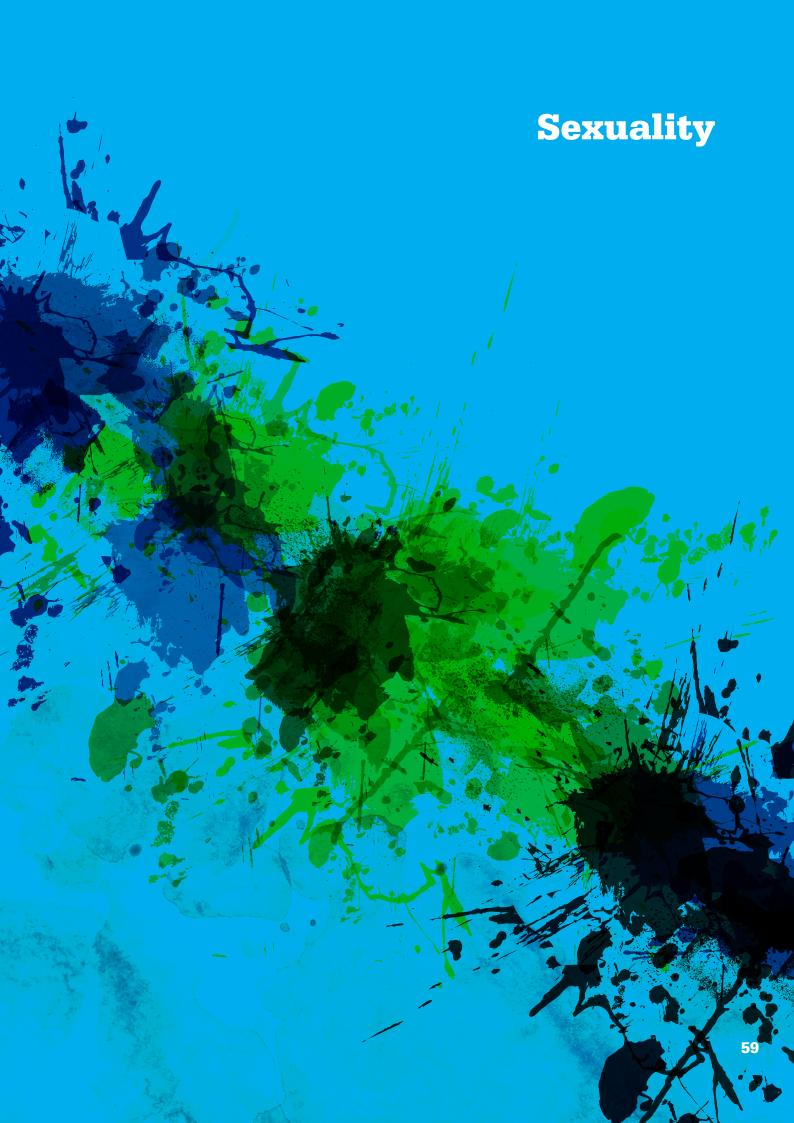
Person A: You go to your girlfriend's house to tell her you don't think it's working out but before you can say anything she tells you she's pregnant. You weren't happy in this relationship and you didn't expect to be a dad this young. Talk to your friend about how you are feeling.

**Person B:** Your friend has just found out he is going to be a dad but he is unhappy in the relationship and didn't expect this. How do you support him?

#### Roleplay 10:

Person A: You are in a same sex relationship and you want to start a family. You are upset because people keep assuming that you can't have children and you are wondering if that is going to be true.

Person B: You friends is upset because they are in a same sex relationship and people keep telling them they are not going to have any children. You tell them about different ways they can still start a family. What ways will you support them?



#### **PURPOSE**

To explore the concept of sexuality.

## ICE BREAKER: SIMILARITIES AND DIFFERENCES

Ask the young people to move around the room using all space available. Explain to the group that you will be reading out different instructions for them to follow. Some examples may be... greet the person closest to you, bark like a dog, dance like no one is watching, hum your favourite song, etc.

Then moving onto the next part of the activity, explain that each time you call out the word 'similarities'. The group should find the person closest to them and discuss three things they have in common. When you call out the word 'differences', the group should find the person closest to them and discuss three things that are different about each other. Do this a few times to encourage different discussions.

