



Let's Talk about Sex!



THE EDUCATIONAL TOOLKIT FOR PROFESSIONALS
WORKING IN EMOTIONAL AND SEXUAL HEALTH EDUCATION

CONTENTS

The professional approach to emotional and sexual health education

The human being at the heart of emotional and sexual health

Love, sexuality and emotional and sexual health

Contraception

Sexually transmitted infections (STIs)

Sexual rights and violence

Cross-disciplinary activities

Repository/online-tools



LE GOUVERNEMENT
DU GRAND-DUCHÉ DE LUXEMBOURG



Introductory Workbook

LET'S TALK
ABOUT SEX!
TOOLKIT

**THE PROFESSIONAL APPROACH TO
EMOTIONAL AND SEXUAL HEALTH EDUCATION**

Responsible editor:

Direction de la Santé
20, rue de Bitbourg
L-1273 Luxembourg

Printing: Imprimerie Centrale

Graphic design: Mine Graphique

Illustrations: Sabrina Kaufmann

Rights reserved © 2024



Centre national de référence
pour la promotion de la santé
affective et sexuelle



LE GOUVERNEMENT
DU GRAND-DUCHÉ DE LUXEMBOURG
Ministère de la Santé

Direction de la santé

Sommaire

PREAMBLE	2	ENSURING AN INCLUSIVE EDUCATION THAT RESPECTS ALL: creating an environment conducive to ESHE	15
About Let's Talk about Sex - Toolkit!	2	Creating clear and realistic objectives	15
Anatomy of an activity	3	Adopting an approach focused on the needs of the young people	15
Additional information	3	Setting a reassuring framework	16
EMOTIONAL AND SEXUAL HEALTH EDUCATION (ESHE): IMPORTANCE AND BENEFITS	4	Adapting to the group	18
What is comprehensive emotional and sexual health education?	4	Creating an inclusive and anti-oppressive environment	
Definition and indicators	4	Being a professional ally for LGBTIQ+ people	19
The rights of young people	5	Taking into account body positivity	21
Luxembourgish context	6	Taking into account the issue of disability	22
Recognising the positive impact of ESH education: benefits for everyone	6	Cultural and religious diversity	24
Deconstructing preconceived ideas about ESH	7	Practical tips and tricks for being a professional ally	25
PROFESSIONAL APPROACH IN THE CONTEXT OF ESHE	11	When should confidentiality be broken?	25
Introspection: taking stock of yourself	11	CONCLUSION	26
Being competent in ESHE	12	APPENDICES	27
Knowing what you're talking about	12	1 Introspection and approach for moderating ESHE	27
Using the right tools	12	2 Self-assessment tool for emotional and sexual health skills	29
Adopting the right reflexes: psychosocial skills	11	3 Framework for core competencies of ESHE educators – WHO and BZgA	31
Positive communication	13	4 Evaluation of an emotional and sexual health education session	38
Listening	14	5 Let's Talk about Sex! – Toolkit evaluation form	39
Empathy	14	6 Additional references	40
Demonstrating humility and unconditional acceptance	14		
Fairness and justice	14		

PREAMBLE

About this toolkit

Welcome to the **educational toolkit** for professionals working in emotional and sexual health education (ESHE). Whether you're an educator, teacher, doctor, social worker, etc., you've come to the right place!

The aim of this workbook on the professional approach in ESHE is to guide you through the basic concepts of moderating in ESHE and to help you prepare before diving into the heart of the matter. A series of activities for young people are grouped together by chapter in this educational toolkit.

To help you organise your sessions, you can refer to the Let's Talk about Sex! guide. This binder contains theoretical information divided in chapters, which correspond to those in this toolkit. The colour of each chapter makes it easy to find activities related to the same subject.

YOUR OPINION IS IMPORTANT TO US

If you have any questions about this Toolkit or ideas about what would be useful to help you answer young people's questions, please do not hesitate to contact Cesas or to complete and return the evaluation form available in Appendix 5 of the workbook by e-mail, by post or via the online questionnaire (QR code below).



8, rue de la Fonderie
L-1531 Luxembourg
Tél: (+352) 285694
letstalkaboutsex@cesas.lu
More information: www.cesas.lu

In chapter 7 (blue binder) of this educational guide, you will find additional materials and a repository of other online tools.



The materials needed for the various activities are provided in this toolkit, but you can also download them online to reprint or customize and develop your own materials: <https://www.cesas.lu/fr/outils-pedagogiques.php>

You can also find the Let's Talk about Sex! theory guide at this link.



Anatomy of an activity

For each subject, you will find key information:

1. Activity number
2. Title of the activity
3. Chapter(s) of the Let's Talk about Sex! theory guide linked to this activity (colour)
4. Average activity time
5. Level of difficulty
6. Number of players
7. Best time during a session to do this activity (beginning, middle or end of the session)
8. Objectives of this activity
9. General theme
10. Material required
11. Instructions
12. Your role during the activity
13. This symbol means that you can download material or find additional information online.

TOOLKIT: Let's Talk about Sex! Activity 2 1 9

2 DID YOU SAY DISCRIMINATION!?

Presentation and instructions

9 The realities of LGBTQTIQ+ people

10 REQUIRED MATERIAL

- "Identity element" cards (see Worksheet 2-1)
- List of questions for the activity (see back page)
- List of questions for discussion (see back page)
- A room or space large enough to line up the participants and allow them to move forward or back 2 metres.

11 METHODOLOGY/INSTRUCTIONS

1. Have each young person draw an "Identity element" card (Worksheet 2-1) and ask them to create a character (see overleaf: How to create a character)
2. Ask the participants to stand side by side in a line in the middle of the room. Everyone looks in the same direction.
3. Then explain the activity: you are going to ask questions and:
 - The young person has to take a step forward if their character answers YES
 - The young person has to take a step back if their character answers NO
 - The young person has to stay put if they don't know.Explain that one step is equal to one shoe size, so that each step is the same distance.
4. Then read out the questions (see back page: list of questions for the activity) one after the other, letting the participants move forwards, backwards or stay put.
5. Once all the questions have been asked, ask the participants to reveal their identity element and describe their character in turn, starting with those furthest forward and ending with those furthest back.
6. At the end of the activity, lead a group discussion, using the list of questions for discussion (see back page: list of questions for discussion).

12 ROLE OF THE MODERATOR

- Be able to explain the different terms on the "Identity element" cards (see Activity 1 of this Toolkit for more information on the definition of terms).
- Lead the discussion by encouraging reflection and questioning.
- Know how to address and explain discrimination issues.
- Provide information on the services available for LGBTQTIQ+ people:

13 <https://www.cesas.lu/fr/liste.php>

3

4 30'

5 LEVEL OF DIFFICULTY

6 FROM 6 TO 18 IF THE SIZE OF THE ROOM ALLOWS IT

7 TIME OF ACTIVITY

8 OBJECTIVES

- Introduce the issue of discrimination against LGBTQTIQ+ people
- Put discrimination into perspective and question stereotypes
- Question the realities of LGBTQTIQ+ people
- Create empathy for the realities of LGBTQTIQ+ people

© 2024 Ministère de la Santé / Direction de la Santé

Game used as part of the body, sexual and gender diversity training created in collaboration between the Centre LGBTQTIQ+ Cigale and AlterEgo asbl.

Additional information

The working group that produced this document is made up of members of associations active in the field:

- Cesas,
- Planning Familial,
- BEE SECURE,
- Centre LGBTQTIQ+ CIGALE,
- Croix-Rouge luxembourgeoise, HIV Berodung,
- ECPAT,
- Femmes en détresse,
- Ligue HMC.

Under the National Action Plan "Promotion de la santé affective et sexuelle" (Promotion of emotional and sexual health), with financial support from the Direction de la santé (Health Directorate).

We would stress that in order to ensure greater equality, **we have chosen to use an inclusive style of writing**. Throughout the writing process, we have also taken into account the different systems of oppression that we may all face (heteronormativity, racism, sexism, LGBTQTIQ+ phobias, ableism¹, etc.), although it cannot be entirely exhaustive.

Enjoy your reading!

1. Ableism: Also known as "disablism", an attitude or behaviour that is prejudicial to a person or group of people living with a disability. Reference: *Santé sexuelle et handicap: un guide pour lever les tabous!* ACSEXÉ+, Laurence Raynault-Rioux; illustration and graphics: Aude Voineau, 2021, Montreal (Quebec): *Fédération du Québec pour le planning des naissances*.

EMOTIONAL AND SEXUAL HEALTH EDUCATION (ESHE): IMPORTANCE AND BENEFITS

What is affective and sexual health education?

Historically, information about ESH was often absent from information resources. This left room for discourse based on and imbued with hygienic and moralising injunctions, fostering a pudic and repressive culture that was difficult to reconcile with a neutral education, open to the ESH issues. The end of the 20th century led society to review this model, and sexual health education was introduced in schools. Today, international bodies and research recommend working on the basis of comprehensive ESHE.

DEFINITION AND INDICATORS

Here is a non-exhaustive definition:

“Sexual health education means learning about the cognitive, emotional, social, interactive and physical aspects of sexuality. Sexual health 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 adolescents have the right to have access to age-appropriate sexual health education.**” (WHO Regional Office for Europe and BZgA, 2010, p. 20)

Over and above the challenge of introducing and making accessible ESHE as previously described, standardising ESHE is all the more important in today’s world where misinformation is rife. The role of education professionals is therefore not just to pass on information, but also to enable young people to develop their critical faculties, their opinions and their ability to make genuinely informed choices and to know where to obtain reliable information.

In order to meet this very broad objective, a number of indicators presented below are used to ensure the quality of a comprehensive emotional and sexual health education intervention:

- Based on a learner-centred approach, i.e. adapted to the age and level of psychosexual development, culture, needs and context.
- Based on the best current scientific evidence and data.
- Promotes, integrates and informs on sexual rights, human rights and national and international legislation.
- Incorporates the principle of equality for all.
- Is free from any moral or religious considerations, and aims to be as neutral and open as possible in its approach.

By applying these principles, an ESHE session will have the merit of providing a context and a caring environment conducive to learning.

YOUNG PEOPLE'S RIGHT

It is certainly worth remembering that access to sexual health education is **a right**. Luxembourg supports the sexual rights set out by the World Health Organisation in 2002 in its National Action Plan "Promotion de la santé affective et sexuelle" (Promotion of emotional and sexual health).

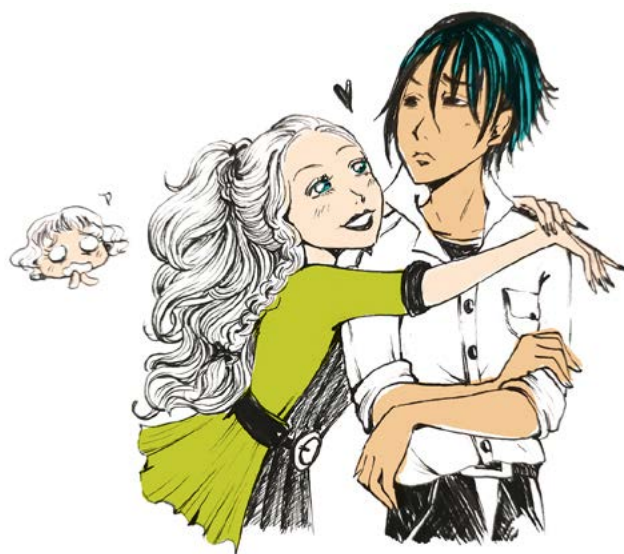


"Sexual rights embrace human rights that are already recognized in national laws, international human rights documents and other consensus statements. They include the right of all persons, free of coercion, discrimination and violence, to:

- the highest attainable standard of sexual health, including access to sexual and reproductive health care services;
- seek, receive and impart information related to sexuality;
- sexual health education;
- respect for bodily integrity;
- choose their partner;
- decide to be sexually active or not;
- consensual sexual relations;
- consensual marriage;
- decide whether or not, and when, to have children;
- and pursue a satisfying, safe and pleasurable sexual life. The responsible exercise of human rights requires that all persons respect the rights of others." ²

The issues raised by sexual rights are reflected in many persistent public health challenges, which is why it is so important to take them into account during ESHE sessions. Among other things, this enables young people to learn about their rights, but also to begin developing critical reasoning, psychosocial skills (e.g. empathy) and to emancipate themselves.

In the same way, it is now accepted that the pedagogical approach of involving young people in discussion, rather than keeping them in a passive situation of consuming knowledge, is much more effective in terms of learning. As the subject of emotional and sexual health concerns them individually and intimately, it is far more relevant to make them active during ESHE sessions, to enable them to take ownership of the subject and develop their own way of thinking.



2. Reference: See p. 40.

LUXEMBOURG CONTEXT

Sexual health education is recognised as a right in Luxembourg, but still, it takes time to teach it. You should know that several units of the *Vie en société* (life and society) course are allocated to sexual health education. Some units in other courses also deal with ESH issues.

In general, ESHE should be standardised and made consistent to ensure that everyone has fair and proper access to information on the subject. As an education professional, you can make a difference and help young people to be more independent and assertive when it comes to their own and others' ESH.

However, it is recognised that interdisciplinary work enables young people to learn in a variety of ways and is more responsive to their needs. Each professional can approach ESHE with their own expertise and offer young people enriching frames of reference. Conferring with other professionals of the institution and having the agreement and support of its management can facilitate the implementation of ESHE.

Fears of possible discomfort on the part of the parents and families surrounding young people are legitimate and must be listened to and discussed, in order to develop a facilitating and reassuring strategy for both the education professionals and the families.

The parental sphere being the primary source of education in terms of ESH, it is important to ensure continuity of this bond while allowing the institution to inform and educate in this area. Education professionals thus have a **complementary role** to play.

Generally speaking, sending an informative letter prior of the forthcoming ESHE session to parents can be useful. This announcement can sometimes even enable parents and their children to discuss a subject they would not have broached otherwise. It is also often reassuring for parents to have an opportunity to talk to the ESHE session's educator.

Recognising the positive impact of ESHE: benefits for everyone

ESHE is the cornerstone of many aspects of human life. This emotional and sexual health accompanies us throughout our lives, which is why education from an early age makes so much sense. There are many long-term benefits for young people from receiving a comprehensive education in this area.

ESHE considerably improves the health of young people, as well as their "future" health. **Among other things, it significantly reduces disparities in overall health.**

The implementation of ESHE programmes in schools and educational settings has a positive impact, among other things on (UNESCO, 2018³):

- greater self-determination in terms of:
 - frequency of sex;
 - the number of sexual partners;
 - the age at which sexual activity with a partner begins;
- reducing risk-taking behaviour;
- more frequent use of condoms and contraception in general;
- greater awareness of sexual and reproductive rights;
- better communication with parents about sexuality and relationships;
- greater confidence in ability to manage risky situations;
- greater use of clinical services (doctor, psychologist, educator, etc.).

3. Content adapted from: UNESCO, International technical guidance on sexual health education: an evidence-informed approach, 2018.



DECONSTRUCTING PRECONCEIVED IDEAS ABOUT ESH

There is often a great deal of reticence about emotional and sexual health education. As an education professional, you may hear comments from a parent, colleague or young person, or you may have questions yourself about certain topics, realities or issues.

To this end, it is important to be aware of the issues and benefits of ESHE so that you can understand and explain them, raise awareness and avoid the crystallisation of a false belief. Many fears are behind peoples' doubts, and a few minutes is sometimes all it takes to reassure and refocus, based on facts and concrete information.

Below are some of the most commonly raised concerns, followed by an explanation on which to base any response or discussion.

Table: Common difficulties encountered with ESHE⁴

CONCERN	RESPONSE
ESHE leads to early sexual initiation	<p>Research from around the world clearly indicates that ESHE does not encourage young people to engage in sexual activity at an early age.</p> <p>On the contrary, studies show that young people who have received ESHE tend to postpone the onset of sexual activity and leads to more responsible sexual behaviour.</p>
ESHE deprives children of their "innocence".	<p>Evidence illustrates that children and young people benefit from receiving appropriate information that is scientifically accurate, non-judgemental and age- and developmentally-appropriate in a carefully planned process from the beginning of formal schooling. In the absence of ESHE, children and young people can be vulnerable to conflicting, and sometimes even damaging, messages from their peers, the media or other sources.</p> <p>Good quality sexual health education provides complete and correct information with an emphasis on positive values and relationships. Sexual health education is about more than sex – it includes information about the body, puberty, relationships, life skills, etc.</p>
ESHE goes against certain cultures and religions.	<p>The UNESCO Guidance stresses the need to engage and build support among the custodians of culture in a given community, in order to adapt the content to the local cultural context. Key stakeholders, including religious leaders, can assist programme developers and providers to engage with the key values central to the relevant religions and cultures, as people's religious beliefs will inform what they do with the knowledge they possess.</p> <p>The UNESCO guidance also highlights the need to reflect on and address negative social norms and harmful practices that are not in line with human rights or that increase vulnerability and risk, especially for girls and young women or other marginalised populations.</p>

4. Adapted from UNESCO: International technical guidance on sexual health education, p. 84-85, 2018. The abbreviation "CSE" has been changed to "ESHE" in order to adapt the content to the Luxembourg context.

It is the role of parents and the extended family to educate our young people about sexuality.

Parents will object to sexual health education being taught in schools.

ESHE may be good for adolescents, but it is inappropriate for young children.

As the primary source of information, support and care in shaping a healthy approach to sexuality and relationships, parents and family play a fundamental role. However, through the Ministry of Education, schools and teachers, the government should support and complement the role that parents and family play by providing **holistic education** for all children and young people in a safe and supportive learning environment, as well as the tools and **materials necessary to deliver high-quality ESHE programming.**

Parents play a primary role in shaping key aspects of their children's sexual identity and their sexual and social relationships. Parents' objections to ESHE programmes in school are often based on fear and lack of information about ESHE and its impact, as they want to be sure that messages about sexuality and sexual and reproductive health are rooted in the family's values system. ESHE programmes are not meant to take over the role of parents, but rather are meant to work in partnership with parents, and involve and support them.

Most parents are among the strongest supporters of high-quality ESHE programmes in schools. Many parents value external support to help them approach and discuss "sex issues" with their children, ways to react to difficult situations (e.g. when a child watches porn on the Internet or is bullied on social media) and how to access and provide accurate information.

Young children also need information that is appropriate for their age. Adaptation to age and stage of psychosexual development is fundamental in ESHE. Additionally, ESHE provides flexibility to take into account the local and community contexts and encompasses a range of relationships, not only sexual relationships. Children recognize and are aware of these relationships long before they act on their sexuality and **therefore need the skills and knowledge to understand their bodies, relationships and feelings from an early age.**

ESHE lays the foundations for healthy childhood by providing children with a safe environment to learn the correct names for parts of the body; understand principles and facts of human reproduction; explore family and interpersonal relationships; learn about safety, prevention and reporting of sexual abuse etc. ESHE also provides children with the opportunity to develop confidence by learning about their emotions, self-management (e.g. of hygiene, emotions, behaviour), social awareness (e.g. empathy), relationship skills (e.g. positive relationships, dealing with conflicts) and responsible decision-making (e.g. constructive and ethical choices). These topics are introduced gradually, in line with the age and evolving capacities of the child.

Teachers may be uncomfortable or lacking the skills to teach ESHE.

Well-trained, supported and motivated teachers play a key role in the delivery of high-quality ESHE. Teachers are often faced with questions about growing up, relationships or sex from learners in a school setting, and it is important that they have a suitable and safe way of responding to these questions.

Clear sectoral and school policies and curricula help support teachers, as does institutionalised pre- and in-service teacher training and support from school management. Teachers should be **encouraged to develop their skills and confidence** through added emphasis on formalising ESHE in the curriculum, as well as stronger professional development and support.

Teaching ESHE is too difficult for teachers.

Teaching and talking about sexuality can be challenging in social and cultural contexts where there are negative and contradictory messages about sex, gender and sexuality. At the same time, most teachers and educators have the skills to build rapport with learners, to actively listen and help identify needs and concerns and to provide information.

Teachers can be trained in ESHE content through participatory methodologies and are not expected to be experts on sexuality. This training can be included as part of the curriculum of teacher training institutes (pre-service) or as in-service teacher training.

ESHE is already covered in other subjects (biology, life-skills or civics education).

Using the UNESCO Guidance provides an opportunity to evaluate and **strengthen the curriculum**, teaching practice and the evidence, based on the dynamic and rapidly changing field of ESHE, and to ensure that schools fully cover a comprehensive set of topics and learning objectives, even if the learning is distributed across a range of school subjects. In addition, effective comprehensive sexual health education includes a number of attitudinal and skills-based learning outcomes which may not necessarily be included in other subjects.

