



Safeguarding young people in care

Summary of six core publications

PREFACE

This factsheet offers a brief overview of six core publications in English that have been reviewed for the safeguarding young people in care project.

This project consists of a European collaborative partnership between four (applied sciences) universities and three youth care organizations in Belgium, Denmark, the Netherlands, and Scotland. Together these partners develop education and training for (future) professionals, to help them to build competencies to support young people's healthy sexual development. This also means helping professionals to interact with young people, their (foster) parents, colleagues and other professionals, concerning the topics of intimacy, inter-personal relationships and sexual behaviour. This to prevent for sexual abuse in residential and foster care.

In order to develop such an educational program we need insight in the competencies professionals should build. Two steps were taken: *publicly* available information in the three partner countries on competencies to support a healthy sexual development of young people in care were gathered and reviewed. And after that a selection of professionals in the three partners countries was interviewed on this matter. Two documents were compiled based on this: an overview of the competencies based on the two sources (Bernaards et. al, 2017a) and a report that describes the information derived from the interviews (Bernaards et.al, 2017b). To assist lecturers in developing an educational program this factsheet offers a *brief overview* and *summary* of the four publicly available materials in the English language that were retrieved. We consider these documents as core documents on the European vision on sexuality, sexual rights, sexual health and sexual education.

A full overview of the materials retrieved and reviewed can be found in Bernaards et. al. (2017a). A description of the interventions, methods and tools available in English can be found at <http://www.amsterdamuas.com/safe/lecturers/literature>



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CORE MATERIALS

1. Frans, E. (2018). *Sensoa Flag system: Reacting to sexually (un)acceptable behaviour of children and young people*. Antwerpen: Garant. <http://www.flagsystem.org/>
2. IPPF (2006). *Framework for comprehensive sexuality education*. London
http://www.ippf.org/sites/default/files/ippf_framework_for_comprehensive_sexuality_education.pdf.
3. UNESCO (2009). *International technical guidance on sexuality education. Vol. II – Topics and learning objectives*. Paris
http://data.unaids.org/pub/ExternalDocument/2009/20091210_international_guidance_sexuality_education_vol_2_en.pdf
4. WHO (2006). *Defining sexual health. Report of a technical consultation on sexual health, 28–31 January 2002*. Geneva
http://www.who.int/reproductivehealth/publications/sexual_health/defining_sexual_health.pdf
5. WHO (2010a). *Standards for Sexuality Education in Europe: A framework for policy makers, educational and health authorities and specialists - WHO Regional Office for Europe and BZgA* http://www.oif.ac.at/fileadmin/OEIF/andere_Publikationen/WHO_BZgA_Standards.pdf
6. WHO (2010b). *Developing sexual health programmes: A framework for action*. WHO Department of Reproductive Health and Research.
http://apps.who.int/iris/bitstream/10665/70501/1/WHO_RHR_HRP_10.22_eng.pdf

CONTENT

Working definitions on sexuality, sexual rights, sexual health and sexual education are described and an short explanation of the European vision on sexual education is given.

DEFINITION ON SEXUALITY

“Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasy’s, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors.” (WHO, 2006, p. 10).

Sexuality includes all feelings, thoughts, perspectives, fantasies, desires, and behaviours that could be sexually oriented. Sexuality is related to gender roles, sexual orientation, intimacy, enjoyment, eroticism and reproduction. Children experience sexuality in a different way than adolescents and adults. With the onset of puberty, young people engage in sexual relationships and thereby run other risks.

DEFINITION OF SEXUAL RIGHTS

“Sexual rights embrace human rights that are already recognized in national laws, international human rights documents and other consensus statements. They include the right of all persons, free of coercion, discrimination and violence, to:

1. attain the highest standard of sexual health, including access to sexual and reproductive health care services;
2. seek, receive and impart information related to sexuality;
3. sexuality education;
4. respect for bodily integrity;
5. choose their partner;
6. decide to be sexually active or not;
7. consensual sexual relations;
8. consensual marriage;
9. decide whether or not, and when, to have children; and
10. pursue a satisfying, safe and pleasurable sexual life.

“The responsible exercise of human rights requires that all persons respect the rights of others” (WHO, 2006, p.10).

DEFINITION OF SEXUAL HEALTH

“Sexual health was initially defined by WHO in a 1972 technical meeting, 22, in the following way: “Sexual health is the integration of the somatic, emotional, intellectual and social aspects of sexual being in ways that are positively enriching and that enhance personality, communication and love” (WHO, 1975 in WHO, 2006). Although this definition is rather outdated, it is still often used. During the WHO technical consultation in 2002, a new draft definition of sexual health was agreed upon. This new 2002 draft definition reads: “Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.” (WHO, 2006, p.10).