Reflecting on this icebreaker, discuss how we all have both similarities and differences and that is okay.

#### **ACTIVITY 1: SEXUALITY**

Split the young people into smaller groups and provide flipchart paper with the word 'sexuality' on it. Encourage the groups to create a mind map of ideas about what they know and feel about sexuality and what comes to mind when they hear the

word. It can range from facts to stereotypes. Encourage the groups to feedback to the larger group about what they have written and discuss.

#### Discussion points:

- What did the group talk about?
- Did any words/phrases stand out to you?



- Jermaine Stewart: We Don't Have to Take Our Clothes Off
- Michael Jackson:
   The Way You Make Me Feel
  - Mika: Lollipop
- · NIEKED: Sexual

#### **DEFINITIONS:**

**Sex** refers to a person's biological sex. Whether they were born with a penis or a vagina. Sex is also commonly used as an abbreviation to refer to sexual intercourse.

**Gender** identity is a social construct of what is male, female or other. It is a person's own sense of having a particular gender and how they express it. This may or may not correspond with their birth sex.

**Sexuality** is a broad term which refers to the way people experience and express themselves sexually. This could include; biological, erotic, emotional, social or spiritual feelings or behaviours. It is an umbrella term for your sexual orientation, sexual activity and your capacity for sexual feelings.

**Sexual Orientation** is a person's sexual identity in relation to who they are attracted to.

#### **ACTIVITY 2: GENDER-BREAD PERSON**

(See Activity 2, A & B Worksheets, pages 63-64)

After sharing the definitions above, distribute the gender-bread person handout to the group.

Encourage the group to fill in the blanks using the following words;

- Sex
- Identity
- Attraction
- Expression

This diagram helps explain the differences between each term. Once everyone has completed the handout, feedback in the larger group.

Once the group has an understanding of the definitions, encourage them to place themselves on the continuums at the bottom of the handout. These handout sheets can be taken home and do not have to be shared with the rest of the group.

#### Discussion points:

- Name one thing you learnt from this activity?
- Do you have a better understanding of the difference between sex and gender?
- How did you feel placing yourself on the continuum? Did you find it easy/difficult?

#### **ACTIVITY 3: A WORK IN SOMEBODY ELSE'S SHOES**

(See Activity 3 Worksheet & Statements, pages 65-66)

Cut out the identity cards and hand one to each young person, asking them to keep their card to themselves. Ask the young people to stand in a line at one end of the room. Read out the list of statements, one at a time and encourage the young people to imagine they are the person on their card. If they believe the statement is relevant to them, then they take one step forward. If it doesn't apply to them or they can't say, then they stay where they are. Throughout the activity, randomly tell some young people to go back to the start and don't give an explanation.

After all the statements have been read out, ask the young people to reflect on the activity and encourage them to share their identities to the group. The purpose of the activity is to encourage the young people to think about how others feel within society. The reason for sending people back to the start is to reference how society can push people back because of their identity.

#### Discussion points:

- How did it make you feel pretending to be somebody else?
- What advice would you offer these individuals?
- What could you do to be a friend to these individuals?
- What could you do to help change society's stereotypes

For more activities around sexuality and identity, please visit the section in this resource titled, 'LGBTQ+.'

#### Reflection questions:

- How did you feel about the session?
- Were any of the activities challenging? If so, why?
- What did you learn/take away from the session?

Make your light shine bright so the positivity knows where to find you!

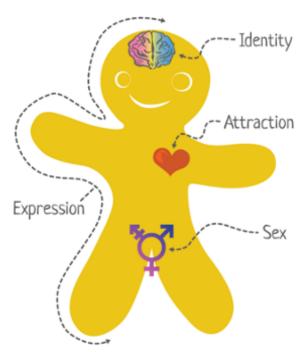
### **ACTIVITY 2A WORKSHEET:** GENDER-BREAD PERSON

(ADAPTED FROM THE SAFE ZONE PROJECT)