Young people already know everything about sex and sexuality through the Internet and social media.

The Internet and social media can be excellent ways for young people to access information and answers to their questions about sexuality. Young people often use online media (including social media) because they are unable to quickly and conveniently access information elsewhere. However, online media doesn't necessarily provide age-appropriate, evidence-based facts and can in fact **provide biased and distorted messages**. It is difficult for young people to distinguish between accurate and inaccurate information. While online media can offer a lot of information, it does not offer the space for young people to discuss, reflect and debate the issues, nor to develop the relevant skills.

ESHE offers a forum for young people to understand and make sense of the images, practices, norms and sexual scripts that they observe via social media and pornography. It provides an opportunity to **learn about the aspects of sexuality that are absent from pornography, such as emotional intimacy, negotiating consent and discussing modern contraception**. ESHE can also support young people to safely navigate the Internet and social media and can help them identify correct and fact-based information.

Religious leaders may not support sexual health education.

Religious leaders play a unique role in supporting ESHE in schools. Faith-based organisations can provide guidance to programme developers and providers on how to approach religious leaders to begin a discussion about sexual health and sexual health education. Acting as models, mentors and advocates, religious leaders are ambassadors for faith communities that value young people's well-being. Young people seek moral guidance that is relevant to their lives, and all young people deserve reliable information and caring guidance about sexuality that enables them to engage in both emotionally and physically healthy relationships.

Sexual health education that is factually inaccurate and withholds information ignores the realities of adolescent life, and puts young people at unnecessary risk of disease and unintended pregnancy and, above all, endangers their lives and human dignity. Many faith communities know from experience, and numerous studies show, that **young people tend to delay mature sexual activity when they receive sexual health education that focuses on responsible decision-making and mutual respect** in relationships (UNESCO, 2009).

ESHE is a means of recruiting young people towards alternative lifestyles.

The main principle of the UNESCO Guidance is that everyone has the right to accurate information and services in order to achieve the highest standard of health and well-being, without making judgement on sexual behaviour, sexual orientation, gender identity or health status. The Guidance takes a rights-based approach that is also focused on gender, and acknowledges that people express themselves differently in all societies, sometimes not conforming to gender or social norms, including on the issue of sexual behaviour and sexual orientation or gender identity. **It does not endorse or campaign for any particular lifestyle other than promoting health and well-being for all.**



The concerns of those around young people are normal. You can see these concerns as an opportunity to **open up dialogue** and encourage exchanges, to **deconstruct certain prejudices** and build a relationship of trust.

Nevertheless, the help of the institution's management and your colleagues may prove useful in the event of difficulties or more complex/sensitive situations.

Interdisciplinary work remains the most effective approach to answering the questions of young people, but also those of adults!

PROFESSIONAL APPROACH IN THE CONTEXT OF ESHE

Education and youth professionals play a central role in ESHE. As an integral part of young people's daily environment, they have the opportunity to get to know them and to witness their experiences of socialisation, learning and development. All these personality aspects and development may be missed by parents, who do not have the opportunity to witness their children in the same contexts.

Adolescence is a period rich in new experiences, whether it's puberty, the first experiences of new feelings, the first romantic relationships, the first discoveries about one's own body and about another person's body, the acquisition of new forms of independence, and so on.

From this point of view, working with young people during this period can make a real difference in their lives, on their feelings and experiences.

PROFESSIONAL APPROACH CAN BE SUMMED UP IN 3 IMPORTANT ASPECTS:

- introspection,
- theoretical knowledge,
- psychosocial competencies⁵.

Introspection: taking stock of yourself

When it comes to ESHE, introspection is of paramount importance. Since sexuality is an inherent part of human species, it is natural to refer to one's own values, one's own baggage of experience and one's own cultural and educational heritage. Although this can sometimes be useful, personal experience brings back a whole range of experiences, emotions and feelings which interfere from our neutrality and impartiality.

Consequently, educating people about emotional and sexual health means first and foremost taking the time to ask yourself questions, to **take stock of yourself and to recognise your limits and strengths**.

This will involve potential obstacles and levers of which it is important to be aware in order to ensure the quality of this very complex role of the ESHE professional.

To help you begin this process, **Appendix 1 on page 27** sets out a list of questions that you can simply think about in order to put the limits of your role into perspective. They will also help you to remember your own "sexual learning history" and thus to understand the position in which your young people find themselves and the questions they might have.

5. To find out more, you can also refer to Appendix 2 (page 29) which sets out the Framework for core competencies of sexual health educators, a document drawn up by the WHO and the BZgA.

Being competent in emotional and sexual health education

KNOWING WHAT YOU'RE TALKING ABOUT

Being an ESHE professional obviously requires the ability to take distance and not confuse one's own needs and representations of sexuality with those of the young people. However, **mastering information relating to ESH in its entirety, which is not always easy, given the complexity of the subject and human diversity, is also important!**

Knowing the theory behind ESH makes it possible to offer high-quality education, which is based on scientific evidence and, above all, comprehensive!

To help you identify and anticipate the range of subjects involved in ESH, you can fill in the table **Self-Assessment Tool, Sexual and Emotional Health Competencies (Appendix 2)**. This exercise will also enable you to identify the chapters of the **theoretical guide** that can provide you with more explanations on the topics in question.

It is also up to you to **list, sort and select the most relevant information to pass on to them**. In this respect, you can refer to the WHO/BZgA matrix that sets out the standards for ESHE (Appendix 2 of the Let's Talk about Sex! theoretical guide). This tool enables you to determine, according to a person's psychosexual development, the age at which it is useful and appropriate to discuss certain subjects and develop certain attitudes and skills. Of course, this grid is only a reference, and you should **not hesitate to adapt the content according to the needs of your group of young people**, as they do not all follow the same timeline in terms of psychosexual development.

Continuing education and training in ESH are also recommended, as it not only allows you to reiterate, if not learn, the basic theory, but also enables you to have an up-to-date approach and meet the needs of your young people.

Do not hesitate to visit the Cesas website to find out about the continuing training courses related to emotional and sexual health: www.cesas.lu



USING THE RIGHT TOOLS

A tool, a game, a poster, a video... it would be impossible to name all the media that can be used as part of an ESHE session. To help you, **this toolkit brings together a series of interesting activities to do with young people.**

This toolkit does not claim to be able to answer every question in every context. **A repository of tools has therefore been compiled** to enable you to draw on a wider range of ideas and materials. The various tools have been selected by the authors, so as to guarantee their quality.

Interesting tools to use in ESHE are those that enable the young people to question and demystify situations, terms or ideas. It can be useful to **start with a brainstorming session**, therefore helping you to quickly assess your group's level of knowledge and find out what words they use. Likewise, games that involve saying or **explaining ESH-related words** can also help your group to raise taboos, learn and often have fun, because naming things can sometimes be embarrassing. **Role-playing or playing out situations** can encourage and awaken empathy. Lastly, tools that lead young people to **defend a position different** from their usual one can also help them to understand a reality that is more complex than it appears.

It is advisable to **test the tools before using them with your group.**

If you have any doubts about the quality of a tool, don't hesitate to contact a specialised structure to find out for sure. Misconceptions and prejudices are widespread in the ESH field, which is why it is so important to be vigilant about the messages conveyed by the tools you use.

Adopting the right reflexes: psychosocial skills

Although taking stock of yourself and acquiring the theoretical knowledge relating to ESH are essential steps in preparing yourself, the professional approach remains the keystone to a successful ESHE session!

Always keep in mind that you know the young people in front of you well and trust your intuition. Behaviours, reactions, or attitudes that seem unusual to you may be a call for help, information, or a listening ear.

Adolescents are not always able to express their feelings verbally, and it's your role to help them through this process. Don't hesitate to be proactive and reach out to the young people. Reminding your whole group that you're there for them if they need you will help you take on the role of **ADULT ALLY**. You don't have to wait for a reaction or event to draw your attention to your role as a caring adult ally. This helps to solidify a bond of trust with the young people and will have an impact when the time comes.

Here's some advice on how to adopt a welcoming and professional approach through a range of psychosocial skills: your best assets!

POSITIVE COMMUNICATION

Communication is the most important tool in education. And yet, when we talk about ESH, it's not uncommon to naturally discuss things in a "preventive" way, which generally gives a negative tone to what we say. Both negative and positive emotions have an important role to play, but it is recognised, all the same, that **communication that supports and stimulates positive emotions allows information to be better absorbed and a wider range of thinking to take place.**



Factors that can PROMOTE positive communication:

Being authentic and consistent:

Most of our communication is non-verbal. So, it's pretty hard to not let show when it comes to judgements, opinions and, above all, emotions! **If you feel that a subject is affecting you too much, it is perfectly acceptable and even advisable to refer the young person to another professional.** Conversely, a response that feels genuine will always have a greater impact and resonate with the person you are talking to. In that regard, be careful about your non-verbal reactions and your limits.

Humour:

It has been scientifically proven that smiling is an action that triggers the secretion of molecules that play different roles, such as antidepressant, promoting happiness, inhibiting stress and pain. It's an association naturally made by our bodies and an action that's very simple to carry out. Laughing regularly is even said to significantly increase our life expectancy by several years! It's also a technique that helps to bring people together and create links during an intervention. **So prioritising activities and tools that stimulate laughter is an approach that should be encouraged!**



Factors that can HINDER positive communication:

Judgements:

Sometimes unconscious, implicitly insinuated, judgements can take various forms. There is no question of claiming to be free of all judgement, or of calling for an absence of judgement, as this is an inevitable mental phenomenon. However, it is possible and desirable to become aware of your own representations and to know what to do with them. It is your role to set an example by daring to confront and question judgements by communicating your opinions effectively, while respecting the convictions of others.

Comparisons:

They can be treacherous when it comes to ESH, and really have no place, because they support the idea of standards and norms, concepts from which it is important to distance oneself if we are not to fall into various traps, such as performance anxiety, low self-esteem, and so on.

Requirements/expectations:

They should only be referred to when they have been discussed/ understood with the young people at the start of the intervention. Otherwise, they may prove counterproductive and give rise to a feeling of injunction or disappointment or lead to comparisons (see the previous point).

LISTENING

Communication also implies listening: **without one, the other is not possible!** Confucius reminds us (even back then in his time!) that "We have two ears and one mouth so that we can listen twice as much as we speak". This is even truer when it comes to educating young people, who are not necessarily in a position to communicate everything they feel. So-called active listening means taking in every piece of information a person gives us, rather than just hearing what interests us. As a professional working with young people, you will sometimes need to detect some of the information hidden behind an insinuation, a non-verbal reaction or a silence. For example, **asking open-ended questions** usually elicits more information. Similarly, **asking for clarification, suggesting a reformulation, or simply rewording** can help to understand and reflect on one's own feelings and move thinking forward.

At the end of the day, listening and good communication are ways of ensuring that we understand each other!

EMPATHY

Generally speaking, it is advisable to adopt an empathetic approach, which involves being open to receive and understand a young person's feelings. Empathy is the ability to put yourself in another person's shoes and understand the concerns that are hidden behind their feelings. **Acknowledging the other person's emotions is often the first step in the conflict resolution process, and a good way of establishing the emotional security** necessary for young people's psychosocial/psychosexual development.

REMEMBER: you also have the right to **set your limits**, to inform a young person that this is not the right time for you. **Respecting others starts with respecting oneself.** This serves as an example to the young people in your group: being aware of your own mental state is essential if you want to listen to and help others. Furthermore, if you have the feeling that a young person is in distress, it is imperative to take their request into account, and if necessary refer them to a professional who is available to see them⁶.

DEMONSTRATING HUMILITY AND UNCONDITIONAL ACCEPTANCE

This simply means an absence of moral judgements and non-constructive criticism. In other words, it comes down to demonstrating, through encouragement, comments and/or questions, **the willingness to create and maintain a bond with all the young people in your group. One way of expressing this unconditional acceptance is to promote self-esteem.** To this end, you can also propose very simple activities that will enable the young people to maintain and stimulate their self-esteem.

Being humble is a predisposition to unconditional acceptance. All professionals must keep in mind that young people are going through a phase of pubertal and psychosexual development that will lead them to many new experiences and discoveries, and that this exploration must take place at each person's own personal pace. It is therefore important not to presume what a young person "should" be knowing, doing, or experiencing at any moment during adolescence. At the same time, it's important to remember that we need to be careful about presenting ourselves as experts or adopting a "know-it-all" attitude. Recent studies show that a very large number of young people find information largely via social media (for example, educational accounts on sexuality). Therefore, ignorance must not be presumed in this area.

Young people are, by definition, part of a generation, a time frame and a life context that is different from yours. So, as a professional working with them, you don't live in the same reality, and you didn't grow up in the same context. Nevertheless, your understanding of their reality is vital if you are to meet their needs. Showing humility means, therefore, asking them questions, taking an interest in their lives, interests, preferences, opinions, and so on.

FAIRNESS AND JUSTICE

These concepts do not mean treating everyone in the same way, **but rather to adapt to people based on their individuality and uniqueness.** Being fair and just means ensuring that the strengths, weaknesses, and potential of the young people are taken into account. As a specialist of your group, you have the opportunity to value them and give them a sense of importance. This can become an asset and help you to build a caring and personalised professional approach. Nevertheless, you have a duty to ensure fair access for all, while paying particular attention to the expression or manifestation of discriminatory or oppressive behaviour or language (e.g. racism, sexism, ableism, etc.).

In short: Combine introspection, theoretical knowledge, and psychosocial skills!

6. To find an emotional and sexual health service, see p. 40.

ENSURING AN INCLUSIVE EDUCATION THAT RESPECTS ALL: creating an environment conducive to ESHE

Now that you have taken stock of yourself and understand the different strategies that can help you to be "competent", it's time to look at the environment in which you are going to launch an ESHE project.

Create clear and realistic objectives

In order to carry out a successful ESH education session, it may be useful to target three aspects:

THEORETICAL CONTENT
to be treated according to
the age and developmental
level of your group.

PRACTICAL SKILLS
that you want your group
to develop.

NEEDS
that your group is raising.

For these first two points, you can draw on the two documents below, which list the theoretical content, skills and attitudes to be developed for each age group:

- International technical guidance on sexual health education – An evidence-informed approach. UNESCO, 2018. https://cdn.who.int/media/docs/default-source/reproductive-health/sexual-health/international-technical-guidance-on-sexuality-education-fr.pdf?sfvrsn=10113efc_29&download=true
- Standards for Sexual health education in Europe, 2013. (Appendix 2 of the Let's Talk about Sex! theoretical guide).

To do this, it may be a good idea to ask the question directly to your group of young people (see next point).

Adopting an approach focused on the needs of young people

One tool used by many education professionals is the question box. This involves leaving a box in a strategic place for young people where they can leave their questions anonymously before an ESHE session. This technique is not only beneficial for you, as it will allow you to prepare yourself and to look for more information, if necessary, but it is also good for young people, as you will be answering directly to the questions they are specifically concerned about.

In addition, this will allow the ESHE session to be announced in advance, giving the young people time to prepare if needed.

It is essential to start with the needs and questions of the young people.

You can use the WHO standards (Appendix 1 to the theoretical guide) to make sure you don't forget any information that could be useful to the young people.





Setting a reassuring framework

Our environment and everything around us influence our well-being, our comfort and hence our mental disposition. Moderating an ESHE session will certainly have an effect on the young people, and you should do everything you can to put them at ease and create an environment conducive to discussion.

When educating young people, a good way of keeping their attention is to mobilise, encourage, challenge, and involve them.

Talking about sexuality sometimes involves using words that are considered crude, embarrassing and/or taboo, asking questions, discussing topics that are related to intimacy, giving one's opinion on subjects that give rise to debate, confronting your values, etc. Therefore, we need to pay particular attention to all the young people and **make sure to create a reassuring and caring atmosphere.**

The first aspect that can really help to create a reassuring environment is to warn your **young people that more sensitive subjects will be discussed, and that it is possible to leave the classroom at any time.** to make themselves known if they feel uncomfortable or uneasy, and so on. Having an object that symbolises this can be useful, allowing someone who wishes to leave the classroom to simply pick up the object and express their discomfort without having to explain.

If you work with a group that is monitored by another professional on a daily basis (e.g. Planning familial, the Cigale LGBTIQ+ Centre, etc.), **it is very enriching to meet this person before the ESHE session.** This allows you to be aware of potential delicate situations, group dynamics that may be more complex, recent events that may have an impact on the young people, etc.

It may also be useful to provide an address book of ESH-related services that your young people may need. A list of recommended addresses in Luxembourg can be found in Appendix 2 to the Let's Talk about Sex! theoretical guide.

This list is also available online, together with a geolocation link (www.cesas.lu).

One way of establishing this framework while raising the awareness of young people is to **ask them to name the rules they want to see respected throughout the discussions.** This collective validation of the rules encourages young people to feel that they are involved and can guarantee that the rules will be respected. This bottom-up approach also shows that you are on the same level as your learners and deconstructs the adult-youth hierarchy.

However, to ensure that this framework is effective, it is also necessary to complete the list of rules drawn up by your group if one of the following concepts does not emerge from this exercise:

CONFIDENTIALITY

What is said during this session will not leave the classroom. You can ask your young people to sign a "contract" in which they agree to respect confidentiality. This is usually enough to symbolise the importance of respecting this instruction.

However, as mentioned above, certain circumstances may lead the professional to decide to break this confidentiality if necessary⁷ (see page 25 for further information).

RESPECT

Hearing and recognising others, their ideas and opinions, and valuing them enough to listen to them (at the very least) without inflexible judgement or violence.

THE RIGHT TO SPEAK

Only one person speaks at a time! To make this easier, it might be a good idea to bring your young people an object that the group chooses at the start of the session from a series of ESH-related objects (e.g. a 3D clitoris, a wrapped condom, a cuddly toy, etc.).

FAIRNESS

Everyone has the right to understand, even if not everyone learns at the same pace or in the same way. Your group must learn together. Everyone has strengths! If you notice obvious disparities, it may be a good idea to mix your young people randomly to encourage peer learning.

INCLUSIVITY

Everyone must be able to take part in the group and the activity. It's a question of going beyond tolerance and trying to generate a feeling of belonging in the group; doing team activities that help create a group dynamic, encouraging participation, and so on. It is important to assess the relevance of maintaining or dismantling the groups and their dynamics that have already been established.

SPEAKING FOR ONESELF, AND GENERALISING WHAT IS SAID

All those present are invited to speak for themselves and not on behalf of others. As a professional, there is no question of talking about personal experiences. However, it may happen that a young person talks about his or her own experiences in front of the group. In such cases, it is advisable to distance oneself from the specific example and generalise it to the whole group. This generalisation takes the debate to a more abstract level and avoids the risk of focusing the spotlight on the young person who gave the example and stigmatising him or her. Lastly, it allows emerging questions that could be of interest to the whole group.

THE ABSENCE OF TABOOS

There is no such thing as a bad question, and this is even more true during an ESHE session. Value all your young people's questions.

Always bear in mind that anything discussed in class about sexuality may be a young person's reality. Particular care should be taken when discussing subjects such as HIV status, sexual and domestic violence, LGBTIQ+ phobias, voluntary termination of pregnancy, etc. These social phenomena have no gender, sex, culture, social class, etc., which is why it is so important to avoid anything that might stigmatise. This also applies to other people in the group, whose comments in this regard should all be discussed to deconstruct and put into perspective the different realities and issues involved.

CAUTION: these rules all depend on listening to each other actively. See page 14.

7. Reference: See p. 40.

Adapting to the group

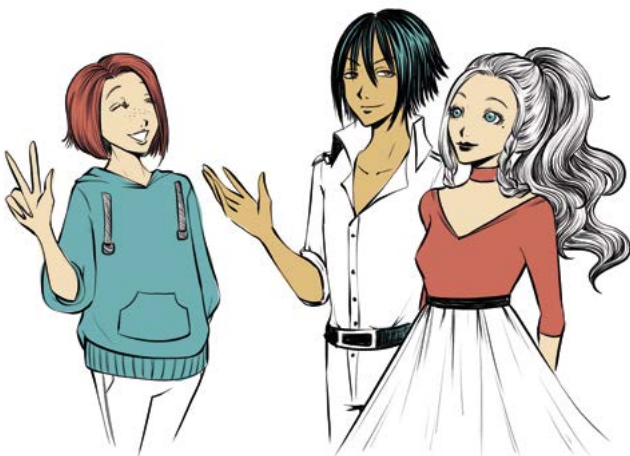
Perhaps you've already wondered whether it makes sense to separate your young people by gender for ESHE? Although this method is still sometimes used today, it is not recommended for a number of reasons.