“It should be stressed that WHO has, since the early 1950s, defined and approached “health” in a very broad and positive manner, referring to it as a “human potential” and not merely the absence of disease, and including not only physical, but also emotional, mental, social and other aspects. For this reason, it is felt that the WHO definitions are acceptable and useful starting points for discussing

sexuality education. Thus in this document the term “sexual health” is used, but this includes the notion of “sexual well-being” (WHO, 2010a, p.18).

“Furthermore, sexual development is a lifelong process and starts in the early years. The physical, psychosocial and cognitive development may differ between children and are dependent on several factors. There are several developmental phases that can be discerned with regard to sexuality between the ages of 0 and 19 years.” (Maris, van der Vlugt, Deurloo & Lanting, 2014, p.1).

Sexual health problems are the result of conditions, either in an individual, a relationship or a society, that require specific action for their identification, prevention and treatment.

In order to assess which sexual behaviour is healthy and which behaviour is not, the Flag systems uses the following six categories to evaluate a situation (Frans, 2018):

1. Mutual consent
2. Autonomous consent
3. Equality
4. Age-appropriate or developmentally appropriate
5. Appropriate within the context or appropriate for the situation
6. Self-respect

DEFINITION OF SEXUAL EDUCATION

“Sexuality education means learning about the cognitive, emotional, social, interactive and physical aspects of sexuality. Sexuality education starts early in childhood and progresses through adolescence and adulthood. For children and young people, it aims at supporting and protecting sexual development. It gradually equips and empowers children and young people with information, skills and positive values to understand and enjoy their sexuality, have safe and fulfilling relationships and take responsibility for their own and other people’s sexual health and well-being. It enables them to make choices which enhance the quality of their lives and contribute to a compassionate and just society. All children and young people have the right to have access to age-appropriate sexuality education” (WHO, 2010a, p.20).

“Comprehensive sexuality education seeks to equip young people with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality – physically and emotionally, individually and in relationships. It views “sexuality” holistically and within the context of emotional and social development. It recognizes that information alone is not enough. Young people need to be given the opportunity to acquire essential life skills and develop positive attitudes, and values (IPPF, 2006, p.6).”

“Sexuality Education is defined as an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgemental information. Sexuality Education provides opportunities to explore one’s own values and attitudes and to build decision-making, communication and risk-reduction skills about many aspects of sexuality (UNESCO, 2009, p.2).”

VISION ON SEXUAL EDUCATION

A holistic approach to sexuality education is used in Europe. In the WHO document ‘Standards for Sexuality in Europe’ (2010a), the authors stated that it is important for children and young people to be taught both the risks as well as the positive side of sexuality, so that they can take responsibility and have an open, positive attitude toward sexuality. They should be empowered and stimulated to acquire some essential skills at age-developmentally appropriate times, as part of a more general education, since this helps shape their personalities. In the holistic view on sexual education, prevention is seen as part of improving quality of life, health, and well-being and of contributing to health promotion in general. (WHO, 2010a, p. 5).

The vision on sexual education is based on a holistic view, which contains comprehensive sexuality education. This includes focus on the organisation, on daily pedagogic practice, personal values, personal and sexual growth and development, and on contingency plans (WHO, 2010a).

“Holistic sexual education should be based on the following principles (WHO, 2010a, p.27):

1. Sexuality education is age-appropriate with regard to the young person’s level of development and understanding, and culturally and socially responsive and gender-responsive. It corresponds to the reality of young people’s lives.
2. Sexuality education is based on a (sexual and reproductive) human rights approach.
3. Sexuality education is based on a holistic concept of well-being, which includes health.

4. Sexuality education is firmly based on gender equality, self-determination and the acceptance of diversity.
5. Sexuality education starts at birth.
6. Sexuality education has to be understood as a contribution toward a fair and compassionate society by empowering individuals and communities.
7. Sexuality education is based on scientifically accurate information.

“Sexuality education seeks the following outcomes (WHO, 2010a, p.27):

1. To contribute to a social climate that is tolerant, open and respectful toward sexuality, various lifestyles, attitudes and values.
2. To respect sexual diversity and gender differences and to be aware of sexual identity and gender roles.
3. To empower people to make informed choices based on understanding, and acting responsibly toward oneself and one’s partner.
4. To be aware of and have knowledge about the human body, its development and functions, in particular regarding sexuality.
5. To be able to develop as a sexual being, meaning to learn to express feelings and needs, to experience sexuality in a pleasurable manner and to develop one’s own gender roles and sexual identity.
6. To have gained appropriate information about physical, cognitive, social, emotional and cultural aspects of sexuality, contraception, prevention of STI and HIV and sexual coercion.
7. To have the necessary life skills to deal with all aspects of sexuality and relationships.
8. To have information about provision of and access to counselling and medical services, particularly in the case of problems and questions related to sexuality.
9. To reflect on sexuality and diverse norms and values with regard to human rights in order to develop one’s own critical attitudes.
10. To be able to build (sexual) relationships in which there is mutual understanding and respect for one another’s needs and boundaries and to have equal relationships. This contributes to the prevention of sexual abuse and violence.
11. To be able to communicate about sexuality, emotions and relationships and have the necessary language to do so.”