### **FACILITATOR'S SHEET**

## The Genderbread Person v4 by it's pronounced METROSEXULL







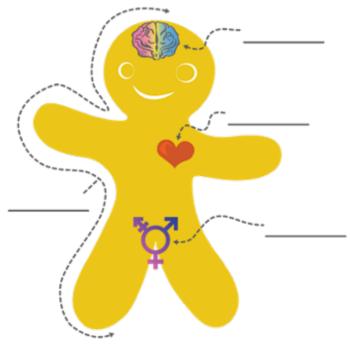


## **ACTIVITY 2B WORKSHEET: GENDER-BREAD PERSON**

(ADAPTED FROM THE SAFE ZONE PROJECT)

### YOUNG PERSON'S SHEET

### The Genderbread Person v4





## ACTIVITY 3 WORKSHEET: A WALK IN SOMEBODY ELSES SHOES

A 24 year old man who is asexual

A 22 year old bisexual woman

A 16 year old transgender woman who hasn't transitioned physically or medically but has changed their name

A 50 year old man who has split from his wife after 30 years and has come out as gay

A 20 year old transgender man who has fully transitioned An 18 year old woman who identifies as a lesbian

A 28 year old man who lives with his male partner

A 60 year old woman who has been with her wife for 20 years

A 25 year old straight woman

A 22 year old straight man

A 25 year old who identifies as non-binary

A 13 year old girl who is questioning her identity

### **Activity 3 Statements**

- 1. I can be myself around others.
- 2. People understand my identity.
- 3. I can marry my partner.
- 4. People react positively towards my identity.
- 5. It is easy for me to talk about my partner.
- 6. I have the same rights as my peers.
- 7. I feel accepted within society.
- 8. People don't make jokes about me.
- 9. I feel comfortable holding my partner's hand in public.
- 10. My identity is well represented in the media.



#### **PURPOSE**

To increase awareness about LGBTQ+ and generate discussions around stereotypes and challenging prejudices.

#### ICE-BREAKER: ALL CHANGE

Ask the group to select one person to stand in the middle while the remainder of the group sit in a circle around that person. The person in the middle will call out a statement. Examples of statements could be, 'all change if you are wearing white' or 'all change if you have a pet'.

Everyone who the statement applies to should switch seats. They cannot stand up and sit back down in the same seat. Whoever is left standing should go into the middle to call out the next statement. The purpose of this ice-breaker is to show we have many similarities and differences with each other and each small piece of information about ourselves makes up our identity and who we are.

#### **ACTIVITY 1: LGBTQIAPN**

(See Activity 1 Worksheet, pages 72-73)

Print out the worksheet and cut along the lines to separate the letters and definitions. Arrange the young people into small groups and give them the LGBTQIAPN letters and definitions. The labels are listed below to help the facilitator.

- Lesbian Gay
- Bisexual- Transgender- Queer- Questioning
- Intersex Asexual - Pansexual - Non-binary



- The 1975: Loving Someone
- Macklemore ft Ryan Lewis:
   Same Love
- Lady Gaga:
   Born This Way
- Diana Ross:
   I'm Coming Out
- t.A.T.u.:

All The Things She Said

- George Michael:
   Freedom
- · Mika:
- Grace Kelly
   Queen:
  - I Want To Break Free

(Remember one letter (Q) has two labels and definitions attached to it!)

Explain to the young people that in their groups they should discuss what the letter stands for and match the letter to the definition. When they are finished, take some time for each group to feedback to the larger group and discuss their answers.

(This activity is sourced from Youth Action Northern Ireland's Outstanding Resource, 2017)

#### Discussion points:

- What does this tell you about labels and labelling people?
- Do you think labels are good or bad

#### **ACTIVITY 2: PREJUDICE**

Write the following identities on flipchart paper and place around the room:

- Lesbian
- Gay
- Bisexual
- Transgender
- Queer
- Questioning
- Intersex
- Asexual
- Pansexual
- Non-binary

Arrange young people into small groups and give them a marker. Explain that in their groups they will have some time at each flipchart paper and they should write down anything they associate with this identity. This should address the stereotypes that exist. When all groups have visited each flipchart, come together and discuss each identity as a larger group.

#### Discussion points:

- Why do you think we have identities?
- What does the use of language tell us about our attitudes to LGBTQ+ people?
- Are any of the words insulting? If so, which ones?
- Why do you think these stereotypes exist?
- Do you think all LGBTQ+ people live up to these stereotypes?