Firstly, separation into groups has the effect of **reinforcing differences based on biological sex and reinforces the widespread socio-sexual norm** according to which talking about ESH with men and women together could lead them to adopt risky and precocious sexual behaviour. Not only is this false, but a number of studies have demonstrated significant positive effects of mixed-gender ESHE.

Lack of knowledge about the reality of other social groups is often a source of stigmatisation and inequality. Encouraging young people to learn about and understand differences on a number of levels is not only useful in the context of ESHE, but will also serve as a basis for learning to make critical judgements, develop empathy, be agents of change and justice, and promote respect and equality for different realities.

Opening up the dialogue, talking about differences as part of the great spectrum of human life will already put your group on an equal footing when discussing ESH.

After all, it concerns all human beings!



Secondly, another reason for staying in a large group is that one of your young people may not identify as a girl or a boy, he/she/ze⁸ may be questioning their gender (binary or non-binary transgender person) or he/she/ze⁸ may be intersex (see the definition on Fact sheet 1 in chapter 1 of the Let's Talk about Sex! guide).

This "imposed categorisation" can be difficult, even violent, for a young person who is questioning his/her/ze identity or is already affirming him/her/ze/self in another gender identity or another body. This is counterproductive given that one of the aims of ESHE is to make our classification and categorisation mechanisms more flexible, although they remain natural and useful to a certain extent.

For example, if a young person makes homophobic comments, it should be addressed and discussed. Simply banning the remarks could reinforce them and won't stop or prevent them being repeated elsewhere.

You could ask the following questions:

- What makes you say that?
- Why do you have a problem with homosexuality?
- What is homosexuality?
- Is this a choice?
- Does another person's sexual orientation concern me?
- Is being different dangerous? Do we have the right to be different?

Try as much as possible to bring about an open discussion by also involving the other young people in the group, without stigmatising the person with homophobic language.

8. Ze: "a personal pronoun sometimes used instead of 'he' or 'she' because it does not show a particular gender" (reference: <https://dictionary.cambridge.org/dictionary/english/ze>). Non-binary transgender people can use the pronoun ze, which is a contraction of "he" and "she".

Creating an inclusive and anti-oppressive environment

BEING A PROFESSIONAL ALLY FOR LGBTIQ+ PEOPLE

If a young person comes to you to talk about their identity, sex, orientation, gender or ESH, it means that you are **someone they trust**. You need to be aware of this, realise your role and the impact of your own reactions to that person. The first crucial step is to listen, listen and listen again, giving priority to what the young person says rather than to what you think. Generally speaking, but even more so for LGBTIQ+ issues, it is in fact very important to start out from the young person's knowledge and understanding, even if they are different from your own beliefs, values and frame of reference. It's about being able to support the person in all their differences, outside the (masculine/feminine, man/woman/homo/straight) binary normative framework, starting from their self-definition. The highly sensitive nature of this type of discussion requires an understanding of the issues surrounding biological sex (or sex assigned at birth), gender identity and sexual orientation. You can look this up in Fact sheet 1 in chapter 1 of the Let's Talk about Sex! guide.

Also, if a young person comes to you to confide in you, one practice to avoid is what is known as "**outing**". This is the practice of disclosing information about the orientation, gender and/or characteristics of a person who has not given you permission to do so. This action can have a major impact on a young person's well-being. It is therefore important to raise the issue of confidentiality with both the young person and the institution in which you work.

In a group

A good way of making young people feel included in your group presentations is to refer to personalities/stories/topics that involve people from the LGBTIQ+ communities. It can also be enriching to invite a professional who specialises in these issues so that the young people can ask their questions.

Posting pictures and posters, pointing out specialised centres, or promote helplines in strategic locations can also help to create a reassuring environment.

Another subtle aspect that really needs to be taken into account is not to take for granted systematically that every individual in your group will be/is heterosexual and cis-gender. In fact, a large proportion of our reactions is based on patterns embedded in our culture, which is very heteronormative⁹ and cisnormative¹⁰. This sometimes leads us to have reflexes or behaviours that can take the form of discrimination, micro-aggressions or even violence against LGBTIQ+ people.

It is all the more important to pay attention to this, because statistics show that young LGBTIQ+ people are more victims of psychological and physical violence, and that the suicide rate is also higher among these young people. Coming in, coming out, puberty, the first intimate moments (with oneself or with someone else), etc. are moments that can require a great deal of courage/energy, but can also cause great upheaval, both for the individual and for those around them.

Presenting orientation and gender as fluid and changeable components throughout life can be a simple way of including everyone in your group.

To this end, we invite you to familiarise yourself with the **legal provisions** and the National Action Plan for the Promotion of LGBTIQ+ Rights¹¹. This information can be particularly important and show that you are interested in and take account of LGBTIQ+ people, different family configurations and the issues involved.

9. Posture that sees heterosexuality as the only existing and/or legitimate sexual and emotional form. This attitude implies daily offensive and discriminatory acts and words towards all non-heterosexual people because it simply excludes and ignores the existence and needs of other existing sexual orientations (definition – Let's Talk about Sex! guide).

10. Represents the belief that all people would identify with the gender assigned to them at birth. This attitude is however offensive and discriminatory towards non-binary and transgender people, because it ignores and excludes the existence of gender identities outside the binary gender perspective (definition – Let's Talk about Sex! guide).

11. Reference: See p. 40.

The weight of words

If you have any difficulty or hesitation about the gender of a young person, it might be a good idea to ask everyone how they would like to be addressed, as well as their preferred pronoun. One of the major sources of suffering highlighted by trans people is "**misgendering**", which is defined as not respecting a person's gender. This means, for example, continuing to call a person by a forename and/or pronoun with which he/she/ze does not identify. To this end, **it is advisable to discuss these issues with the institution's professionals, so as to raise awareness of them and prevent/ combat victimisation, gender-based violence and transphobia.**

Every young person is unique. Letting the young person explain in their own words their reality in terms of identity, sexuality, body, gender, etc. is the best way of really respecting and recognising them. So if you feel that your perception of a young person's gender identity, biological body and/or sexual orientation is different from what they say it is, remain silent about it until they tell you or come out to the group.

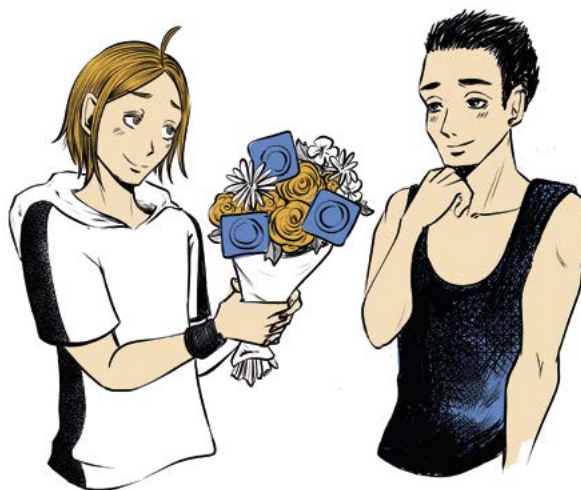
It is also inadvisable to speak of a "transsexual" person, as this word, which was used in the past, refers to transgender people who have had surgery, which does not include all trans people.

It is therefore preferable to refer to people who are "transgender", which is a more appropriate adjective for the realities of these people.

Lastly, if you want to talk about a young person's previous gender, avoid saying that he/she was "born" a girl or a boy. Instead, say something like "he/she/ze **was assigned as a girl/boy at birth**", which allows you to take distance from anatomy as the sole criterion for identity.

Bodies

Generally speaking, it is also important to understand that there is a difference between one's biological sex at birth and one's gender identity (felt, regardless of one's biological sex and sexual characteristics). So you could very well be a woman with a male body and male genitalia, or a man with a female body and female genitalia. Regardless of their genitals or body, people can feel neither male nor female, both, or somewhere in between (non-binary people). This also applies to intersex people, who account for up to 1.7% of the population. For a better understanding of all this, we refer you to Fact sheet 1 in chapter 1 of the Let's Talk about Sex! guide. These considerations are particularly important when discussing certain topics, such as anatomy. It is advisable not to present female and male genital anatomy as the only models, but also to include a sequence on variations in sex characteristics.



Knowing the vocabulary is essential. Are you sure you know exactly what the following terms mean? Transgender, intersex, pansexual...?

Find the correct definitions in the Let's Talk about Sex theory! guide in the Glossary section.





TAKING INTO ACCOUNT BODY POSITIVITY

Body positivity is a movement that aims to promote and encourage the standardisation and broadening of the range of body representations so that they are more representative of reality.

The aim of discussing this concept is to encourage young people (and adults too) to rethink the standards of beauty that are being promoted, in order to combat the various forms of stigmatisation, marginalisation and discrimination that result from them.

Here are some of the characteristics associated with body positivity:

- "skin colour and characteristics specific to different religious, ethnic or cultural groups;
- different body sizes and sizes of parts of the body;
- signs of ageing (e.g. wrinkles, grey/white hair, etc.) or natural body changes (e.g. stretch marks, cellulite, bulges);
- hairiness, the visible presence or absence of body hair and/or head hair;
- the natural look of frizzy hair (this type of hair is often treated/cut to resemble "Caucasian" hair by today's standards);
- trans identity, non-binarity, gender fluidity (or any physical representation of a traditionally unrepresented or under-represented expression of gender);

- tattoos, piercings and other deliberate body modifications;
- the presence of a malformation and/or deformation of one or more parts of the body, a disability, prosthesis(es) or various aids (e.g. crutches, wheelchair, assistance animal) or the fact that a part of the body has been amputated;
- the presence of scars, various marks (e.g. large birthmarks or freckles) or marks of a visible illness: skin or hair diseases, etc.¹²

What other features can be added? Here's a question you can ask your young people!

One important thing to remember as an ESHE professional is that anyone can suffer from low body esteem, no matter how close their body is to local beauty standards or one's personal preferences.

Self-acceptance is a complex process that does not depend solely on our relationship with our body.

12. Reference: See p. 40.

TAKING INTO ACCOUNT THE ISSUE OF DISABILITY

"It's not about disability, it's not about sexuality, it's about real human stories."

Herrath, 2010

Adopting respectful language

Terms and definitions relating to disability can vary considerably from one language to another, from one country to another and even from one organisation to another. A clear and precise definition of disability in all its dimensions seems equally difficult to achieve, as the real impact of an impairment, disability or disabling illness on a person's daily life varies from one person to another.

The fact is that behind every word, every term and every definition, there is ultimately a human being with distinct needs and desires, to which answers need to be found.

Generally speaking, the terms "person living with a disability" or "person with a disability" are preferable in order to dissociate the person from their disability. In fact, disability has more to do with the environment, where different types of obstacles create situations of discrimination and inequality. It is therefore inadvisable to use the term "disabled person". Similarly, infantilising a person living with a disability reinforces the disability rather than supporting and recognising the whole person and their level of autonomy.

It can be useful to be familiar with the most common types of disability and their logos so that you can better adapt your interventions and communications for this audience (see diagram below).



**MOTOR
DISABILITY**
partial or total
loss of mobility



**VISUAL
IMPAIRMENT**
visually impaired
and blind people



**HEARING
IMPAIRMENT**
hard-of-hearing
and deaf people



**MENTAL
DISABILITY**
mental, affective and
emotional disorders



**INTELLECTUAL
DISABILITY**
deficit in intellectual
faculties



**DISABLING
ILLNESSES**
respiratory, digestive and
infectious diseases

When working with young people with disabilities, don't hesitate to ask them directly about their preferences in terms of terminology. This approach has the advantage of being respectful and personalised.

You can also encourage your group of young people to adopt this type of behaviour in order to promote respect. In addition, it's always a good idea to get information from structures specialised in these issues, so that you can anticipate the specific challenges facing your young people in this situation.

ESHE is still based on resources and skills development, and the objectives remain the same as for people without disabilities.

The quality of ESHE is highly dependent on the attitude of the professional, who must reflect beforehand on his or her own values, limits and perceptions. It may be useful to refer to Appendix 2 of this guide to check your comfort level with certain themes, and thus adopt a resources-based approach oriented towards capabilities. Moreover, you should avoid paying too much attention to deficits or things that don't work.

Working with someone who lives in a different way also requires us to take a step back: we perceive the difficulties we see. However, the difficulties we see are not necessarily experienced as difficulties by the people concerned. And conversely, some difficulties are invisible to people not living with a disability. All this shows just how important it is to talk to a young person in your group who has a disability and to listen carefully to what they have to say.

Finally, humour is an essential tool for making sexuality more light-hearted, as long as you don't make fun of anyone, of course. Sex and love are, and should remain, sources of joy and pleasure. And if you can laugh about it, you have a definite advantage.

An inclusive and emancipatory model of sexual health

From the moment we are born, sexuality is an integral part of our existence. Every individual, regardless of any disability, has and develops a sexuality, and the body is the basic place to learn about it. People with a disability are no exception to this fact. In principle, they will go through the same phases of development as a person without a disability, but their development may be limited, delayed or incomplete, or may require additional support adapted to their needs.

"Sexuality, in all its possibilities and limits, can only ever be understood on the basis of the body's organisational capacities."

Wolfgang Kostenwein, 2017

All young people learn by accumulating a certain number of skills, all of which should be valued. These skills can be developed by taking into account their own bodies, their knowledge of sexuality, their sensory and motor abilities, etc. As an education professional, you need to take into account the young people's possibilities and offer them an environment that is appropriate and fair in terms of opportunities and experiences. For example, you can:

- present scenarios, cases and stories that also involve people with different disabilities;
- systematically take into account the possibilities of your young people: "Will all the young people be able to do the activity?";
- display visuals and use tools that value diversity in terms of the body's functional possibilities (e.g. a person with a prosthetic leg, etc.) in order to normalise these realities that are all too often invisible;
- communicate in a way that takes into account the capabilities of your group. Examples of tools that facilitate inclusion for all are the use of pictograms or large print, the use of interpreting services, etc.

Essentially, it is always useful to work towards breaking down prejudices about ESH.

This is all the more important in the case of disability, as many false beliefs still circulate today, exacerbating situations of discrimination against this population. For example, a recurring prejudice is that a person living with a disability has no sexuality.

"This kind of attitude leads people to think that their education about sexuality is unnecessary because these people have no needs and do not feel the desire to have sexual and/or intimate relations. The stereotype of asexuality is linked to the idea that there are bodies that are 'fit' for sexuality and bodies that are 'unfit'.¹³ This stereotype also fosters the idea that there are desirable people, who have sexuality, and undesirable people. This has repercussions in other areas too, such as medical consultations, where the issue of contraception will very rarely be raised with a person living with a disability. Historically, people with disabilities (as well as many people from marginalised communities) have been heavily controlled. For example, the eugenic perspective prevailing at the time has led to forced sterilisation. This demonstrates the importance of deconstructing and discussing stereotypes.

Consent and disability

People living with a disability are more likely to be victims of sexual violence. Women with a mental disability in particular are up to 10 times more likely to experience sexual violence than women without a disability (UNFPA, 2018¹⁴). It is estimated that between 40 to 70% of women living with a mental disability will be sexually abused before they reach 18 years of age¹⁵.

As a professional, it is important to remain alert to any situation of vulnerability that may be linked to a disability. As a team, it is advisable to discuss situations that may be more delicate in terms of assisting certain people with disabilities. For example, privacy, access to toilets, changing rooms, etc., can be moments when a person living with a disability is more vulnerable, because they are sometimes dependent on someone else.

13. Santé sexuelle et handicap : un guide pour lever les tabous ! ACSEXE+, Laurence Raynault-Rioux ; illustration et graphisme : Aude Voineau, 2021, Montréal (Québec) : Fédération du Québec pour le planning des naissances.

14. WOMEN AND YOUNG PERSONS WITH DISABILITIES. Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights. UNFPA (November 2018). Link: See p. 40.

15. Fact Sheet: Violence against Women and Girls with Disabilities. The 57th Session of the Commission on the Status of Women. (February 2013). Link: See p. 40.

We should also remember that sexual violence often takes place within a system of reference, **such as the family, friends or an institutional environment**. This is why it is so important for people with disabilities to have the necessary skills to distinguish pleasant contacts and feelings from non-consensual situations, and to have the means to be able to talk about what is not acceptable.

Discussions with the family and/or specialist services can provide added value in meeting the more specific needs of certain people with disabilities and ensuring as much independence as possible.

Ahead of an education session on emotional and sexual health, **it is important to define what consent looks like for a young person who lives with a disability in your group**. Not everyone communicates in the same way, and understanding another person's agreement may be less obvious if the communication is different. For example, some people with intellectual disabilities find it harder to interpret implicit or non-verbal language.

In conclusion, disability presents itself in many forms, and we need to adapt our environment as best we can to enable all young people to recognise themselves and find their place. This simply begins by lifting the taboos jointly from disability and sexuality from an educational perspective.

TAKING ACCOUNT OF CULTURAL AND RELIGIOUS DIVERSITY

Talking about ESH easily brings us back to our frame of reference. Naturally, humans are inclined to adopt a position of ethnocentrism, i.e. "tendency to focus on the norms and values of our own society when analysing other societies." ¹⁶. Nevertheless, when it comes to ESHE, we need to take the time to ask ourselves questions and develop our ability to explore and reconcile different points of view.

Bearing in mind that ESHE must above all be centred on the needs of young people, "giving a voice to students from culturally and religiously diverse backgrounds by letting them express their vision of the world, their questions and the issues they face in terms of sexuality helps to highlight the structural inequities and power dynamics that are part of their reality. Involving them actively makes it possible not to impose a single vision of a complete and correct sexuality on them. [...] Encountering different value and belief systems is an opportunity to re-evaluate assumptions about normativity and what is considered right and wrong. What seems to us to be the norm may not be the case for others."¹⁷».

We should also bear in mind that people from other cultures may face specific issues (e.g. genital mutilation). These issues need to be taken into account during ESHE sessions, especially in order to avoid stigmatising people. In fact, awkwardly highlighting differences is always counter-productive in an educational context that should, on the contrary, value differences and open-mindedness. It is therefore essential to demand and adopt a tolerant attitude of listening at all times, including in terms of non-verbal language.

When dealing with sensitive issues, we tend to resort to scientific or statistical arguments. However, some issues are sensitive because they are embedded in the value systems and norms of the group to which they belong (usually the family). This approach is therefore less advisable when working with a multicultural group, as it risks invalidating the young people's reality, as well as raising a defensive response from them. On the other hand, open dialogue, active listening, expressing tensions and valuing all realities will enable all your young people to find meaning and be proud of their culture – together.

Finally, to go further, or in the event of a blockage, and if it's relevant to the group, it's always a good idea to invite speakers from structures specialising in cultural and religious diversity issues. This creates links with the young people and allows them to ask their questions in a reassuring environment.

Cultivating the idea that difference is an asset is what ESHE is also about!

16. Reference: <https://www.larousse.fr/dictionnaires/français/ethnocentrisme/31406>

17. Éducation à la sexualité en contexte pluriethnique. L'ÉDUCATION À LA SEXUALITÉ INCLUSIVE J'Y TRAVAILLE ! Morin, Gabrielle. Université du Québec à Montréal, 2022. Lien: Voir p 40.

PRACTICAL TIPS AND TRICKS FOR BEING A PROFESSIONAL ALLY

- Use images representing a variety of bodies while teaching or doing an activity (e.g. show genitals with hair, different skin colours, different size, different gender, including intersex, etc.).
- Display in living areas, classrooms, etc. visuals that include and value difference (e.g. people with distinctive religious symbols, identifying as trans, gay, lesbian, or people from cultural and/or religious diversity, living with a disability, etc.).
- Make available resources and information relating to centres, associations and safe spaces created specifically to meet the needs of different groups.
- Discuss discrimination by linking it to national rights, laws and regulatory frameworks.
- Involve young people in projects that require them to change roles in order to develop empathy and a critical sense.
- Invite representatives of groups who campaign against discrimination.
- Systematically intervene when a young person act or says something discriminatory.
- Always bear in mind that some of your young people may be at the intersection of several mutually reinforcing systems of oppression (e.g. someone experiencing both racism and transphobia).

When should confidentiality be broken?

You may rightly have wondered about the limits to your role as a professional ally. As already mentioned, you are the experts in the eyes of the young people, and getting to know (and acknowledge) them is a way of protecting them. Here are a few warning signs to look out for: isolation, repeated absenteeism, sudden changes in diet, obvious lack of sleep, unusual failures at school, etc. These signs should alert you to the fact that a young person is not feeling well, and it's time to TAKE ACTION. At this stage, and without generalising, you can try to make direct contact and feel out the situation with the young person. If, however, you feel that they are in danger, that they are reaching their limits, you owe it to yourself to discuss this with your superiors.