The WHO document ‘Standards for Sexuality in Europe’ (2010a) contains a matrix with contents of what should be taught at certain ages, concerning sexual education. The age groups are 0-4, 4-6, 6-9, 9-12, 12-15, and 15 and up and have been chosen in accordance with WHO age groups and as they mirror developmental stages.

BASIC REQUIREMENTS CONCERNING SEXUALITY EDUCATION

“An important requirement for sexuality education is that students should always feel safe: their privacy and their boundaries are to be respected. While they are encouraged to be open, personal experiences should not be shared, as these do not belong in the classroom and might leave them vulnerable. An atmosphere of trust should be established by finding rules the group agrees on. Sexuality education which is based on gender responsiveness also contributes to the feeling of safety for the students” (WHO, 2010a, p. 29).

Based on these general requirements, sexuality education should try to observe the following Points (WHO, 2010a):

- The quality of sexuality education is enhanced by systematic youth participation.
 - Learners are not the passive recipients of sexuality education, but on the contrary play an active role in organising, delivering, and evaluating sexuality education. In this way, it is ensured that sexuality education is needs-oriented and does not simply follow an agenda determined in advance by educators.
 - In various contexts, peer education – as one special way of youth participation – has proven to be successful, especially when addressing hard-to-reach groups. But it is important to take into account the fact that peers need training, if they are to be involved in sexuality education.

- Sexuality education should be delivered in an interactive way.
 - Working interactively also involves using different methods in the classroom, to accommodate different learner preferences and to address all the senses.
- Sexuality education should be delivered in child/youth-appropriate language.
 - Students should be taught suitable terminology, so as to enhance their communication skills in the field of sexuality.
- Communication is central to sexuality education.
 - In practical terms, this means that the trainer should relinquish his/her central position and instead act more as a facilitator to enable meaningful communication between students and stimulate discussions. In this way, students learn to determine their own standpoints and to reflect on their own attitudes.
- Sexuality education should be delivered in a continuous way and should be based on the understanding that the development of sexuality is a lifelong process.
- Sexuality Education should be given in a multi sectoral setting.
- Sexuality Education should be context-oriented and should pay sufficient attention to the needs of the learners.
- Sexuality education should establish a close cooperation with parents and community, in order to build a supportive environment.
- Sexuality education should be based on gender responsiveness, to ensure that different gender needs and concerns are adequately addressed.
 - For example, gender-based differences in the way of learning or in dealing with issues of sexuality are reflected in the choice of appropriate methods. One way of doing this is to temporarily form gender-based groups and to have teacher teams comprised of one male and one female.

IMPLEMENTING SEXUALITY EDUCATION

Several possibilities are mentioned for offering education about sexuality and intimacy in a structural manner. For example, developing a schoolwide or location-specific health policy, making sexual education a theme in the regular curriculum of the school program, embedding sexual and relational education in existing school activities (WHO, 2010a).

There are many entry points for the promotion of healthy sexuality through education, these include (WHO, 2010b, p.24):

- Provision of comprehensive sexuality education for young people in school.
- Training in sexuality and sexual health for health workers, teachers, social workers, youth workers, and other key professionals.
- A range of community-based strategies to meet the needs of young people who do not attend school and others who may be especially vulnerable.

Some key principles cut across all these social and institutional domains, these include (WHO, 2010b, p.20):

- Awareness of the importance of gender and gender-linked power dynamics in influencing sexual health;
- Recognition of, and respect for, sexual diversity;
- Promotion of, and respect for, the human rights of individuals;
- Ensuring participation of all, including women and vulnerable and marginalized populations;
- Awareness of the need to address both risk and vulnerability;
- The importance of promoting positive social norms that foster equal and mutually responsible relationships.

It is important to eliminate barriers that prevent the achievement of sexual health goals. Several strategies exist to promote sexual health (WHO, 2010a):

- Sexuality education should be offered on diverse topics.
- Attention for both informal and formal learning should be given.

BASIC REQUIREMENTS CONCERNING LECTURES WHO PROVIDE SEXUALITY EDUCATION

School authorities should not pressurize somebody who is unwilling to deliver sexuality education; instead, teachers need to be stimulated and supported while teaching students about sexuality and intimacy (WHO, 2010a).

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