#### **ACTIVITY 3: LGBTQ+ LETTERS**

(See Activity 3 Worksheet, pages 74-77)

Ask the young people to find a partner. Give each individual a letter from the activity sheet and encourage them to read and discuss the letter with each other. Once they have done this, encourage them to share and feedback in the larger group. These letters highlight the harsh reality of what LGBTQ+ young people can face on a daily basis.

#### Discussion points:

- How would you feel if you were the person writing the letter?
- How would you feel if you were the person receiving the letter?
- What would you do if this was somebody you cared about writing this letter?
- How can you make a change after reading this letter?

#### **ACTIVITY 4: FAKE NEWS**

(See Activity 4 Worksheet, Pages 78-79)

There are some stereotypes around LGBTQ+ people having sex. Read out the list of myths and truths about LGBTQ+ sexual relationships and ask the young people if they think the statement is a myth or truth and generate discussion around each statement.

#### Discussion points:

- Were you shocked or surprised by any of the myths or truths?
- Did any myth or truth stand out to you?
- Would you challenge these myths?

#### **ACTIVITY 5: COMING OUT...**

Tthere is a pressure on LGBTQ+ people having to 'come out' to everyone when they meet them for the first time. We live in a heteronormative society where everyone is assumed to be heterosexual or cisgender unless stated otherwise. Keeping this in mind, discuss in small groups:

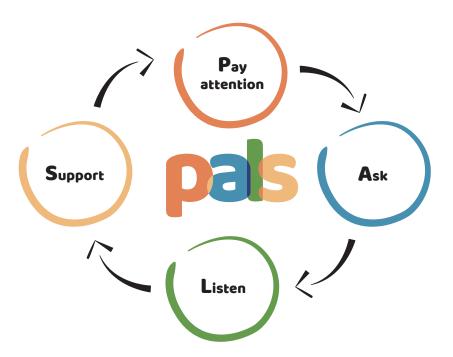
'How easy is it for LGBTQ+ people to come out?'

#### Discussion points:

- How important is it to disclose your identity to others?
- What challenges does this bring?
- Do you think it is harder for LGBTQ+ people to meet sexual partners? If so, why?
- Do you think LGBTQ+ people need to disclose their sexuality and/or gender identity before they get involved in a sexual relationship? If so, why?
- What if somebody has HIV/AIDS? Should they disclose this before engaging in a romantic and/or sexual relationship?
- What are the effects of not coming out?

Youth Action created the PALS model to give advice on how to be a friend... This would be a great way to support any friends who may be going through a difficult time...

(To access the full PALS model and resource visit the 'Knowledge and Insight' section of the YouthActionNI website: www.youthaction.org)



Pay attention	Pay attention to how they are and whats' going on for them – notice their behaviour	
Ask	Simply <b>ask</b> them how they are – show your concern – tell them what you're noticing	
Listen	Really <b>listen</b> to what they're saying – give them space to talk – don't push, but encourage them to open up	
Support	You don't have to be an expert on what's happening to them – you can just be there for them and find out about sources of <b>support</b>	

#### Reflection questions:

- How did you feel about the sessio?
- Were any of the activities challenging? If so, why?
- What did you learn/take away from the session?

When someone is feeling hopeless, be their light and help them shine brighter again!

#### **ACTIVITY 1 WORKSHEET: LGBTOIAPN**

A woman who is physically, sexually and/or emotionally attracted to other women.

Generally used to describe men who are physically, sexually and/or emotionally attracted to other men. It can also be used as an umbrella term to describe all homosexual people, i.e. men and women.

A person who is physically, sexually and/ or emotionally attracted to both men and women.

A person whose sense of personal gender identity does not match with the gender they were assigned at birth.

This is a reclaimed umbrella term used to describe the LGBT and general non-heterosexual and/or gender non-conforming communities.

Q

Someone who is unsure of, or is reexamining one's previously assumed sexual orientation or gender identity.

I

A term used to describe a person who may have the biological attributes of both sexes, or whose biological attributes do not fit with societal assumptions about what constitutes male or female. E.g. someone who is born with a vaginal canal and a penis.

Α

A person who doesn't experience sexual feelings or desire. They may form romantic non-sexual connections.

P

A person who is physically, sexually and/ or emotionally attracted to other people regardless of their gender.

N

This is an umbrella category for gender identities that are not exclusively masculine or feminine.