A good way of ensuring that you are a professional ally is to prepare yourself before these situations arise. Talking to your colleagues and your superiors, knowing the specialised structures, laws and regulatory frameworks are ways of protecting and being caring to your young people.

It can also be useful to simulate situations that may be ambiguous, ask questions to detect subtleties and anticipate and respond to questions before you are in an emergency situation. These are effective ways of adopting a proactive position in terms of prevention!

If you have any questions on this subject, please refer to the **Procedures to be followed by childhood and youth professionals in the case of abuse of minors:**



<https://men.public.lu/en/publications/droits-enfant/informations-generales/maltraitance-mineur.html>



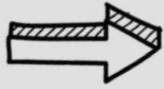
THESE CENTRALISED SPECIALIST SERVICES CAN HELP YOU:

Association luxembourgeoise de pédiatrie sociale (Alupse asbl):
Telephone: 26 18 48 – 1

Direction de la Santé Service de médecine scolaire et de la santé des enfants et adolescents: Telephone 247 - 85583 (secrétariat)

Office national de l'Enfance (ONE): Telephone: 247 – 73696





CONCLUSION

ESHE IS A RIGHT RECOGNISED at international level and in Luxembourg.

Taking concerted action with your superiors and your colleagues is an efficient and strategic way of carrying out ESHE and anticipating risky situations for your young people.

As a professional, you can make a difference for young people by **BECOMING AN ALLY**.

In order to find out what content you should be passing on to the young people, take the time to find out about:

- psychosexual development (see WHO Standards for emotional and sexual health);
- their requests via preparatory tools such as the question box.

The professional approach in ESHE requires theoretical knowledge, taking stock of yourself, but also the right reflexes, such as:

- knowing your limits and being humble;
- being a caring and a good listener;
- providing a positive and reassuring environment for the young people in the group;
- being inclusive and valuing diversity;
- seeking the expertise of an external professional if necessary.

INTROSPECTION AND APPROACH OF AN ESHE MODERATOR

We rarely think about our own education regarding emotional and sexual health, whether it was formal or informal. ESHE always takes place in one way or another, whether it's through an ESHE course given at school, through the sharing of information via friends, family or the media, or simply through our first sexual experiences.

It's important to understand where our knowledge comes from when it comes to ESHE, because it's an area that touches on intimacy and is intrinsically linked to our values in a given cultural and temporal context. As a result, it is sometimes trickier to define the messages to be conveyed and, above all, how to convey them. Do they come from our private experience or from professional learning? Does this matter when you're doing ESHE?

The exercise suggested opposite¹⁹ consists of reminding yourself of your ESHE career in order to make you aware of your "baggage" of experience and learning. In particular, this exercise can make it easier for you to understand and put yourself in the shoes of the young people in your group, and to be more empathetic towards their concerns, questions, reasoning, etc.

If one of these questions refers you to a difficult personal event, never hesitate to call on the various specialist ESH services in Luxembourg. Valuing and prioritising your own well-being can be difficult sometimes, but it's important if you really want to be able to support young people without being biased.

You can find a list of useful addresses in the Let's Talk about Sex! guide – Appendix 2 or directly on the www.cesas.lu website.

1. Did you ever see your siblings or other children of the opposite sex naked? What about your parents? Do you remember your reactions, thoughts and feelings?
2. Did you take part in any "doctor games"? Were you ever "surprised" by someone during the game? How did the adults react to this?
3. What were your ideas about conception and childbirth as an adolescent? Who explained to you how reproduction works and when? Do you remember any specific discussions on this subject? Who led them?
4. If you think back to your puberty, what feelings and memories predominated? How did you manage the changes to your body? How did your family and friends react?
5. How were you prepared for the onset of your first menstrual period/your first ejaculation? How did you manage this event?
6. Did you cope well with the bodily changes associated with puberty? What was the first thing that changed for you? Were you experiencing the same changes as your friends? How did you deal with this "imposed" change to your body?
7. What about masturbation? Did the idea of masturbation arise? And if so, did it come on its own or did other young people talk to you about it? What feelings did you have?
8. Do you remember your first flirts/love affairs?
9. What was your first sexual experience with another person like? The first kiss, the first touch, the first caresses?
10. Were you embarrassed to make the first move, to talk to someone you were interested in? What was your first sexual experience like? How old were you? What about your partner? Was he/she already experienced?

11. Did you use contraception? Had your partner ever used contraception? Did you discuss this before having sex? What is your general experience with contraception?
12. "The orgasm": Is it necessary? How did you discover it? How do you experience it? Can you talk openly about your desires and preferences?
13. Have you had any questions about your gender identity, your sexual orientation or the way you express your gender? Have you experienced any changes in these aspects of yourself over the course of your life?
14. Have you had or wanted to have homosexual relations?
15. Have you thought about making a social, administrative and/or medical transition (taking hormones and/or surgery) in connection with your gender identity?
16. Have you had any questions about your biological body in relation to a possible intersex situation?
17. Who was the first person you met who did not identify with heteronormativity?
18. What significance do you attach to a sexual relationship? What do you like/dislike about it?
19. Do you experience feelings of jealousy? Have you experienced separation? What do you think about exclusive or non-exclusive relationships?
20. Your body: Do you look at it? Do you dare touch it? Do you know the different parts of your genital area? Do you like your body or are you ashamed to show it?
21. Have you experienced sexual violence? Are you sometimes afraid of sexual experiences? If so, what was your reaction?
22. What do you think: What significance have all these experiences had for your current view of sexuality? Do you have different preconceptions or norms ("you don't do that / you should do that")?
23. Are you satisfied with your current sexuality and the way you live it? Have you ever tried to change or modify certain aspects of your sex life in order to be happier/more satisfied? How?

NOTES

SELF-ASSESSMENT TOOL FOR EMOTIONAL AND SEXUAL HEALTH SKILLS

SKILL	Level of knowledge	Comfort level	Need a refresher/update?
Explain the reproductive cycle in relation to fertility (menstruation and spermatogenesis)	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain
Define different types of sexual practices, including oral sex, penetration, caressing and masturbation	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain
Explain how the different methods of contraception work	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain
Explain the options available when contraception has failed (morning-after pill, medical and surgical abortion, pregnancy test)	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain
Demonstrate how to use an internal (female) or external (male) condom correctly	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain
Explain how each STI is transmitted (by what practices, actions)	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain
Explain how an STI affects the body	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain

SKILL	Level of knowledge	Comfort level	Need a refresher/ update?
Explain how STIs are treated and monitored	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain
Explain the difference between biological sex, gender, sexual orientation and gender expression	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain
Use terminology that is inclusive of different sexual orientations (heterosexual, homosexual, bisexual, pansexual, asexual)	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain
Use inclusive terminology in relation to gender identity (binary and non-binary transgender, agender, bigender, gender fluid, gender queer, etc.)	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain
Use inclusive terminology for intersex people	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain
Explain how social norms, stereotypes and prejudices can affect decisions in a sexual context	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain
Explain the differences between healthy and unhealthy loving relationships and define the different types of violence (physical, psychological, domestic, sexual, moral, etc.)	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Uncertain

FRAMEWORK FOR CORE COMPETENCIES of emotional and sexual health educators

Source: WHO Regional Office for Europe and BZgA

Competencies of sexual health educators

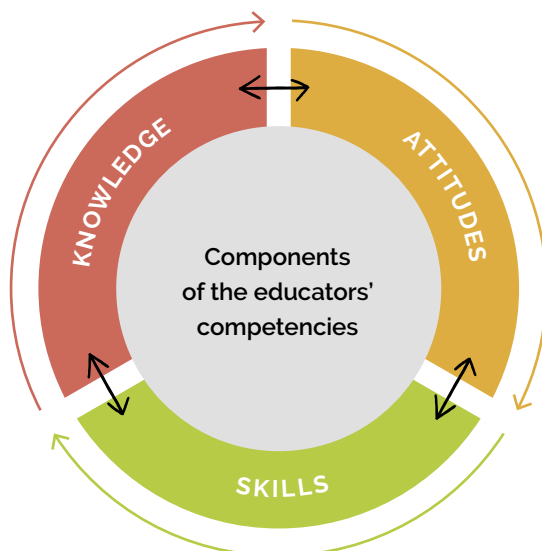
In this document, we use a holistic concept of competencies (see Rychen, 2004). A competency is understood as the ability to meet a complex demand: in our case, to educate learners about various aspects of sexual and reproductive health and rights, sexuality and relationships.

This chapter presents different components of the interrelated competencies sexual health educators should possess in order to conduct sexual health education – namely attitudes, skills and knowledge.

These components influence each other considerably and cannot, therefore, be regarded as independent of one another. Knowledge about different aspects of sexuality can influence certain attitudes of sexual health educators, but personal attitudes can also influence the kind of knowledge a sexual health educator is willing to acquire. Also, the skills sexual health educators acquire may be influenced by the sort of knowledge they gain (which in turn can depend on their attitudes), and vice versa.

The following overview of competencies is relevant for various professional groups working in sexual health education, whether they reach out to learners in an official/formal setting or an informal setting.

While all sexual health educators should ideally have all these competencies, they may need some of them more than others. This is highly dependent on the needs and abilities of the learners, which derive, for instance, from their age and developmental status.



ATTITUDES

- Commitment to sexual health education
- Respect for integrity and understanding of boundaries
- Open-mindedness and respect for others

SKILLS

- Creating and maintaining a safe, inclusive and enabling learning environment
- Using interactive teaching and learning approaches
- Ability to communicate effectively
- Ability to reflect on beliefs and values

KNOWLEDGE

- Knowledge about relevant topics in sexual health education
- Basic knowledge of health promotion and psychology
- Knowledge of methods on how to deliver sexual health education
- Knowledge about different sexual health education approaches and their impact

Attitudes

Attitudes are understood as a key factor influencing and guiding personal behaviour. Attitudes can be implicit (and thus automatic and unconscious) or explicit (and thus conscious and controlled).

A personal attitude is very much linked to both personal and societal norms and values and can include:

- thoughts, beliefs and ideas (cognitive component);
- feelings, emotions and reactions to these (affective component);
- the tendency or disposition to act in a certain way (behavioural component).

The personal attitude of an educator is an important factor for delivering high-quality education. Attitudes of educators can shape the learning environment and influence learners' motivation and achievement. Furthermore, attitudes of educators are very much linked with their strategies for coping with the challenges of professional life (OECD, 2009).

Sexual health education is a field that deals with sensitive issues and, depending on prevailing norms and values, also with persisting taboos. It is very closely connected with the personal life of the people involved in sexual health education (educators as well as learners). It is therefore important for sexual health educators to be aware of their own attitudes, norms and values related to sexual health, and to understand how these affect them in their working lives, especially in their conscious and unconscious behaviour towards learners.

Attitudes that are especially important for sexual health educators are:

- commitment to sexual health education;
- respect for integrity and understanding of boundaries;
- open-mindedness and respect for others.



COMMITMENT TO SEXUAL HEALTH EDUCATION

Sexual health educators should:

- be willing and motivated to teach sexual health education;
- be committed to the principles of comprehensive and holistic sexual health education;
- be convinced that comprehensive and holistic sexual health education has a positive impact on the (sexual) health and well-being of learners;
- be prepared to examine and challenge harmful sexual and gender norms and practices, injustices and vulnerabilities;
- be willing to challenge personal opinions, norms and feelings related to topics in sexual health, different cultural and religious backgrounds, abilities, gender identities and sexual orientation of learners, their parents and colleagues (other educators);
- be aware that own experiences, attitudes and behaviour influence the way of educating learners;
- be responsive to parents' concerns about sexual health education and be prepared to address them with respect and by reasoning with evidence-based information.

RESPECT FOR INTEGRITY AND UNDERSTANDING BOUNDARIES

Sexual health educators should:

- respect privacy and the physical, psychological and sexual integrity of oneself and others (learners, parents, colleagues);
- refrain from disclosing information about the sexuality of learners;
- refrain from sharing personal information about their own sexuality;
- be willing to reflect on and understand personal and other people's situations, feelings, beliefs, attitudes and values (including their own biases and personal opinions) regarding sexuality and relationships;

- be aware of and accept own boundaries and limitations and be willing to refer to other professionals;
- be committed to treating all persons, regardless of their different backgrounds, abilities, gender identities and sexual orientation, with respect and dignity;
- demonstrate zero tolerance of sexual and gender-based violence and discrimination and be prepared to protect learners from it.

OPEN-MINDEDNESS AND RESPECT FOR OTHERS

Sexual health educators should:

- regard sexuality as a positive potential of all individuals;
- demonstrate a positive attitude and respect towards sexuality in children, young people and adults, according to their age and development level;
- be willing to leave children and young people their freedom and the social space they need to develop their sexuality according to their age and development level;
- be open about different backgrounds, abilities, gender identities and sexual orientation;
- demonstrate an understanding for societal, cultural, religious, familial and individual factors influencing sexual behaviours and other expressions of sexuality;
- demonstrate understanding of and respect for human rights that apply to learners, their parents and colleagues, including sexual and reproductive rights as stipulated in relevant policies, conventions and declarations;
- understand and respect the many different perspectives relating to sexual choices, behaviours and expression;
- respect and create awareness of social responsibility and promote tolerance.

Skills

Skills are understood as abilities educators can acquire that enable them to conduct high-quality education. Skills can be taught, modified and further developed. Educators can use a wide range of skills in different dimensions.

To facilitate learning by learners at different levels

- by educating learners about facts in different subject areas, educators can facilitate the acquisition of knowledge (basic thinking skills)
- by enabling thinking processes within learners which require cognitive processing, such as critical thinking, problem-solving, reasoning and analysing, interpreting and synthesizing information (higher-order thinking skills¹⁸), educators support learners in making use of the knowledge they have gained, applying it to new situations and coping with situations of internal and external stress and demands¹⁹
- by supporting learners in thinking about their own thinking, educators support them in planning, monitoring and assessing their own understanding and own performance (metacognition²⁰)
- to handle different situations and challenges as educators, for instance to arrange their own learning and preparation processes or to cope with stress within educational settings
- to deal with professional requirements in the work domain, such as time management, leadership, networking, cooperation with other institutions

While in some subjects the aim is often primarily that learners should acquire new knowledge and facts, the aim of sexual health education goes far beyond this. Sexual health education aims to equip learners with information, skills and positive values so that they can 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. In order to achieve this aim, sexual health educators need to make use of different skills in all the dimensions mentioned above.

Skills that are especially important for sexual health educators are:

- creating and maintaining a safe, inclusive and enabling learning environment;
- using interactive teaching and learning approaches;
- communicating effectively;
- reflecting on beliefs and values.



18. For the concept of higher-order thinking skills see, for example, Brookhart, 2010.

19. For the concepts of stress and coping see, for example, Folkman and Lazarus, 1988 and Zimbardo and Gerrig, 2007.

20. For the concept of metacognition see, for example, Baker, 2010.

ABILITY TO CREATE AND MAINTAIN A SAFE, INCLUSIVE AND ENABLING LEARNING ENVIRONMENT

Sexual health educators should:

- be able to create and maintain a safe, inclusive and enabling learning environment so that all learners of different cultural and religious backgrounds, abilities, gender identities and sexual orientations feel protected, included and empowered to participate;
- be able to use sexual health education to promote and reinforce health-promoting-school policies (including prevention of sexual and gender-based violence);
- be vigilant for early symptoms, markers or signs of aggressive behaviour, sexual and gender-based violence and abuse among learners and colleagues and respond adequately;
- be able to establish rules about respect, confidentiality and questions.

ABILITY TO USE INTERACTIVE TEACHING AND LEARNING APPROACHES

Sexual health educators should:

- be able to use a wide range of interactive and participatory student-centred approaches and tools to help learners stay engaged, acquire knowledge, stimulate reflection and communication and develop skills necessary for building healthy relationships and making informed decisions;
- be able to search and assess existing materials and methods in order to identify evidence-informed, age- and development-appropriate materials and effective methods.

ABILITY TO COMMUNICATE EFFECTIVELY

Sexual health educators should:

- be able to communicate with confidence and in a non-judgemental way;
- be able to use appropriate language that is understood by the learners, that feels comfortable and takes into account different cultural and religious backgrounds, abilities, gender identities and sexual orientations;
- be able to discuss openly various sexuality-related topics and issues with learners in an age-appropriate and development-appropriate, culturally sensitive and multiperspective way;
- be able to refrain from imposing personal views, beliefs and assumptions on learners;
- be able to analyse and critically discuss social and cultural contexts and factors that influence sexuality and sexual behaviour of learners;
- be able to communicate effectively with learners and their parents on complex and controversial topics related to sexuality in a professional and non-judgemental way;
- be able to respond appropriately to provocative questions and statements.

ABILITY TO REFLECT ON BELIEFS AND VALUES

Sexual health educators should:

- be able to reflect critically and constructively on and understand personal feelings, beliefs, experiences, attitudes and values (including biases and prejudices) regarding sexuality and relationships;
- be able to reflect on and better understand others' feelings, beliefs, attitudes and values regarding sexuality and relationships;
- be able to reflect on what is understood as "normal" by learners and in the wider society (e.g. body image, gender roles);
- be able to support learners in developing critical thinking (for example in differentiating between reliable and unreliable sources of information).

Knowledge

In this document, knowledge is understood as professional knowledge in all relevant areas, which is required to deliver high-quality education.

This includes²¹:

- knowledge of the general principles of teaching (pedagogical knowledge);
- knowledge of the subject matter (content knowledge);
- knowledge that enables educators to impart the subject matter to the learners and thereby to make the content accessible to them (pedagogical subject knowledge).

Pedagogical knowledge is the basis for the work of all educators, no matter which subject they teach. This general knowledge includes aspects such as rules and strategies for classroom management and organisation of knowledge. In line with the purpose of this document, the following section focuses primarily on the content and pedagogical subject knowledge of sexual health educators.

Sexual health educators have, among others, the task of supplying learners with evidence-based information on sexual and reproductive health and rights, sexuality and relationships.

Having knowledge of the content of sexual health education classes and projects is a prerequisite for the fulfilment of this task. The Standards provide a comprehensive overview of the topics that should be approached and structured according to different age groups.

Sexual health educators may work in various settings and with various target groups. It is crucial that they adapt their knowledge to the needs of the learners, for instance to their age or developmental stage. In turn, this means that a sexual health educator does not necessarily need to have knowledge about each and every subtopic.

Knowledge that is especially important for sexual health educators is:

- knowledge about relevant topics in sexual health education;
- basic knowledge of health promotion and psychology;
- knowledge of ways of delivering sexual health education;
- knowledge about different sexual health education approaches and their impact.