### **ACTIVITY 3 WORKSHEET: LGBTO+ LETTERS**

Dear Youth Worker,

I came to your centre with my cousin when I was twelve years old. I didn't have many friends and I was excited to get involved. However, in the second week, the other girls were talking about boys and they asked my opinion. I told them I was gay and I didn't like boys. From then they stopped speaking to me and excluded me from their conversations.

YOU let this happen.

YOU did not challenge this behaviour.

YOU made me feel worthless in a place which was meant to be accepting of all young people.

I hated youth work after that and never went back to a youth centre until I was seventeen and I found an LGBTQ+ youth group where I had the complete opposite experience. I felt like I found my family.

Dear Religion Teacher,

There has never been a single time in my four years of school I've felt accepted by you. Your constant bombardment of degrading comments made towards people like me, hurts. The non-stop avalanche of hell I got from you and your misinformation is risking my mental health. It's always 'the Bible says this' or 'the Bible says that' as you cannot have a mind of your own. I just want to exist and be accepted the same as you and your husband. Nothing is wrong with me or my identity but it took me so long to accept it because of you and your shitty ways and comments.

Dear School,

I came out to your Vice Principle two years ago. You told me being trans was a phase and guess what?... It wasn't.

It is 2019.

I am trans.

I am done with the oppression and it's time you make a change.

I am not pleading. I am demanding!

This is the time for love not hate.

All you've helped me understand is that people can be evil for no reason, so maybe just instead of teaching suppression, teach inclusion.

Because you have turned away so many of us and it has taken too long to build us up again.

It is unacceptable.

Change now!

Dear Mum and Dad,

Thank you for being so understanding when I came out. I felt so scared and lost. You both hugged me and told me everything was going to be ok. It made it so much easier to open up and talk to you. I don't know what I would have done if you didn't support me. Thank you.

Dear Family Member,

"Lend me a tenner, or I'll tell mum you're gay."
"If you tout on me, I'll tell mum you're gay."
"Give me that back, or I'll tell mum you're gay."
"If you sneak out, I'll tell mum you're gay."

My sexuality is NOT for you to use as blackmail.

"Why are you on the pill if you're gay?"
"Why are you saying he is fit if you're gay?"
"Are you really gay? Because it looks like you just want attention?"
"Just go back to being straight and make life easier for yourself."

My sexuality is NOT my choice and therefore not for you to judge.

"Wear girly clothes."

"Them piercings make you look butch."

"Doc Marten's are for gays."

"You don't know you're 100% gay if you've never been with guys."

My sexuality is MY SEXUALITY and it is NOT for you to stereotype.

Let me live my life like I let you live yours.

Dear Ex-Best Friend,

I told you I was non-binary and at first you were accepting until the friendship slowly got more toxic. One night I tried venting to you about my dysphoria and how bad it was, you told me I shouldn't wish I was trans because that was a 'weird' mindset to have and how it was 'weirdly transphobic'. I tried educating you but you just didn't listen. We're not friends anymore but I truly do wish you the best in life and I hope you treat the other people in your life better than you did me. I hope you learn and educate yourself on these topics.

### Dear Pastor,

Growing up I looked up to you and I used to be so eager to go to church. However, after your sermon on the evil that is being gay, I would like to correct you. Being gay is not a choice and it is not an evil spirit that makes you further away from God. Your sermons broke the child and I grew up hiding myself for who I am. Time has taught me that I am beautiful and I should be proud of myself. You crushed my soul with every word you spoke, crucifying me for being me. A part of me appreciates the pain that you caused. It molded me into the diamond I am now. I wish you the best. Loads of love.

### Dear Doctor,

Why do you always freak out when I say I'm not using a contraceptive pill? I am a woman who sleeps with a woman. I don't need to be on a pill. Please be more understanding that there are other types of relationships other than heterosexual ones and there are more types of contraception than the woman being on the pill. Please educate yourself more about the LGBTQ+ community.

(To access the full resource visit the 'Knowledge and Insight' section of the YouthActionNI website: www.youthaction.org)

### **ACTIVITY 4 WORKSHEET: FAKE NEWS**

### Gay men ONLY have anal sex

### Myth

Sex isn't one-size fits all and that applies to anal. Some people enjoy it and others don't think it's for them. Gay men can have sex in other ways, such as oral sex. Also, you don't have to be gay to enjoy anal sex, straight men and women can like it too.