21. Based on, for example Ball et al., 2008; Baumert and Kunter, 2006; Bromme, 1997; Kleickmann 2013; Shulman, 1986.

KNOWLEDGE ABOUT RELEVANT TOPICS IN SEXUAL HEALTH EDUCATION

(see the eight thematic categories of the Standards²²)

- The human body and human development (e.g. all body parts, their function, different body types, age differences in bodies and their development)
- Fertility and reproduction (e.g. pregnancy, birth, menstrual cycle and development, impact of motherhood and fatherhood)
- Sexuality in general (e.g. emotion, feelings, physical aspects, enjoyment, pleasure, different sexual expressions and behaviour, sexuality at different ages, gender differences)
- Variety of emotions (e.g. different types of emotions, words for emotions, different kinds of love and differences between love, friendship, etc.)
- Relationships and different lifestyles (e.g. friendship, companionship, intimate relationships, same-sex relationships, various forms of family relationships and their end, maintaining relationships)
- Sexuality, health and well-being (e.g. how to build up awareness of one's own body; symptoms, risks and consequences of unsafe, unpleasant and unwanted sexual experiences; transmission of HIV and other sexually transmitted infections, prevention, treatment, care and support; risky sexual behaviour and its consequences, sexual abuse, positive influence of sexuality on health and wellbeing)
- Sexuality and rights (e.g. international sexual rights of children, national laws and regulations)
- Social and cultural determinants of sexuality (e.g. social, cultural and religious norms and values in different societies; influence of peer pressure, media, pornography, laws on sexual decisions, partnership and behaviour)

BASIC KNOWLEDGE OF HEALTH PROMOTION AND PSYCHOLOGY

- Psychosexual development and theory of socialisation of children and young people
- Learning styles and learning strategies of learners
- Communication and crisis intervention
- Behaviour development and/or change

- Concept of health literacy
- Models and good practice of sexual health promotion
- Determinants of sexual behaviour of learners (e.g. background, school environment, family, peers)
- Relevant support services, including referral systems, for learners and educators for information on sexuality and health

KNOWLEDGE OF HOW TO DELIVER SEXUAL HEALTH EDUCATION

- Interactive and participatory teaching methods appropriate for specific target groups (with different backgrounds and abilities) and learning objectives
- Knowledge of different quality materials, lesson packages and sources of information for educators
- Knowledge of how to organise, manage and conduct a project and lessons in sexual health education (e.g. coordinating different actors in a project, planning field trips)
- The language children and young people use in regard to sexuality
- Accurate terminology in different fields dealing with sexuality (e.g. psychology, medicine, sociology)
- Strategies and techniques to empower learners in media literacy, especially in respect of social media
- Online and offline information provided about sexuality used by learners (e.g. pornography and its messages, magazines, books)


























KNOWLEDGE ABOUT DIFFERENT SEXUAL HEALTH EDUCATION APPROACHES AND THEIR IMPACT

- Different concepts of sexual health education
- Quality criteria of programmes and methods in sexual health education
- Impact of holistic sexual health education on the sexual health and well-being of learners
- Positive impact of holistic sexual health education on societal development
- Resistance against sexual health education in society
- Barriers to the implementation and provision of sexual health education




































EVALUATION OF AN EMOTIONAL AND SEXUAL HEALTH EDUCATION SESSION

GENERAL ORGANISATION OF THE SESSION

















Colour/circle the emoticon

Session schedule	    
Duration of the session	    
Distribution of time	    
Pace	    
The organisation of the class is favourable (distribution of seats, visuals, materials)	    

MODERATION AND DYNAMICS

The moderator stimulates participation	    
The moderator distributes the right to speak fairly	    
The moderator is fair and neutral	    
The moderator corrects inappropriate gestures/speech	    
The moderator creates a group dynamic (exchanges between the young people)	    
The moderator answers questions and listens to the young people	    
The moderator creates a reassuring/caring atmosphere	    

CONTENT AND TOPICS COVERED

Relevance of content and topics covered	    
Balance between theory and practice	    
Interesting activities and games	    
Information adapted to the age/needs of the participants	    
Contents are inclusive of my reality (culture, orientation, gender, language, etc.)	    

LET'S TALK ABOUT SEX – TOOLKIT EVALUATION FORM



If you have any questions about this toolkit or ideas about what would be useful to help you answer young people's questions, please do not hesitate to contact the Cesas or to complete and return this evaluation form by e-mail, post or via the online questionnaire (QR code opposite).

Tel: (+352) 28 56 94

8, rue de la Fonderie

For more information:

E-mail: letstalkaboutsex@cesas.lu

L-1531 Luxembourg

www.cesas.lu

What is your job title?.....

How old are you?..... How do you identify yourself (M, F, other)?

Type of institution where you use the guide?

Secondary schools:

Youth centres:

Other:

What is the age range of the young people with whom you use the Let's Talk about Sex! – Toolkit?.....

In which course or context do you use the Toolkit?

Have you taken part in any training courses as part of the Let's Talk about Sex! project? Yes No

Do you already use materials to teach about emotional and sexual health? Yes No

If so, which one?.....

What is your overall assessment of the Let's Talk about Sex! – Toolkit?.....

.....

.....

Which activities in the guide are most useful to you?

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

16 17 18 19 20 21 22 23 24 25 26 27 28 29

Why?.....

.....

Is there any information missing that you need? Yes No

If so, which?.....

.....

ADDITIONAL REFERENCES

2 Reference: <https://sante.public.lu/fr/publications/p/plan-action-national-promotion-sante-affective-sexuelle-2019.html>



6 **To find an emotional and sexual health service**, please refer to the brochure from the *Réseau d'acteurs en Santé affective et sexuelle du Cesas* available in Appendix 2 to the Let's Talk about Sex theoretical guide. The booklet is also available online, with a geolocation link: <https://www.cesas.lu/fr/liste.php>



7 Reference: <https://justice.public.lu/fr/famille/protection-jeunesse.html>



11 Reference: <https://mfamigr.gouvernement.lu/en/le-ministere/attributions/solidarite/lgbti.html>



12 Reference: <https://arrimageestrie.com/diversite-corporelle/>



14 Link: https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA-WEI_Guidelines_Disability_GBVS_SRHR_FINAL_19-11-18_0.pdf



15 Link: https://www.un.org/womenwatch/daw/csw/csw57/side_events/Fact%20sheet%20%20VAWG%20with%20disabilities%20FINAL%20.pdf



17 Link: [https://img1.wsimg.com/blobby/go/446966b3-6dd7-4fb9-b08a-e58e8237731a/downloads/%C3%89ducation%20%C3%A0%20la%20sexualit%C3%A9%20inclusive%20\(22%C2%A0%C3%97%C2%A028%C2%A0cm.pdf?ver=1663628821037](https://img1.wsimg.com/blobby/go/446966b3-6dd7-4fb9-b08a-e58e8237731a/downloads/%C3%89ducation%20%C3%A0%20la%20sexualit%C3%A9%20inclusive%20(22%C2%A0%C3%97%C2%A028%C2%A0cm.pdf?ver=1663628821037)



Let's Talk
about Sex!

Contents of the Let's Talk about Sex! - Toolkit

INTRODUCTORY WORK BOOK: The professional approach to emotional and sexual health education

THE HUMAN BEING AT THE HEART OF EMOTIONAL AND SEXUAL HEALTH

- Activity 1: LGBTIQ+ & Co. vocabulary
- Activity 2: Did you say discrimination!?
- Activity 3: The secret game
- Activity 4: Pabeiersmännercher
- Activity 5: Anatomix

LOVE, SEXUALITY AND EMOTIONAL AND SEXUAL HEALTH

- Activity 6: Seek and find emotions!
- Activity 7: Quiz on consent
- Activity 8: Conception and pregnancy
- Activity 9: How far would you go?
- Activity 10: What would happen if...

CONTRACEPTION

- Activity 11: Present a contraception method
- Activity 12: Contraception : true or false

SEXUALLY TRANSMITTED INFECTIONS (STIS)

- Activity 13: Present an STI
- Activity 14: Pros & Cons
- Activity 15: Cup game
- Activity 16: IMPULS
- Activity 17: Never have I ever

SEXUAL RIGHTS AND VIOLENCE

- Activity 18: The different types of violence
- Activity 19: Relational behaviours
- Activity 20: The Violence-meter
- Activity 21: Personal distance is sacred
- Activity 22: Different forms of violence recognised by law
- Activity 23: For your Eyes Only – Examples of situations
- Activity 24: Sexting: Send me a photo...
- Activity 25: For your Eyes Only – Safety tips
- Activity 26: Grooming: Tell me who you are...

EMOTIONAL AND SEXUAL HEALTH, CROSS-DISCIPLINARY ACTIVITIES

- Activity 27: Sex ABC
- Activity 28: The word game
- Activity 29: Brainstorming
- Activity 30: I create my own activity

REPOSITORY/ONLINE-TOOLS

- Links to further online tools
- Comic strip "Tell me who you really are..."
- Comic strip "Send me a picture of yourself..."



Chapter 1

**THE HUMAN BEING AT THE HEART OF
EMOTIONAL AND SEXUAL HEALTH**

LGBTIQ+ & CO. VOCABULARY

Presentation and instructions

Body, sexual and gender diversity

REQUIRED MATERIAL

- Board or flipchart, and writing materials (different colours)
- List of words (see back page)
- Diversity theory (Worksheet 1-1)
- Diagram (Worksheet 1-2)
- Glossary (Worksheet 1-3)

METHODOLOGY/INSTRUCTIONS

In order to prepare for this session, you can use Worksheet 1-1 to review the theory of, body, sexual and gender diversity.

1. Explain to the participants that you are going to talk about "LGBTIQ+", i.e. body diversity, gender identity and sexual orientation. Ask them to say all the words they can think of on these subjects and write them down on the board. If they come up with words you don't know, that's no problem, just write them down too. If some of the words on the list (see overleaf) have not been mentioned, complete the list.
2. Ask the participants to suggest definitions one word at a time. For each word, if a first definition is proposed, check whether other participants have another idea and seek a consensus. This part can be done orally.
3. Once all the words have been defined by the group, move on to the more theoretical part. Using Worksheet 1-1, introduce the concepts of sexual characteristics, gender identity and sexual orientation.
For those who have taken the *Let's Talk about Sex!* – "Body, sexual and gender diversity" training, use Worksheet 1-2 to explain the distinctions and the need to move beyond a binary perspective.
4. Using Worksheet 1-3, redefine each word, or what was not clearly or accurately defined beforehand and hand out a copy of the glossary to the participants.
5. To cross-check their knowledge and understanding, ask the participants to group the words written on the board into categories: **1. Sexual characteristics** **2. Gender identity** **3. Sexual orientation**. Circle the words in the same category using one colour for each category. Refer to the word list overleaf to complete/correct if necessary.

ROLE OF THE MODERATOR

- If the subject is causing tensions or discriminatory words, speak out and, if necessary, don't hesitate to call on the Centre LGBTIQ+ Cigale's professionals.
- Lead the discussion by encouraging reflection and questioning.
- Provide information on the services available for LGBTIQ+ people:



<https://www.cesas.lu/fr/liste.php>



45' - 1H

LEVEL OF DIFFICULTY



NO LIMIT

TIME OF ACTIVITY



OBJECTIVES

- Explore and acquire LGBTIQ+ vocabulary
- Question heteronormativity and cisnormativity
- Breaking out of binary perspectives on sexual and emotional health

Game used as part of the sexual, body and gender diversity training courses created in collaboration between the Centre LGBTIQ+ Cigale and Alter&Ego asbl.

Activity 1

LGBTIQ+ & CO. VOCABULARY

Words to define

Make sure that all these words are written on the board at the end of step 1:

SEXUAL CHARACTERISTICS

- Female
- Male
- Intersex

GENDER IDENTITY

- Gender
- Man
- Woman
- Transgender
- Cisgender
- Non-binary
- Genderfluid
- Agender

SEXUAL ORIENTATION

- Homosexual
- Gay
- Lesbian
- Heterosexual
- Bisexual
- Pansexual
- Asexual
- Aromantic

OTHER

- Allies
- Queer
- Coming out
- Outing
- Misgendering
- Pride
- Androgynous
- Discrimination
- Homophobia
- Transphobia
- LGBTIQ+ phobia

Depending on your group's age and the available time, you can choose to use all the words on the list or just some of them.



LGBTIQ+ & CO. VOCABULARY

LGBTIQ+: body, sexual and gender diversity – theory

THE LGBTIQ+ ACRONYM

To begin with, what does the acronym LGBTIQ+ stand for?

L for Lesbian

G for Gay

B for Bisexual

T for Transgender

I for Intersex

Q for Queer

+ for everyone else. The + represents all the orientations, gender identities or expressions with which people who do not identify with the first terms can identify.

Let's discover together the meaning of these and other words throughout this fact sheet.

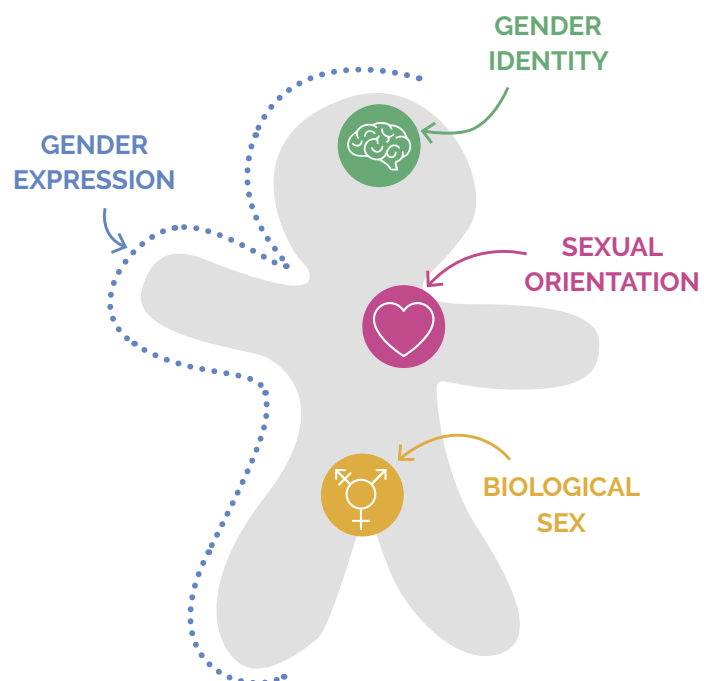
When we talk about LGBTIQ+, we are talking about body, sexual and gender diversity, i.e. **sexual characteristics, gender identity and sexual orientation**, which are all part of a person's identity. We suggest analysing the theory based on these three elements.

First of all, remember that **identity is complex**. Being intersex, transgender, gay, lesbian, bisexual, queer or heterosexual is only a **part of a person's identity!** For example, a young transgender person is not only transgender, he/she/ze (see glossary p. 8) also has a cultural origin, an age, beliefs, a social context, centres of interests, etc. In other words, it is about not reducing individuals to a single aspect of their identity.

It would never occur to us to say "It's the young heterosexual", so it's important to get the message across that young people who identify with the LGBTIQ+ community should not be reduced to just one aspect of their identity, but should be taken into account and valued for all the complexity and richness of the elements making up their identity.

Having a different body, gender identity or sexual orientation – in other words, being gay, lesbian, bi, transgender, intersex, queer and all the others – **is not a deliberate choice, but a reality that young people must learn to live with** in a heteronormative and cisnormative world (see definitions Worksheet 1-3).

Every person, whether they belong to the LGBTIQ+ community or not, including you and I, has **sexual characteristics, a gender identity and a sexual orientation**. These elements of our identity are unified in each one of us, as shown in the illustration below.



1. SEXUAL CHARACTERISTICS (SEX/BODY)



When talking more generally of sex, with the objective of addressing inclusively LGBTIQ+ themes, it is preferable to talk about sexual characteristics.

Sexual characteristics refer to **all the elements that define a person's biological sex**, enabling a binary identification as "male" or "female" according to current medical and scientific standards. They are mainly associated with mental and physiological characteristics: genitals, hormones, and chromosomes.

Note that although sex is described in binary terms of "M – male" or "F – female", there are variations in sexual characteristics and their expression.

So, **intersex people** are therefore born with **gendered characteristics (genitals, hormones and/or chromosomes)** that do not correspond to the standard binary definitions of female or male bodies. The term intersex is therefore used to describe completely **natural, healthy and viable** variations of the body. It is important to note that these are people with variations in sexual characteristics, not people with "both sexes"!

It should be noted that intersex can be linked to genitals, hormones and/or chromosomes. Intersex people will not always have visible variations in their external genitalia at birth. Sometimes, intersex is discovered later, at puberty for example, or even later in an adult's life.

Note that being intersex refers to biological sexual characteristics and does not refer neither to gender identity nor to sexual orientation.

2. GENDER IDENTITY



It is important to make a clear distinction between gender identity and sex. As described above, sex refers to a person's sexual characteristics (body), whereas gender identity refers to a person's **sense of belonging (or not) to the sex assigned at birth**.

Gender is a social construct (roles, behaviours, expressions, etc.) represented in a binary way between "men" and "women". **Gender identity** is the personal experience that an individual has of his gender, over and above the social and physiological expectations of the sex assigned at birth.

The term "**transgender**" is used to describe people whose sense of belonging to their gender does not correspond to their assigned sex at birth. Similarly, the term "**cisgender**" is used to describe people whose sense of belonging to their gender corresponds to their assigned sex at birth. However, the sense of belonging to one's gender can go **beyond the binary perspective** of "man" or "woman". The term "**bigender**" is used for people who feel that they are both "man" and "woman", "**agender**" for people who do not consider themselves to be of any gender, and beyond that "**non-binary**", "**genderfluid**", "**queer**", etc.

3. SEXUAL ORIENTATION



Sexual orientation is the **sexual, emotional and/or romantic attraction** that a person feels for another person. It refers to the **sex/gender of the other person** in which the person is interested.

In binary terms, we speak of **heterosexuality** to define attraction to the opposite sex/gender and **homosexuality** to define attraction to the same sex/gender. Beyond the binary perspective, we use the term **bisexuality** to refer to attraction to both sexes/genders and **pansexuality** to refer to attraction to a person without considering their sex or gender.

Asexuality can be defined as feeling little or no sexual attraction, and aromanticism as feeling little or no emotional attraction, despite a person's sex or gender identity.

LIVED REALITY: It's important to be careful not to reduce a person, younger or older, to one element of their identity, but to see them as a whole and in all their richness.

Lastly, it should also be noted that an identity can change and transform over the years. Sexual characteristics, gender identity and/or sexual orientation are not always fixed and can also change over the course of a lifetime (from an early age, at puberty, or much later).

In order to better absorb all the theoretical elements of this fact sheet, we recommend that you take the LTAS training module on "body, sexual and gender diversity". If you have any questions about this content, you can also contact the Centre LGBTIQ+ Cigale.

LGBTIQ+ & CO. VOCABULARY

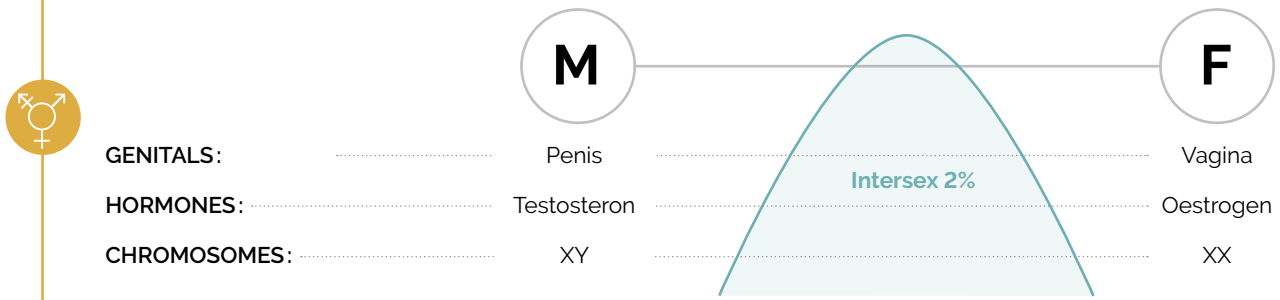
LGBTIQ+: body, sexual and gender diversity – breaking out of the binary perspective

This section is **designed for people who have taken the *Let's Talk about Sex!* – "Body, sexual and gender diversity" training** with the Centre LGBTIQ+ Cigale.

Here, as in the training course, you will find a summary in **diagrams of the theoretical elements** of Worksheet 1-2, which can be used with participants to help them assimilate the concepts of sexual characteristics, gender identity and sexual orientation, and to **move beyond the binary perspectives and representations** of male/female, man/woman, homo/hetero.

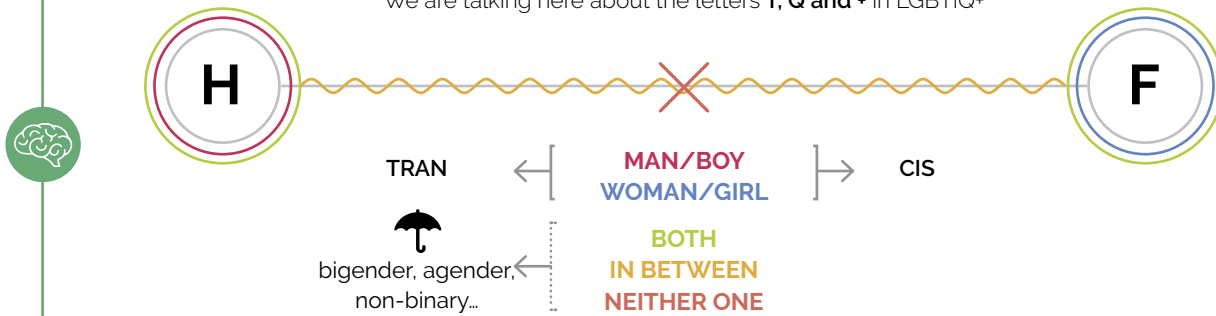
1. SEXUAL CHARACTERISTICS

We are talking here about the letter **I** in LGBTIQ+



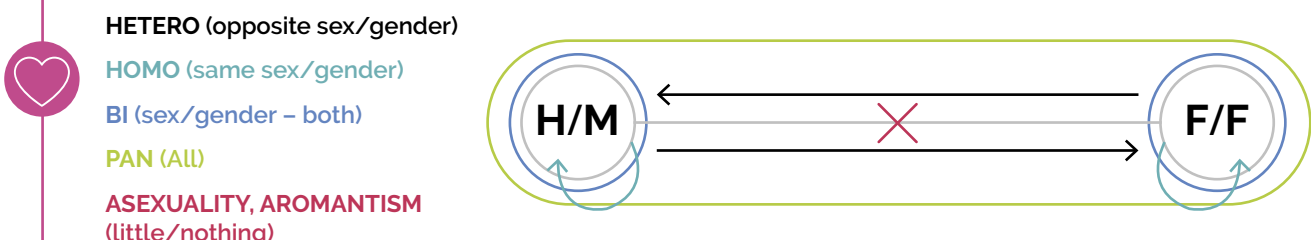
2. GENDER IDENTITY

We are talking here about the letters **T, Q and +** in LGBTIQ+



3. SEXUAL ORIENTATION

We are talking here about the letters **L, G, B, Q and +** in LGBTIQ+



LGBTIQ+ & CO. VOCABULARY

Glossary of body, sexual and gender diversity.
To be photocopied and distributed without moderation.

Definitions proposed by the Centre LGBTIQ+ Cigale

SEXUAL CHARACTERISTICS (SEX)

All the elements that define a person's biological sex, enabling a binary identification as "Masculine/Male" or "Feminine/Female" according to the current medical and scientific standards. Mainly genitals, hormones and chromosomes.

INTERSEX (INTERSEXUATION)

Can be used to describe a person whose sexual characteristics (genitals, hormones and/or chromosomes) do not correspond to the standard binary definitions of female or male bodies. The term intersex is therefore used to describe completely natural, healthy and viable variations of the body. It is important to note that intersex people have variations in sexual characteristics, they do not have "both sexes"!

GENDER IDENTITY

Refers to a person's own feeling of belonging (or not) to the sex/biological body assigned at birth.

GENDER

Is determined by the roles, expressions and behaviours socially constructed to define gender identities. It influences how people perceive themselves and others, and how they act and interact. Gender is often described in binary terms of girl/woman or boy/man, although there is a wide diversity of genders (bigender, agender, genderfluid, etc.).

CISGENDER

A person whose gender identity corresponds to the biological sex/body assigned at birth.

TRANSGENDER

A person whose gender identity does not correspond or corresponds only to a limited extent to the biological sex/body assigned at birth.

BIGENDER

To feel like a "man" and a "woman".

AGENDER

To feel no gender.

NON-BINARY

Refers to gender identification outside the binary "man/woman" perspective.

GENDERFLUID

Refers to a non-fixed identification that is neither "man" nor "woman". The identification may be somewhere between or completely outside the binary system. Here, gender is experienced as a fluid element that can vary.

GENDER EXPRESSION

Refers to the way in which a person expresses and experiences their personality and gender (as opposed to gender identity, which is a matter of inner feelings). This can include behaviour and mental appearance, including clothing, hairstyle, make-up, body language, gait, manner of speaking, use of accessories, etc. Gender expression is not always aligned with gender identity.

SEXUAL ORIENTATION

Emotional, sexual and/or romantic attraction that a person feels for another person. It refers to the sex/gender of the other person in which the person is interested.

HOMOSEXUALITY

Emotional, sexual and/or romantic attraction to people of the same sex/gender.

HETEROSEXUALITY

Emotional, sexual and/or romantic attraction to people of the opposite sex/gender.

BISEXUALITY

Emotional, sexual and/or romantic attraction to people of both sexes/genders (from a binary perspective).

GAY

A man who is emotionally, sexually and/or romantically attracted to men.

LESBIENNE

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

PANSEXUALITÉ

Emotional, sexual and/or romantic attraction to people regardless of their sex or gender (binary or not). Pansexuality differs from bisexuality in that bisexuals are only attracted to people they perceive to be a "woman" or a "man" (binary perspective).

ASEXUALITY

The fact of feeling little or no sexual attraction for people. This does not prevent you from feeling emotional attraction.

AROMANTICS

The fact of feeling little or no emotional attraction for people. This does not prevent you from feeling sexual attraction.

QUEER

English word meaning "strange". In the 70s and 80s, the term was originally used as an insult to describe anyone who was not heterosexual. Reappropriated by the LGBTIQ+ community, today the word Queer is used as a collective and/or self-identifying term to describe the diversity of bodies, gender identities and sexual orientations and all people who feel non-conforming to binary perspectives.

ALLY

A person who is not directly concerned with the LGBTIQ+ issue, but who will support LGBTIQ+ people and the LGBTIQ+ cause.

ANDROGYNOUS

The gender expression of a person whose physical appearance, body language and/or clothing mixes forms of expression, in particular the binary expression "masculine-feminine".

The term also refers to people whose sex and/or gender cannot be clearly identified.

COMING OUT

Means revealing your sexual orientation, gender identity or gendered characteristics to those around you. It is up to each LGBTIQ+ person to come out if, when and how they wish, depending on the circumstances and risks involved.

OUTING

By reference to coming out, outing means revealing a person's intersex, gender identity or orientation without their permission. Behaviour to avoid.

MISGENDERING

To attribute to a person, voluntarily or involuntarily, a gender in which the person does not recognise themselves.

PRIDE

The Pride march is intended to give visibility to LGBTIQ+ people and to demand freedom and equality for all bodies, sexual orientations, and gender identities.

HOMOPHOBIA

Hostile words, acts and attitudes towards homosexuals (or even those who are simply presumed to be homosexual).

TRANSPHOBIA

Hostile words, acts and attitudes towards transgender people (or even people who are simply presumed to be transgender).

LGBTIQ+ PHOBIA

Hostile words, acts and attitudes towards LGBTIQ+ people (or even people who are simply presumed to be LGBTIQ+).

HETERONORMATIVITY

Belief that heterosexuality is the only sexual and emotional form. All the norms that make heterosexuality appear coherent, natural and to be preferred in the absence, or even denial, of other sexual orientations.

CISNORMATIVITY

Belief that every person has the gender that corresponds to the "male" or "female" sex/biological body assigned at birth and is therefore cisgender.

A vision and set of binary male/female norms that can result in the denial of the existence of transgender people and favourable biases towards cisgender people.

TRANSVESTITE

A person who, for a limited period of time and space, plays the role of the "opposite" sex. This can take place in a purely recreational context, alone at home, with friends, or even publicly (e.g. crossdressing, drag, theatre, etc.). Not to be confused with transgender.

ZE

A personal pronoun sometimes used instead of "he" or "she" because it does not show a particular gender (reference: dictionary.cambridge.org). Non-binary transgender people can use the pronoun ze, which is a contraction of "he" and "she".

DID YOU SAY DISCRIMINATION!?

Presentation and instructions

The realities of LGBTIQ+ people

REQUIRED MATERIAL

- "Identity element" cards (see Worksheet 2-1)
- List of questions for the activity (see back page)
- List of questions for discussion (see back page)
- A room or space large enough to line up the participants and allow them to move forward or back 2 metres.

METHODOLOGY/INSTRUCTIONS

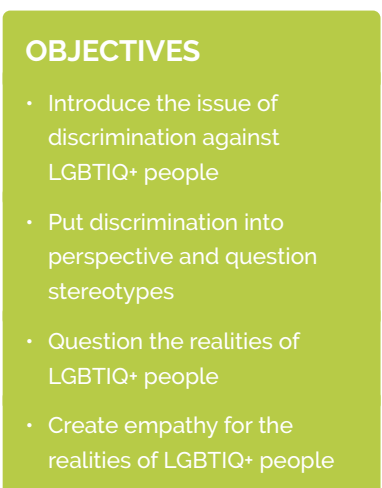
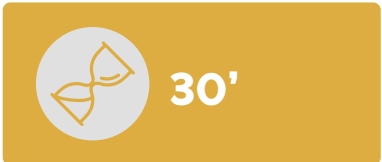
1. Have each young person draw an "Identity element" card (Worksheet 2-1) and ask them to create a character (see overleaf: How to create a character)
2. Ask the participants to stand side by side in a line in the middle of the room. Everyone looks in the same direction.
3. Then explain the activity: you are going to ask questions and:
 - The young person has to take a step forward if their character answers YES
 - The young person has to take a step back if their character answers NO
 - The young person has to stay put if they don't know.
 Explain that one step is equal to one shoe size, so that each step is the same distance.
4. Then read out the questions (see back page: list of questions for the activity) one after the other, letting the participants move forwards, backwards or stay put.
5. Once all the questions have been asked, ask the participants to reveal their identity element and describe their character in turn, starting with those furthest forward and ending with those furthest back.
6. At the end of the activity, lead a group discussion, using the list of questions for discussion (see back page: list of questions for discussion).

ROLE OF THE MODERATOR

- Be able to explain the different terms on the "Identity element" cards (see Activity 1 of this Toolkit for more information on the definition of terms).
- Lead the discussion by encouraging reflection and questioning.
- Know how to address and explain discrimination issues.
- Provide information on the services available for LGBTIQ+ people:



<https://www.cesas.lu/fr/liste.php>



Game used as part of the body, sexual and gender diversity training created in collaboration between the Centre LGBTIQ+ Cigale and Alter&Ego asbl.

DID YOU SAY DISCRIMINATION!?

Creating a character and lists of questions

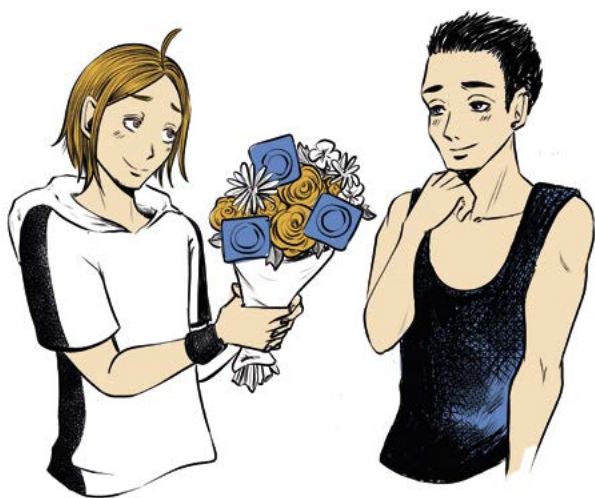
HOW TO CREATE A CHARACTER?

Have each young person draw an "Identity element" card (Worksheet 2-1) and explain that this is one of the elements of the identity of a character they are going to create (imagine). Prepare enough identity elements: one identity element per person.

Make sure that the participants understand the terms drawn randomly. Give a general explanation of each "identity element" card, while making sure that no one reveals their "identity element". Explain the difference between a "visible" identity factor (one that is generally seen) and an "invisible" factor (which cannot be seen).

Then ask the participants to **close their eyes** and take a few minutes to create a character based on the identity element they have received. **This character must be elaborated, so they have to imagine, for example, the age, the profession, the nationality, the family situation, the appearance, etc.**

Variation to go further: If you wish, you can create and add other identity element cards linked to the LGBTIQ+ theme (e.g. bisexual, pansexual, asexual, etc.).



LIST OF QUESTIONS FOR THE MODERATION

- Is my childhood easy?
- Is my adolescence easy?
- Is my adult life easy?
- Is it easy to find a job?
- Is it easy to go to the toilet?
- Is it easy to get dressed every day?
- Is it easy to do sport?
- Is it easy to share showers?
- Are social relations with my family easy?
- Are social relations with the outside world easy?
- Is sex easy?
- Is it easy to find a partner?
- Is it easy to find a place to live?
- Are administrative procedures easy for me?
- Is it easy to get married?
- Is it easy to have children?

LIST OF QUESTIONS FOR DISCUSSION

- Why do you think we are doing this exercise? What do you think? What are your ideas about this?
- How did it make you feel?
- Who are the characters who came furthest forwards? The furthest back? Why? Are you surprised?
- Did all the characters with the same starting identity end up at the same place?
- Do all LGBTIQ+ people necessarily come behind heterosexual and/or cisgender people? How/why?
- Are all possible difficulties or discrimination of the same kind? Are there any differences between possible forms of discrimination?
- Is there a difference between people whose identity is "visible" and those whose identity is "invisible"?
- Do LGBTIQ+ people always have to come in behind heterosexual and/or cisgender people? Can't heterosexual and/or cisgender people also face difficulties that would put them behind?

DID YOU SAY DISCRIMINATION!?

Identity elements (to be laminated and cut out)

HETEROSEXUAL

HETEROSEXUAL

HETEROSEXUAL

**INVISIBLE
TRANSGENDER**

**INVISIBLE
TRANSGENDER**

**INVISIBLE
TRANSGENDER**

**VISIBLE
TRANSGENDER**

**VISIBLE
TRANSGENDER**

**VISIBLE
TRANSGENDER**

**INVISIBLE
HOMOSEXUAL**

**INVISIBLE
HOMOSEXUAL**

**INVISIBLE
HOMOSEXUAL**

**VISIBLE
HOMOSEXUAL**

**VISIBLE
HOMOSEXUAL**

**VISIBLE
HOMOSEXUAL**

INTERSEX

INTERSEX

INTERSEX

Let's talk
about Sex!
2-1

Let's talk
about Sex!
2-1

Let's talk
about Sex!
2-1

Let's talk
about Sex!
2-1

Let's talk
about Sex!
2-1

Let's talk
about Sex!
2-1

Let's talk
about Sex!
2-1

Let's talk
about Sex!
2-1

Let's talk
about Sex!
2-1

Let's talk
about Sex!
2-1

Let's talk
about Sex!
2-1

Let's talk
about Sex!
2-1

Let's talk
about Sex!
2-1

Let's talk
about Sex!
2-1

Let's talk
about Sex!
2-1

Let's talk
about Sex!
2-1

Let's talk
about Sex!
2-1

Let's talk
about Sex!
2-1

THE SECRET GAME

Presentation and instructions

LGBTIQ+, the coming out

REQUIRED MATERIAL

- List of questions for discussion (see back page)

METHODOLOGY/INSTRUCTIONS

Prepare for this session by consulting Worksheet 3-1.

1. Ask the participants to form a "shoulder to shoulder" circle, to close their eyes and think of a secret about themselves that nobody knows and that they are not proud of. It's important to make it clear that they won't need to reveal it to the rest of the group at any point. Invite the participants to analyse in silence how they feel about this secret, what emotions they feel.
2. **Walk around the circle of participants and touch just one person on the shoulder** (a gesture we'll call the "IMPULS"). The person who receives the IMPULS carries the secret.
3. Ask the participants to open their eyes. Everyone must now try to discover who got the IMPULS and whoever got it must try to cover it up, or even lie to avoid being exposed!
4. Each young person can guess and name the person who they think received the IMPULS and justify why.
5. After a few minutes of discussion, ask the participants who are suspected to stand on one side and the others on the other side. Each of the "non-suspected" side gives the name of the person they finally suspect having received the IMPULS. The young person designated by the majority must then confirm whether they are the person who received the IMPULS or not. If this is not the case, ask the person who received the IMPULS to come forward.
6. **Start a second round, but this time tell the group that you're going to give two people an IMPULS. Repeat step 2, but this time, give an IMPULS to everyone in the group.**
7. Each young person can guess and name two people they think received the IMPULS and justify why.
8. Then ask the participants who have been designated to stand on one side and the others on the other. Each of the "non-designates" gives the names of the two people they suspect having received the IMPULS. Once two participants have finally been designated by votes, ask the people who have received the IMPULS to raise their hand. Everyone then raises their hand.
9. Conclusion: Lead a discussion using the questions (see back page).

ROLE OF THE MODERATOR

- Explain the instructions and rules of the game and leading the discussions.
- Provide information on services available for LGBTIQ+ people: www.cesas.lu/fr/liste.php



50'

LEVEL OF DIFFICULTY



BETWEEN
8 AND 25
PEOPLE

TIME OF ACTIVITY



OBJECTIVES

- Understand the consequences of some situations involving secrecy and helping find solutions
- Introduce the subject of coming out in a dynamic way
- Create empathy for having a secret and protecting it
- Experiment arbitrary looks and "denunciations" accusations ?

→ The aim of this activity is not to encourage people to come out, but to raise awareness of the challenge it is.

THE SECRET GAME

Questions de discussion

CAUTION: If you witness or are informed that one of your participants is LGBTIQ+, you must never "out them", i.e. you must not reveal their sexual characteristics, sexual orientation, or gender identity without their consent.

QUESTIONS FOR DISCUSSION

- **How do you feel? How did it make you feel?**

- **What do you think the game is for?**

→ Example of answer: This game puts you in the shoes of someone who has a secret; it helps you understand and see that it takes a huge effort to want to hide something. In the context of this activity, the objective is to relate to "feeling like an LGBTIQ+ person" (in relation to one's sexual characteristics, gender identity and/or sexual orientation), **but it can also be used to talk about drug use, HIV status, etc.**

- **What was your strategy as the bearer-of-the-secret who received the IMPULS?**

- **On what aspects did you base your suspicions towards another young person who might be the bearer-of-the-secret who received the IMPULS?**

- **Is it pleasant to be designated as the bearer-of-the-secret who received the IMPULS? How can you defend yourself? Is it any different depending on if you did receive the IMPULS (if you really are the bearer-of-secret) or not?**

- **Do you see a link between this exercise and LGBTIQ+ people coming out?**

→ Example of answer: LGBTIQ+ people who have sexual characteristics, gender identity and sexual orientation that are outside the "norm" initially carry their feelings like a secret, something that should not be revealed. These people will need to go through the various stages of coming out in order to recognise, accept and have the courage to reveal themselves and live with their "difference".

- **Why wouldn't someone want to reveal their secret?**

→ Example of answer: Out of fear of reprisals, psychological or mental violence, discrimination, rejection, etc. It may also be related to the impact that revealing this secret may have at work, on our closest relations, with friends, family, partner, etc. Fear of the consequences of not being considered "normal" or part of the "norm".

- **Do we have to reveal a secret?**

→ Example of answer: No, you don't have to reveal a secret. You need to feel ready, confident, and safe. More specifically, when it comes to LGBTIQ+ coming out, it's up to each person to decide whether and to whom they wish to reveal themselves.

- **How should I react if someone tells me a secret?**

→ Example of answer: The most important thing is to keep the secret confidential and to listen. Welcoming a secret with kindness and in a trusting and safe environment encourages a good experience when the secret is revealed. More specifically on the issue of LGBTIQ+ coming out, it is important not to "out" a person, i.e. not to reveal their sexual characteristics, sexual orientation or gender identity without their consent.



THE SECRET GAME

Coming out theory

If you want to talk about coming out, in addition to this worksheet, we advise you to look at Worksheet 1-1 LGBTQ+: body, sexual and gender diversity – theory. Also, coming out is not just about sexual orientation, but also about gender identity and intersex.

What does coming out mean?

Coming out is often perceived as the moment when a young person – or someone not so young – reveals their sexual orientation, gender identity and/or intersex status to those around them. This is not entirely wrong, but it is not entirely true either. Because “coming out” means much more than that. It's not just a brief moment of revelation, but a **process of development** that takes place both **internally** (work on oneself) and **externally** (exchange and experience with those around you). Coming out can be broken down into three stages: the pre-coming-out stage, the going-out stage and the balance stage.

1. PRE-COMING OUT

Pre-coming out is the stage during which people learn to **recognise** and **accept** their sexual orientation, gender identity and/or intersex status. Becoming aware of one's “difference” for the first time can raise all sorts of questions, uncertainties and even misunderstandings and anxieties. During the pre-coming out period, the aim is to become **aware of one's own feelings** and then to **be able to name them**. Once the person has recognised themselves, they will also need **time to accept themselves**. Each person does this at their own pace. For some it happens very quickly, for others it may take years.

2. GOING OUT

Going out is the next stage, during which the person **externalises** their sexual orientation, gender identity and/or intersex status. This is the point at which the person no longer wishes to hide and begins increasingly openly to show their “difference”.

This is also the time when they will **speak and reveal themselves**. At first, this will be only to a few people, usually a friend, relative or someone they trust. Later, the person will gradually tell more and more people. The aim of this stage is to take responsibility for oneself and no longer want to hide. This remains relative, depending on the individual. Some people prefer to inform as many people as possible, others don't. There is no obligation; what matters is the well-being of the person and that they are free to make their own choices.

3. BALANCE

Balance (or post-coming-out) is the stage where the person **learns to live with** and integrate their sexual orientation, gender identity and/or intersex status into their overall life project. It's simply a matter of building a life beyond one's “difference”, like everyone else.

REMARKS

These three stages simply give rise to a better understanding of coming out. Of course, not everyone is going to come out the same. Many factors, such as one's personal psychosocial situation, family, friends, cultural and religious background, place of residence, etc., can come into play and have an influence. **Every coming out is unique!**

The time it takes to come out, and the time between stages, varies from one person to another. Some people will “skip” a stage, others will need many years to accept themselves, while others will prefer never revealing themselves in public. **It's up to each person to take the time they need to come out, depending on their own well-being.**

Also, there's no age limit for coming out! Although it is often said that questioning is linked to puberty, it can happen earlier in childhood, especially in the case of gender identity and intersex. And while many people come out of the closet at a secondary school age, others come out later, as adults or even when in retirement.