### You can have anal sex whenever you want, no preparation necessary

### **Truth**

If you are on the receiving end of anal sex, it is recommended you clean out your rectum, typically with an anal douche or water enema. It is also recommended to engage in foreplay beforehand and to use lubrication. This all takes time, if you do not have time (because you were not planning to have anal sex) consider other sexual activities to avoid injury.

### Lesbians don't have real sex. Sex means there's penetration

### Myth

Women can have penetrative sex together by using toys, such as dildos or strap-ons. Many of us relate 'sex' with 'intercourse' and use those words interchangeably. Although it can be highly satisfying, sex does not have to be limited to, or even include penetration. Women often enjoy clitoral stimulation and many women require it to reach orgasm.

# Every relationship has a 'man' and a 'woman'. Even in same sex relationships

### Myth

Our heteronormative society likes to encourage us to put heterosexual labels onto everything, even in same sex relationships! Same sex couples often get asked who is the 'man' and 'woman' in the relationship, when in fact, they are both two women or two men.

All	lesbians			
scissor				

### Myth

Scissoring is not the only way women have sex with each other. Again, sex is what people decide to do together in order to give sexual pleasure to each other.

## Bisexual people are greedy

### Myth

Those who identify as bisexual are not greedy. They are attracted physically, sexually and/or emotionally to both men and women, but this does not mean they want them both at the same time.

## If you identify as asexual, you can still be in a relationship

### **Truth**

If you are asexual, you don't experience sexual feelings or desires but you can still engage in romantic, non-sexual relationships.

### If you are gay, you must have HIV/AIDS. It's a gay disease

### Myth

Not all gay people have HIV/AIDS and you don't have to be gay to be HIV+ or have AIDS. In fact, anyone can contract the virus if they have unprotected sex with somebody who is HIV positive. There are many heterosexual people who have HIV/AIDS too but it is not talked about due to society's stereotypes.



### A BIT ON THE SIDE

### HYGIENE

### **Activity: Keep it Clean!**

Begin the activity by discussing the topic of hygiene with the group and make a mind map noting all the different ways we can keep our bodies clean. (Some examples; showering, washing our hands, brushing our teeth etc).

Once you have discussed the different methods, split the young people into smaller groups and ask them to choose one of their ideas from the mind map they have just created together. Explain to them that they should work in their groups to create a tv advertisement or poster to showcase this method of hygiene keeping and to encourage others to make sure they are involving these tasks in their daily routines. The young people can have fun with this and be creative. Once they have each created their piece of work they can share it with the other groups.

### **PERIODS**

Periods can be another one of those taboo topics that we need to start talking with young people about. Childline offer a wide range of young person friendly information about periods that can help you facilitate discussion around the topic. You can access the information on this link:

https://www.childline.org.uk/info-advice/you-your-body/puberty/periods

Also, here are the links to some useful videos that can be used when talking about periods with young people:

'Menstruation: What To Expect'

https://www.youtube.com/watch?v=DBe7-PHRav8

'Period Hygiene: Tampons, Pads and Menstrual Cups' https://www.youtube.com/watch?v=kmWbOC8Fbb0

### **MASTURBATION**

Questions to get conversations started about the topic of masturbation:

- Do women masturbate too? What do you think about this?
- Does masturbation count as cheating? Should people still masturbate when they are in a relationship? What if they are married?
- Have you heard of any myths about masturbation?
- Is it okay for people to not want to masturbate?
- What do you think is good about masturbation?
- Does everyone masturbate in the same way?

### PERSONAL SPACE

### **Activity: How close is too close?**

Divide the group in half and encourage them to make two parallel lines with the young people facing those in the other line. Each young person will pair off with the person facing them. Ask the young people to begin a conversation with their pair from across the room (you can give a conversation starter question or topic here if need be). Once the young people start their conversations, encourage them to move towards each other while continuing to discuss the question. Explain to them that if at any point they feel uncomfortable, they should shout 'stop'. Once the first person shouts 'stop', everyone must stop. This is a perfect space to compare different comfort levels of personal space.