Posture and coming out

A “failed” coming out is not without psychosocial risks/consequences (depression, isolation, addictions, denial, sexual problems, anxiety, etc.). It is a major cause of suicide among young people (LGBTIQ+ young people are 5 to 6 times more likely to commit suicide). So, it's very important to remember that the person's well-being is essential.

If you find yourself in a situation linked with coming out, don't hesitate to contact or refer them to the Centre LGBTIQ+ Cigale, whether young or old. **with the person's consent**, as mentioned before.



Generally speaking, however, if you're talking about coming out, **it's already important to observe a few rules:**

- always allow the person concerned to express themselves and/or identify themselves;
- do not take the initiative: if the person concerned has not talked to you about it personally, never raise the subject directly with them;
- always give preference to the terminology used by the person;
- check that the person is not in danger as a result of coming out;
- remember that nobody is obliged to come out if they don't want to;
- never “out” a person, i.e. never reveal their sexual characteristics, sexual orientation or gender identity without their consent;
- do not demonise the family and, where possible, and with the person's consent, look for ways of working with them.

"PABEIERSMÄNNERCHER"

Presentation and instructions

Puberty, anatomy and bodyparts

REQUIRED MATERIAL

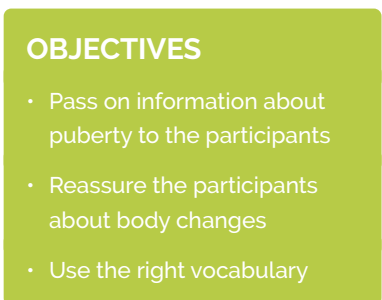
- Board or flipchart, and writing materials (different colours)
- Ideas for questions and comments (see back page)

METHODOLOGY/INSTRUCTIONS

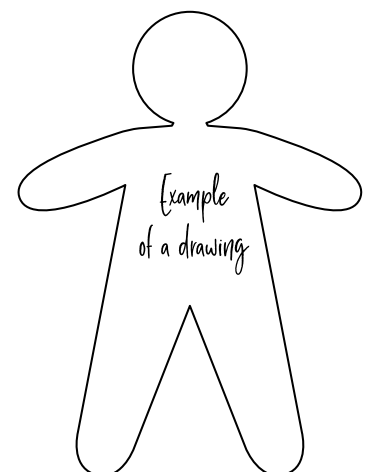
1. Draw the outline of a person on the board/flipchart (very simple drawing, see picture below). This person is prepubescent.
2. Then ask the participants which parts (apart from the genital anatomy) are missing (e.g. ears, belly button, eyes, etc.). For this part, it may be interesting to ask questions to deconstruct gender stereotypes (e.g. how long is a boy's hair compared to a girl's? Why?).
3. Then ask the participants to add all the characteristics that are missing in a person going through puberty. The aim here is to identify common bodily changes regardless of biological sex (e.g. appearance of body hair, change of voice, acne, etc.).
4. You can then draw two other people, one for the female biological sex and one for the male biological sex, and ask the participants to name the changes that only take place in each of the two (e.g. vaginal secretion, appearance of breasts, menstruation, erection, sperm production, etc.).
5. Throughout the activity, you can lead a discussion and ask questions on other related topics, such as individual anatomical differences, how to manage menstruation, genital and body hygiene, consent (where can I be touched, what is my privacy), psychosexual development, etc.
6. Concluding message: despite our individual differences, we all have things in common. However, these changes can happen to everyone at a different pace, and affect our physical and mental well-being in different ways.

ROLE OF THE MODERATOR

- Ensure that the activities are conducted in a caring, neutral, and non-judgemental environment.
- Listen carefully and allow everyone to express themselves.
- Give the instructions for the activity and guide the participants in their answers to the questions.
- Draw the changes associated with puberty.



Activity carried out as part of ESHE sessions of the *Planning familial*



Activity 4

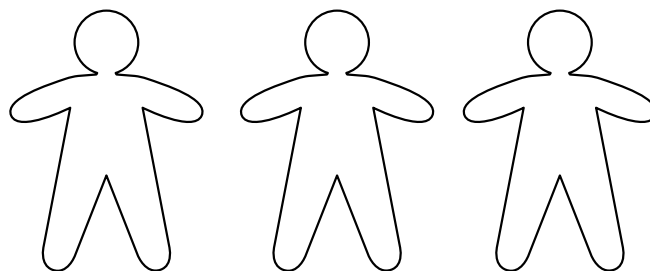
"PABEIERSMÄNNERCHER"

Useful information

NOTE: This fact sheet deals with issues relating to sexual characteristics (biological body), but not with gender identity (feeling like a man or a woman). It may be important to familiarise yourself with the concepts of gender and sex before doing this activity, to avoid having a binary or even a discriminatory view of the transgender and intersex community. To prepare, please refer to Activity 1 of this toolkit, and/or contact the Centre LGBTIQ+ Cigale.

EXAMPLE OF QUESTIONS FOR DISCUSSION

- Does a girl have to have long hair?
- Is it "normal" for a girl to have body hair? → **Message:** it's up to me to decide whether I want to keep my body hair or not.
- Is it important/mandatory to have large breasts or a large penis?
- What part(s) of my body can someone else touch? → **Message:** notion of consent.
- Do all people have a biological sex that is consistent with their identity? → **Message:** notions of transgender, intersex and non-binary people.



CHANGES AT PUBERTY

Human beings have certain changes in common (below, in green), while others are gender-specific.

In persons of the male sex:

- Change in one's voice, which means that the voice becomes deeper
- Facial hair appear on the face
- Hair appears under the armpits and on the genitals
- Hair on the arms and legs becomes darker
- Hair appears all over the body, particularly on the torso
- The sweat glands are activated
- Pimples may appear on the face and body
- The body grows
- The chest can become fuller
- The penis and testicles increase in size
- Sperm production begins
- Muscles can develop through sport
- Mood swings
- Body odour
- ...

In persons of the female sex:

- The voice becomes a little deeper
- Hair appears under the armpits and on the genitals
- Hair on the arms and legs becomes darker
- Hair all over the body (a natural and normal phenomenon that is more or less visible)
- Breasts and nipples grow in size
- The sweat glands are activated
- Pimples may appear on the face and body
- The body grows
- Internal and external genitalia increase in size
- Menstruation begins
- The pelvis widens for a possible pregnancy
- Muscles can develop through sport
- Mood swings
- Body odour
- ...

Activity 5

ANATOMIX

Presentation and instructions

Parts of the body related to reproduction and sexuality, anatomy and physiology

REQUIRED MATERIAL

- One printed, uncaptioned anatomical diagram per pair or team (see Worksheet 5-1) and writing materials to fill in the anatomical charts
- Fact Sheets 6 and 7 of the *Let's Talk about Sex!* guide
- The sexual diversity poster (see Worksheet 5-2)
- A projector to show the answers (if possible).

METHODOLOGY/INSTRUCTIONS

1. Start the moderation by explaining that everyone has genitals and that it is these organs which differentiate between the sexes (but not gender). Explain that there are external genitalia (those that can be seen, outside the body) and internal genitalia (those that cannot be seen, as they are inside the body).
2. Ask them to form pairs or small teams.
3. Hand out the cards with the anatomical diagrams (randomly divided into male and female) and ask them to fill in the empty boxes with the names of the genital's parts.
4. Read the names of the different genital parts out loud to the group to introduce the correct pronunciation of the words. Then ask them to find the corresponding term on the visual.
5. The exercise is corrected with the whole group, which gives participants the opportunity to ask any questions they may have.
6. After correction, show the sexual diversity poster (see Worksheet 5-2). Point out that each person has unique genitalia that do not necessarily correspond to the diagrams shown. There are also intersex people who have perfectly healthy variations of sexual characteristics that do not correspond to the typical binary representations of female or male genitalia.

ROLE OF THE MODERATOR

- Lead the discussion.
- Give the definitions and explain the function of each anatomical part (see Fact Sheets 6 and 7 in Chapter 1 of the *Let's Talk about Sex!* guide).
- If inappropriate words are written, they should be addressed with the group to suggest a more appropriate word (e.g., What other word can we use to talk about this?).
- You can also provide the group with the contact details of the *Planning familial* in case the participants have questions they would like to ask someone other than the teacher.



50'

LEVEL OF DIFFICULTY

DOES NOT
MATTER

TIME OF ACTIVITY



OBJECTIVES

- Teach participants about the body
- Identify and name the different parts of the genitals (internal and external)
- Fight against the standardisation of genital's representations

Activity 5

ANATOMIX

Answer key

THE MALE GENITALIA

INTERNAL

- 1 - seminal vesicles
- 2 - epididymis
- 3 - testicles
- 4 - vas deferens
- 5 - prostate
- 6 - corpora cavernosa/crus
- 7 - corpora spongiosa/bulb of vestibule
- 8 - urethra

EXTERNAL

- 1 - foreskin
- 2 - scrotum
- 3 - glans
- 4 - penis
- 5 - urethral opening (meatus)
- 6 - anus

THE FEMALE GENITALIA

INTERNAL

- 1 - uterus
- 2 - ovaries
- 3 - fallopian tubes
- 4 - endometrium
- 5 - cervix
- 6 - vagina
- 7 - clitoris
- 8 - clitoral hood
- 9 - glans of the clitoris
- 10 - corpora cavernosa/crus
- 11 - urethral opening (meatus)
- 12 - corpora spongiosa/bulb of vestibule
- 13 - vaginal orifice

EXTERNAL

- 1 - vulva
- 2 - labia minora
- 3 - labia majora
- 4 - perineum
- 5 - pubis
- 6 - clitoris's hood and glans
- 7 - urinary orifice
- 8 - vaginal orifice and hymen
- 9 - anus

NOTE: it may be important to familiarise yourself with the concepts of gender and sex before carrying out this type of activity in order to avoid having a binary or even a discriminatory view of the transgender and intersex community.

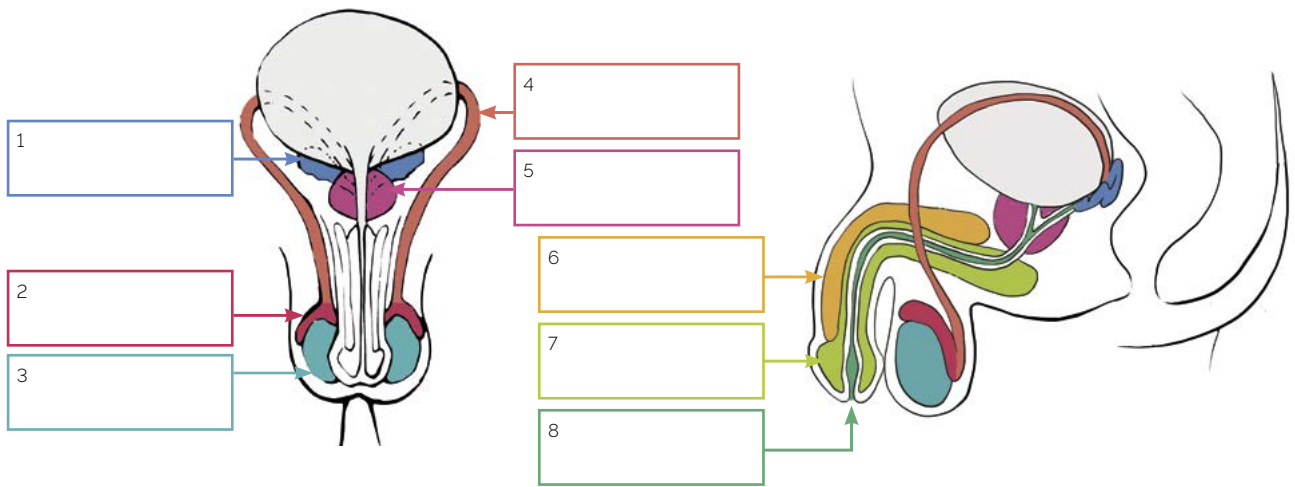
To help you prepare, please refer to Fact Sheet 1 of the LTAS guide and/or contact the Centre LGBTIQ+ Cigale.

ANATOMIX

Anatomical diagram to photocopy

THE MALE INTERNAL GENITALIA

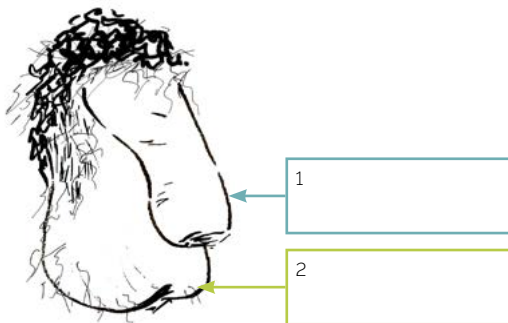
Words to place: - vas deferens - corpora cavernosa - seminal vesicles - urethral opening - prostate - corpora spongiosa - epididymis - testicles



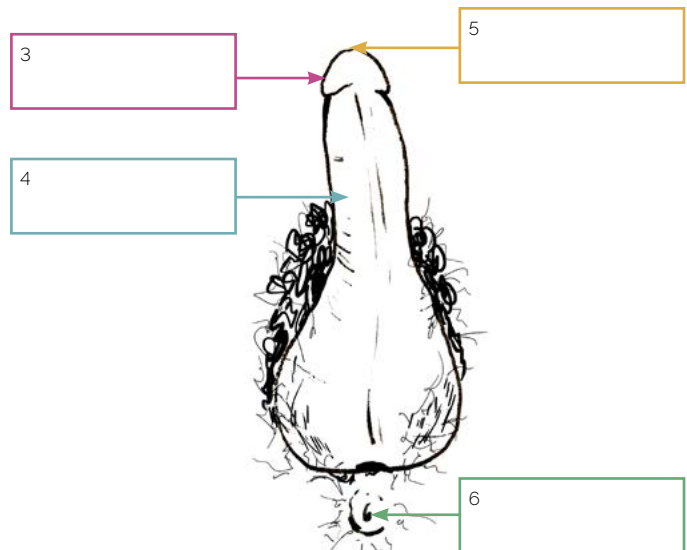
THE MALE EXTERNAL GENITALIA

Words to place: - scrotum - penis - urethral opening - anus - foreskin - glans

FLACCID PENIS



ERECT PENIS



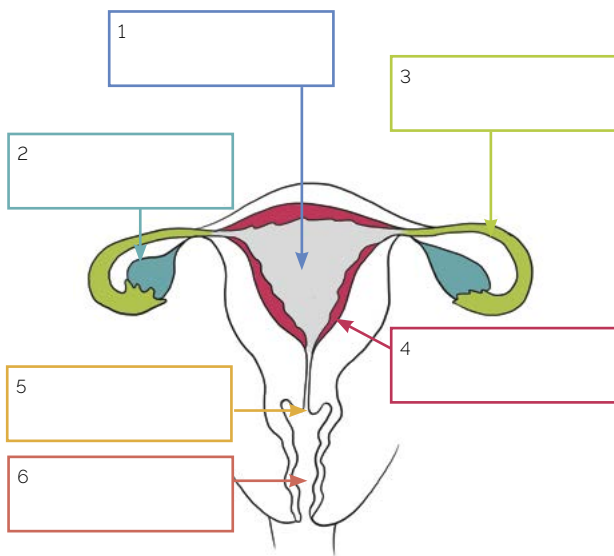
ANATOMIX

Anatomical chart to photocopy

THE FEMALE INTERNAL GENITALIA

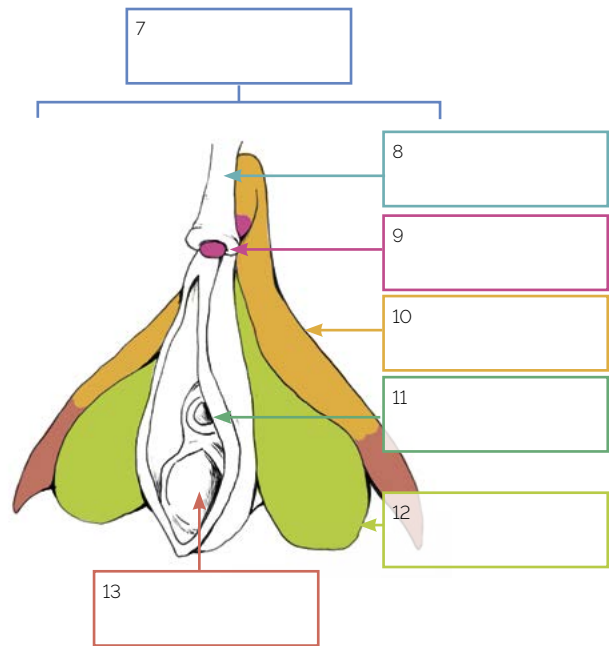
Words to place:

- ovaries - endometrium - vagina - uterus
- cervix - fallopian tubes



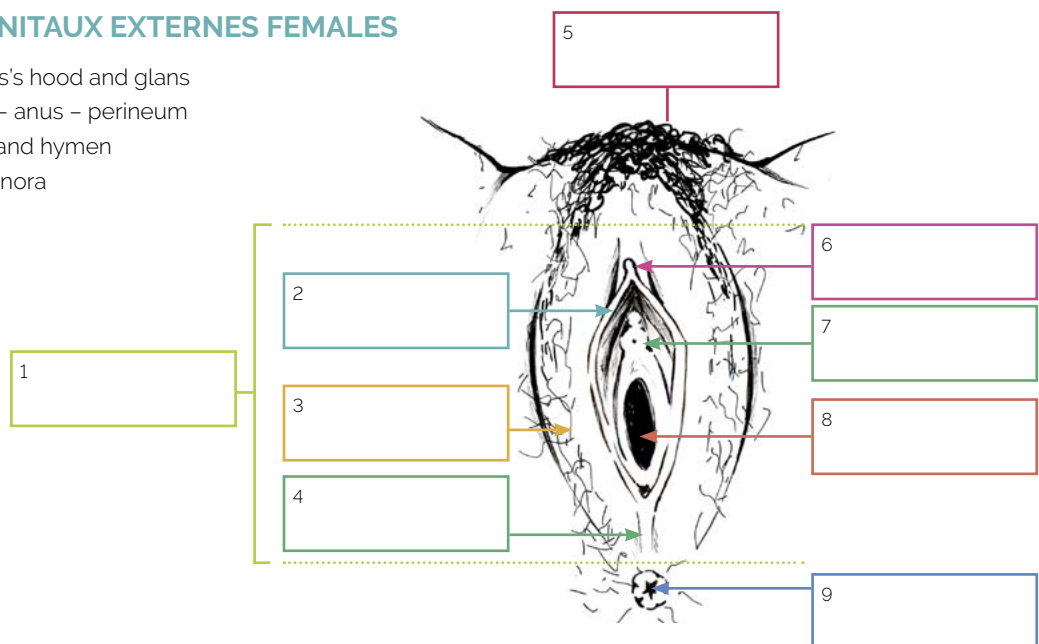
Words to place:

- corpora cavernosa - corpora spongiosa - clitoris
- urethral opening - glans of the clitoris - vaginal orifice
- clitoral hood