### **Discussion Points**

- How does your personal space differ than others in the room?
- How does it feel when someone comes inside your personal space?
- What do you think we can do to make others aware of our personal space?
- How can we make sure we do not invade other people's personal space?

### SELF-ESTEEM

There are lots of activities that can be done with young people which can be useful in focusing on improving self-esteem. Listed below are a number of reflective questions you can use when working with young people to get them thinking about themselves and the great things about them. These would be perfect used during a reflection session. It is important to remember that the young people may need your support in thinking about the answers to these questions. You can also encourage the young people to support each other.

- Name 3 people whose lives are made easier because of your presence.
- Write 3 achievements you are proud of.
- Name a goal you are working towards.
- What is the best compliment you have been given?
- List 5 things you are grateful for.
- What is something unique about you?
- What is the best thing about you?
- What are you really good at?

Another great idea is to develop a session around positive self-talk and affirmations. Discuss in the group how important it is to give and receive compliments and practice this in the session by encouraging the group to give each person a compliment. You can use creative methods to do this or do it verbally.

### **PORN**

It is important to remember that

- Porn is acting and doesn't necessarily represent reality.
- People who watch porn are not perverted.
- What you see is not an instruction manual for your own sex life. Similar to how you would not think that way about other movies you see
- Porn often leaves out consent, protection and can perpetrate stereotypes.
- Always think critically about the messages that you get from porn.



### **SEX TALK**

A list of useful definitions.

### **ABORTION**

Ending a pregnancy through medical treatment.

### **ABSTINENCE**

Making the choice not to do something. Abstinence from sex means making a choice not to have sex.

### **AIDS**

(Acquired Immune Deficiency) The last stage of HIV. This is when the body has lost its natural defences to fight off infections and diseases.

### **ANAL SEX**

Penetration of the anus

### **ASEXUAL**

A person who does not have any or has very little sexual feelings or desires. They may form romantic, non-sexual relationships.

### **BIRTH CONTROL**

All methods of preventing a pregnancy e.g. the pill, condoms or the coil.

### **BISEXUAL**

A person who is physically, sexually and/or emotionally attracted to both men and women. Bisexual people can have preferences or varying degrees of attraction.

### **CASUAL SEX**

A short sexual relationship without lasting emotional ties. Can also be known as a onenight stand.

### CELIBATE

A person who chooses not to have sex.

### **CHEM SEX**

Sexual interactions while individuals involved are purposely under the influence of drugs.

### **CIS GENDER**

A person whose gender identity aligns with their birth sex. E.g. a person with a uterus vagina and vulva who identifies as a woman.

### **CLITORIS**

A small, sensitive, erective part of the female genitals on the vulva.

### **COMBINED PILL**

A contraceptive pill that is taken every day and prevents pregnancy by stopping the body from releasing eggs. It contains two hormones- oestrogen and progestogen.

### **COMING OUT**

A process that involves someone accepting their own sexual orientation (lesbian, gay etc.) or transgender identity and informing other people about it.

### CONSENT

Another word for permission. It is against the law for anyone to have sex with another person without their consent. Consent has to be voluntarily given, it can involve conditions and can be withdrawn.

### CONTRACEPTION

The word used to describe the prevention of conception (pregnancy) by artificial means e.g. condoms, the pill and the coil.

### **EJACULATE**

When climax is reached and a penis releases sperm.

### **ENDOMETRIOSIS**

A condition where the tissue that normally lines the womb grows on other organs outside of it.

### **ERECTION**

When sexually aroused or excited a penis swells and becomes hard or erect..

### **FOREPLAY**

Sexual activity such as kissing, stroking, oral sex and masturbation before penetration.

### **GAY**

Generally used to describe men who are physically, sexually and/ or emotionally attracted to other men. It can also be used as an umbrella term to describe all homosexual people.

### **GENDER:**

Identity is a social construct of what is male, female or other. It is a person's own sense of having a particular gender and how they express it. This may or may not correspond with their birth sex.

### HETEROSEXUAL

A person who is physically, sexually and/or emotionally attracted to people of the opposite sex. Also known as straight.

### HIV

'Human Immunodeficiency Virus'
- this is the virus that causes
AIDS. HIV can be transmitted
during unprotected sex as well
as through blood and blood
products. HIV can be treated
with medicine but cannot yet be
cured

### **HOMOPHOBIA**

Hating, disliking, abusing or bullying people for no reason other than they are homosexual. It can be in the form of verbal or physical abuse and discrimination.

### **HOMOSEXUAL**

Someone who is sexually attracted to people of the same sex.

### **INTERSEX**

A term used to describe a person who may have the biological attributes of both sexes in different degrees.

### **LESBIAN**

A woman who is physically, sexually and/or emotionally attracted to other women.

### LUBRICATION

A slippery fluid you can use on genitals to have sex more easily or to help sex become more enjoyable..

### **MASTURBATION**

Touching or stimulating your own genitals for sexual pleasure.

### MORNING AFTER PILL

A contraceptive method which comes in the form of a pill and is effective up to about 72 hours after intercourse.

### **NON-BINARY**

This is a catch-all category for gender identities that are not exclusively masculine or feminine.

### **ORAL SEX**

Using the mouth and or tongue to pleasure and stimulate a person's genitals.

### **ORGASM**

The peak of sexual pleasure.

### **PANSEXUAL**

A person who is physically, sexually and/or emotionally attracted to other people regardless of their gender.

### PEER PRESSURE

Feeling pressured to do things (for example, have sex) simply because other people say they have, or you feel that you should to impress them.

### **PENIS**

The male reproductive organ which discharges urine and semen are from the body and that develops from the same embryonic mass of tissue as the clitoris.

### **PERIOD**

A period is a part of the monthly menstrual cycle when blood is released from the womb. Bleeding can last anywhere from 2-7 days and can be light, heavy, short long or intermittent.

### **PLEASURE**

A feeling of happy satisfaction and enjoyment.

### **POLYGENDER**

Polygender can be translated literally as 'many genders'. Polygender people experience multiple gender identities, either simultaneously or varying between them.

### **PORNOGRAPHY**

Television programmes, magazines, books etc that showcase acts of a sexual nature.

### PRE-CUM

A small amount of semen that escapes from the end of a penis before ejaculating.

### **QUEER**

This is a reclaimed umbrella term used to describe general non-heterosexual, not cis gender communities.

### QUESTIONING

Someone who is unsure of, or is re-examining one's previously assumed sexual orientation or gender identity.

### **SEMEN**

A fluid that contains a mixture of secretions and sperm cells. Semen come from a penis when it ejaculates.

### SEX

refers to a person's biological sex. Whether they were born with a penis or a vagina. Sex is also commonly used as an abbreviation to refer to sexual intercourse.

### **SEXUALITY**

Is a broad term which refers to the way people experience and express themselves sexually. This could include; erotic, emotional, social or spiritual feelings or behaviours. It is an umbrella term for your sexual orientation, sexual activity and your capacity for sexual feelings.

### **SEXUAL BEHAVIOUR**

The sexual acts performed by an individual.

### SEXUAL IDENTITY

A part of an individual's identity that reflects their sexual selfconcept, integrating their moral, cultural, religious and ethnicity not their greater overall identity.

### SEXUAL ORIENTATION

Is a person's sexual identity in relation to who they are attracted to.

### **SEXTING**

The sending of sexually explicit photographs or messages via mobile phone.

### **SMEAR TEST**

A medical test to detect any changes in a cervix.

### STI

Sexually Transmitted Infection. These are infections that can be caught or passed between people when they have unprotected sex or from close sexual contact with another person who already has an STI.

### **TESTICLES**

Oval organs that produce sperm in males, enclosed in the

scrotum behind the penis.

### **TRANSGENDER**

A person whose sense of personal gender identity and gender does not align with their assigned gender based on their sex.

### **TRANSITIONING**

The journey a transgender person takes from the gender they were assigned at birth to the gender they feel is their true gender. E.g. "I transitioned from male to female. I am a woman".

### VAGINA

A canal that leads from the uterus to the to the vulva in a female.

### VIRGIN

An outdated concept of someone who has never had sexual intercourse/penetration.

### **VULVA**

The external opening of the vagina.

### **WEBCAM SEX**

The act of watching a person masturbate while you masturbate and make sex noises or gestures while on the internet using a webcam.

### **WET DREAM**

Ejaculation that can happen involuntarily while sleeping.