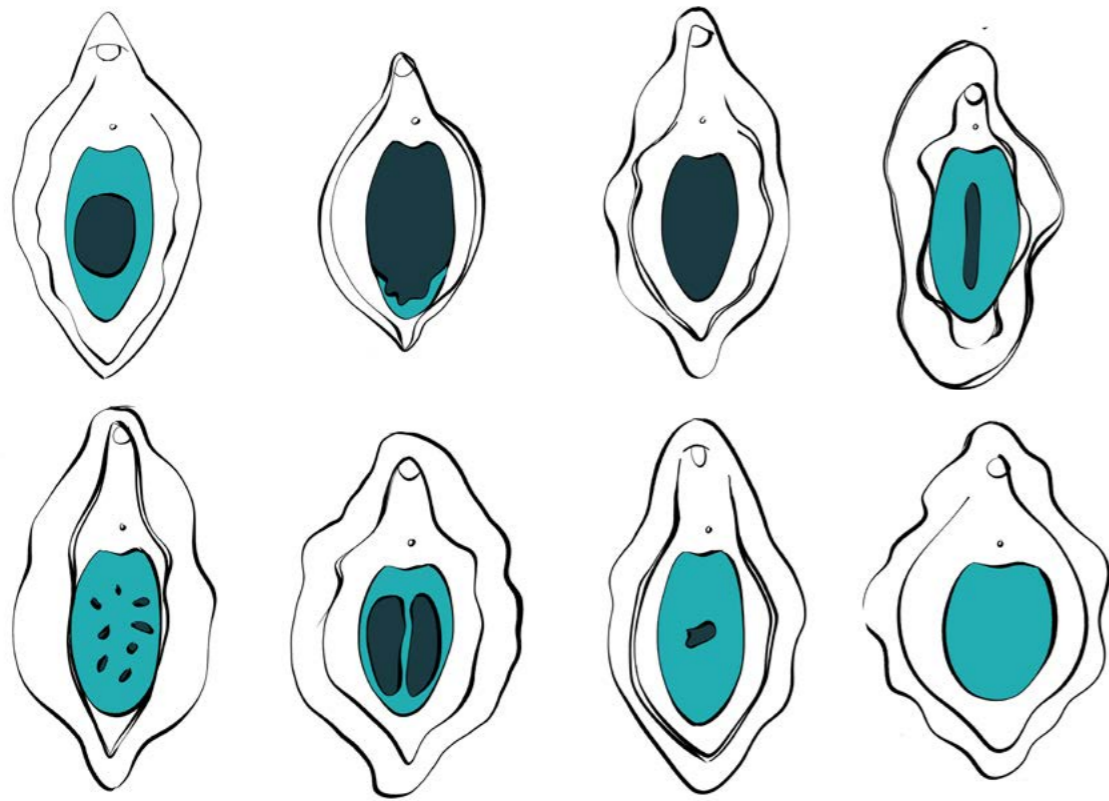


LES ORGANES GÉNITAUX EXTERNES FEMALES

- Words to place:**
- clitoris's hood and glans
 - pubis - urinary orifice - anus - perineum
 - vulva - vaginal orifice and hymen
 - labia majora - labia minora

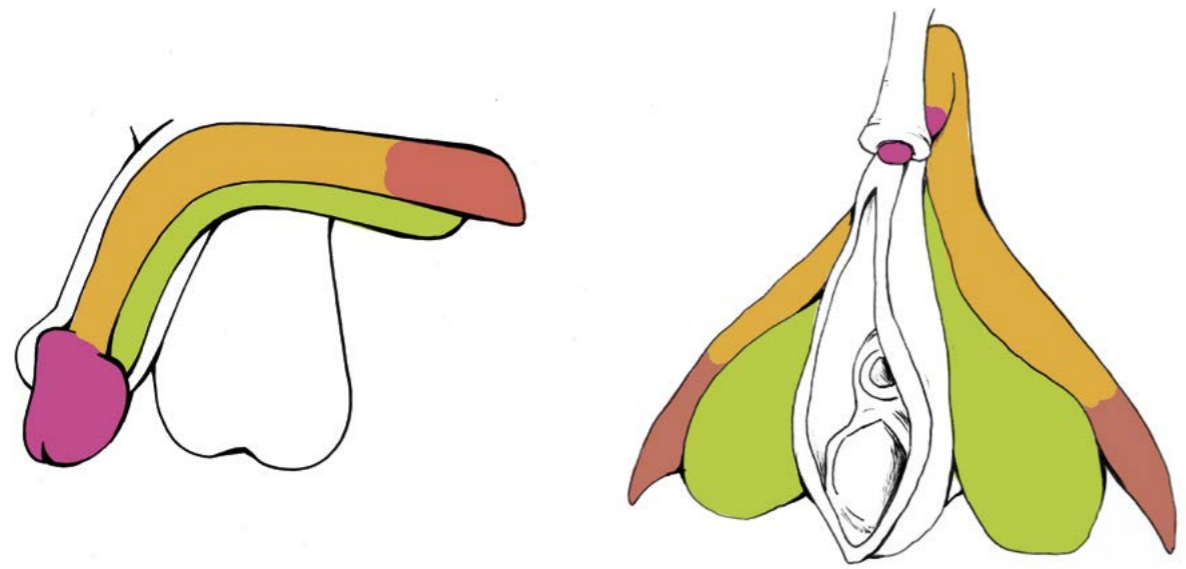


HYMENS: EXEMPLES



THE PRESENCE OR ABSENCE OF A HYMEN HAS NOTHING TO DO WITH VIRGINITY.
 Virginity is a social construct linked to domination systems.

MALE AND FEMALE GENITALIA: MANY SIMILARITIES

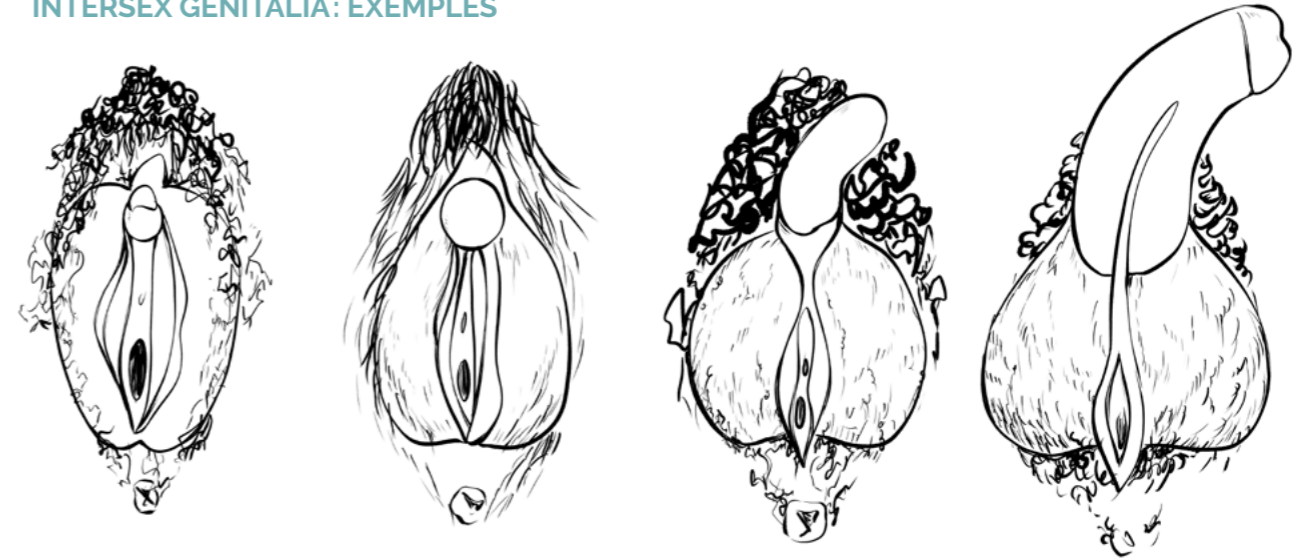


● GLANS ● CORPUS SPONGIOSIUM ● CORPUS CAVERNOSUM ● ROOT

ANATOMIX

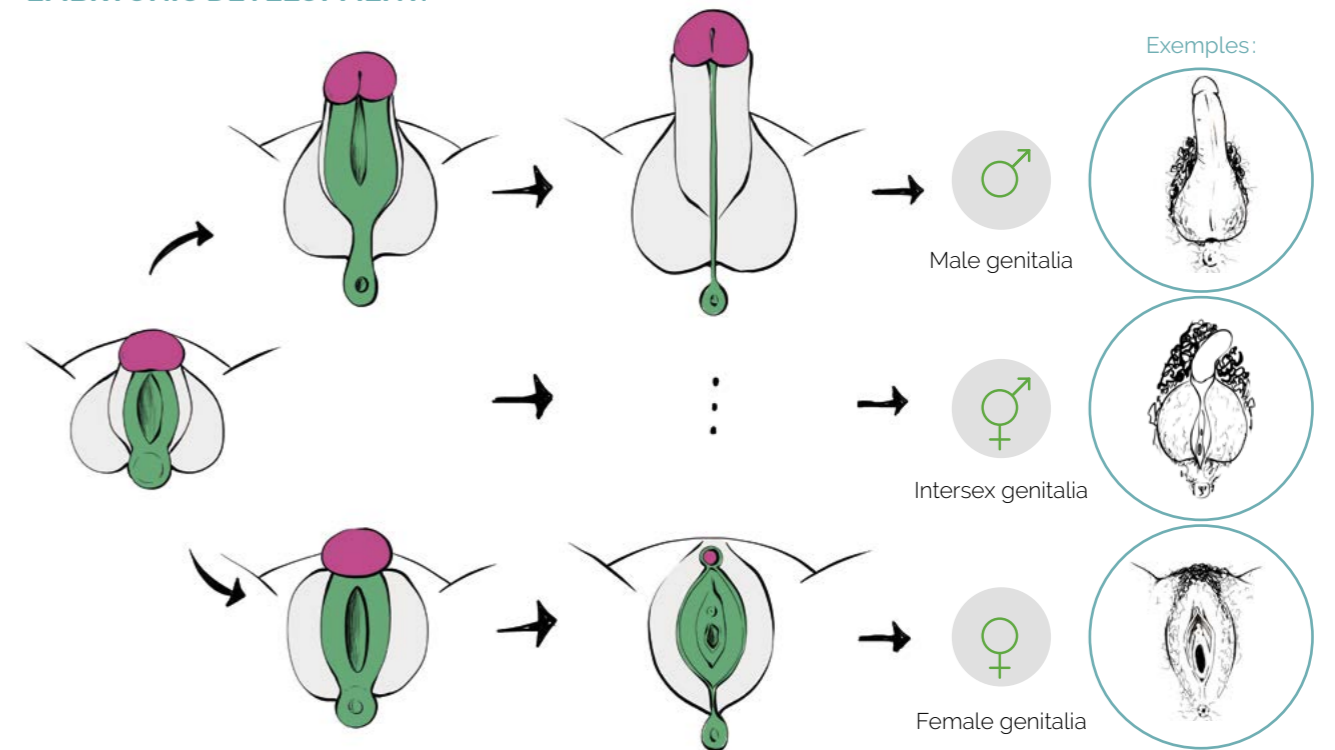
A3 poster: sexual diversity (to be shown at the end of the activity)

INTERSEX GENITALIA: EXEMPLES



♂♀ There are as many sexes as there are individuals. Intersex may be genital, hormonal and/or chromosomal. For more information, see Worksheet 1-1.

EMBRYONIC DEVELOPMENT:







Chapter 2

**LOVE, SEXUALITY AND
EMOTIONAL AND SEXUAL HEALTH**

SEEK AND FIND EMOTIONS!

Presentation and instructions

Emotions and feelings

REQUIRED MATERIAL

- List of brainstorming questions (see back page)
- The table of emotions and needs (see Worksheet 6-1)
Optional: you can print out a copy for each young person to hand out at the end of the activity.
- "Emotions" cards (see Worksheet 6-2) and "Needs" cards (see Worksheet 6-3) mixed in two boxes/bags: one for "emotions" cards, one for "needs" cards
- Paper and pencils for each team
- Fact Sheet 2 of Chapter 1 of the *Let's Talk about Sex!* guide

METHODOLOGY/INSTRUCTIONS

1. Start with a large-group discussion using the list of questions on the back page and Fact Sheet 2 of the *Let's Talk about Sex!* guide.
2. To conclude this discussion, present the two complete tables of emotions and needs (see Worksheet 6-1).
3. Divide the group into teams of 3 to 5 participants (maximum 6 teams). Each team should draw 4 emotions (illustrated cards) and 4 needs (coloured cards) from each of the boxes. Make sure there is a good mix of colours (and therefore a variety of emotions and needs). Alternatively, you can simply ask the teams to choose 4 emotions and 4 needs from the tables, so that you don't have to prepare the cards.
4. Each team should imagine a story in which different characters (at least two) feel and express the emotions and needs that have been chosen. Give them enough time to do this, at least 20 minutes.
5. Back in the large group, each team reads or acts out its story, then the rest of the group must try to identify the emotions and needs experienced by the different characters.
6. If you have time left, you can end the activity with a collective reflection on the difficulty of expressing and recognising emotions (for example, when anger actually expresses fear and therefore a need for security).

ROLE OF THE MODERATOR

- Guide the participants if necessary.
- Complete the presentations if necessary.
- Provide information on the services available for managing emotions:



<https://www.cesas.lu/fr/liste.php>



MAX.
1H30

LEVEL OF DIFFICULTY



TEAMS
OF 3 TO 5
PARTICIPANTS

TIME OF ACTIVITY



OBJECTIVES

- Develop knowledge and vocabulary related to emotions
- Develop the ability to detect and recognise emotions in oneself and others, and link them to needs
- Differentiate emotions from feelings
- Develop empathy and emotional intelligence

SEEK AND FIND EMOTIONS!

List of questions

LIST OF QUESTIONS:

- What is a feeling?
- What is an emotion?
- What emotions do you know?
- What are the physical reactions we feel when we experience certain emotions?
 - Example: Fear causes one's pulse rate to rise
- Why do we feel emotions?
 - to meet needs
- To meet what need?
 - Example: feeling furious = the need to be understood
- Why is it important to be able to recognize our emotions?
 - Recognizing and naming one's emotions helps to reduce the physical reaction to them. Sometimes we feel several emotions at once. recognizing one's own emotions, as well as those of others, also helps us to develop empathy and emotional intelligence. These are important skills to develop if we are to maintain healthy social relationships.







SEEK AND FIND EMOTIONS!

Tables of emotions and needs

Feel free to adapt or complete with other items (emotions or needs)! As far as needs are concerned, some of them could be considered as belonging to different categories – it's not an exact science! This can be discussed.

EMOTIONS:

<p style="text-align: center;"><i>Fear</i></p>  <ul style="list-style-type: none"> • Anxious • Insecure • Shocked • Worried • Uncomfortable • Disoriented 	<p style="text-align: center;"><i>Sadness</i></p>  <ul style="list-style-type: none"> • Discouraged • Depressed • Unhappy • Devastated • Melancholic 	<p style="text-align: center;"><i>Anger</i></p>  <ul style="list-style-type: none"> • Dissatisfied • Irritated • Frustrated • Angry • Furious 	<p style="text-align: center;"><i>Joy</i></p>  <ul style="list-style-type: none"> • Good mood • Serene • Lively • Happy • Enthusiastic • Euphoric
---	---	---	---

THE NEEDS:

<p>RELATIONSHIPS WITH OTHERS – SHARING</p> <ul style="list-style-type: none"> • Friendship • Collaboration • Warmth • Being reassured • Sharing • Comfort • Consideration • Empathy 	<p>BENCHMARKS – CREATIVITY</p> <ul style="list-style-type: none"> • Trust • Change • Fulfilment • Being celebrated • Structure • Understanding 	<p>SECURITY</p> <ul style="list-style-type: none"> • Stability • Respect • Tranquillity • Protection • Space • Shelter • Well-being • Food and water • Relaxation 	<p>MEANING</p> <ul style="list-style-type: none"> • Harmony • Justice • Peace • Silence • Solitude • Balance • Contemplation 	<p>REALISATION</p> <ul style="list-style-type: none"> • Freedom • Acceptance • Autonomy • Personal space • Spontaneity
--	---	---	--	--

SEEK AND FIND EMOTIONS!

"Emotions" cards to be laminated and cut out



ANXIOUS



UNHAPPY



GOOD MOOD



INSECURE



DEVASTATED



SERENE



SHOCKED



MELANCHOLIC



LIVELY



WORRIED



DISSATISFIED



HAPPY



**UNCOMFORT-
ABLE**



IRRITATED



ENTHUSIASTIC



DISORIENTED



FRUSTRATED



EUPHORIC



DISCOURAGED



ANGRY

**THE EMOTION
OF YOUR CHOICE**



DEPRESSED



FURIOUS

**THE EMOTION
OF YOUR CHOICE**

Let's talk
about Sex!
6-2

Let's talk
about Sex!
6-2

Let's talk
about Sex!
6-2

Let's talk
about Sex!
6-2

Let's talk
about Sex!
6-2

Let's talk
about Sex!
6-2

Let's talk
about Sex!
6-2

Let's talk
about Sex!
6-2

Let's talk
about Sex!
6-2

Let's talk
about Sex!
6-2

Let's talk
about Sex!
6-2

Let's talk
about Sex!
6-2

Let's talk
about Sex!
6-2

Let's talk
about Sex!
6-2

Let's talk
about Sex!
6-2

Let's talk
about Sex!
6-2

Let's talk
about Sex!
6-2

Let's talk
about Sex!
6-2

Let's talk
about Sex!
6-2

Let's talk
about Sex!
6-2

Let's talk
about Sex!
6-2

Let's talk
about Sex!
6-2

Let's talk
about Sex!
6-2

Let's talk
about Sex!
6-2

SEEK AND FIND EMOTIONS!

"Needs" cards to laminate and cut out

NEED FOR CONFIDENCE	NEED FOR HARMONY	NEED FOR CONTEMPLATION
NEED FOR CHANGE	NEED FOR JUSTICE	NEED FOR SPONTANEITY
NEED FOR FULFILMENT	NEED FOR PEACE	NEED FOR FREEDOM
NEED TO BE CELEBRATED	NEED FOR SILENCE	NEED FOR ACCEPTANCE
NEED FOR STRUCTURE	NEED FOR SOLITUDE	NEED FOR AUTONOMY
NEED FOR UNDERSTANDING	NEED FOR BALANCE	NEED FOR PERSONAL SPACE

Let's talk
about Sex!
6-3

Let's talk
about Sex!
6-3

Let's talk
about Sex!
6-3

Let's talk
about Sex!
6-3

Let's talk
about Sex!
6-3

Let's talk
about Sex!
6-3

Let's talk
about Sex!
6-3

Let's talk
about Sex!
6-3

Let's talk
about Sex!
6-3

Let's talk
about Sex!
6-3

Let's talk
about Sex!
6-3

Let's talk
about Sex!
6-3

Let's talk
about Sex!
6-3

Let's talk
about Sex!
6-3

Let's talk
about Sex!
6-3

Let's talk
about Sex!
6-3

Let's talk
about Sex!
6-3

Let's talk
about Sex!
6-3

SEEK AND FIND EMOTIONS!

"Needs" cards to laminate and cut out

NEED FOR FRIENDSHIP	NEED FOR CONSIDERATION	NEED FOR SPACE
NEED FOR COLLABORATION	NEED FOR EMPATHY	NEED FOR SHELTER
NEED FOR WARM CONTACT	NEED FOR STABILITY	NEED FOR WELL-BEING
NEED TO BE REASSURED	NEED FOR RESPECT	NEED TO EAT, DRINK
NEED FOR SHARING	NEED FOR TRANQUILLITY	NEED FOR RELAXATION
NEED FOR COMFORT	NEED FOR PROTECTION	NEED FOR

Let's talk
about Sex!
6-3

Let's talk
about Sex!
6-3

Let's talk
about Sex!
6-3

Let's talk
about Sex!
6-3

Let's talk
about Sex!
6-3

Let's talk
about Sex!
6-3

Let's talk
about Sex!
6-3

Let's talk
about Sex!
6-3

Let's talk
about Sex!
6-3

Let's talk
about Sex!
6-3

Let's talk
about Sex!
6-3

Let's talk
about Sex!
6-3

Let's talk
about Sex!
6-3

Let's talk
about Sex!
6-3

Let's talk
about Sex!
6-3

Let's talk
about Sex!
6-3

Let's talk
about Sex!
6-3

Let's talk
about Sex!
6-3

QUIZ ON CONSENT

Presentation and instructions

My sexuality, my rights and consent

REQUIRED MATERIAL

- One printed quiz per participant or team (see Worksheet 7-1)
- Answer key for you (see Worksheet 7-2)
- List of key messages (see back page)
- Fact Sheet 1 of Chapter 5 of the *Let's Talk about Sex!* theoretical guide
- Blue Seat Studio "Cup of Tea" video:



<https://www.youtube.com/watch?v=fGoWLWS4-kU>



METHODOLOGY/INSTRUCTIONS

1. Ask the group what consent is. Do not complete. Depending on the age and maturity of the group, you can use two variations:
 - For a younger group:
First, present the theory and the video, and then do the quiz.
 - For an older group:
Do the quiz first, then present the theory and the video.

Alternative: if you can't watch the video, you can use the comic strip on Fact Sheet 1 In Chapter 5 of the *Let's Talk about Sex!* theoretical guide.

2. Hand out the quiz (see Worksheet 7-1) to each young person or team and give them about 15 minutes to complete it.
3. Ask each participant/team to read a statement and give the answer. Then ask the rest of the group if everyone has the same answer. Discuss the answers and explanations (see Worksheet 7-2).
4. End the activity by presenting the key messages (see back page).
5. Show the "Cup of Tea" video, which explains sexual consent with a cup of tea.

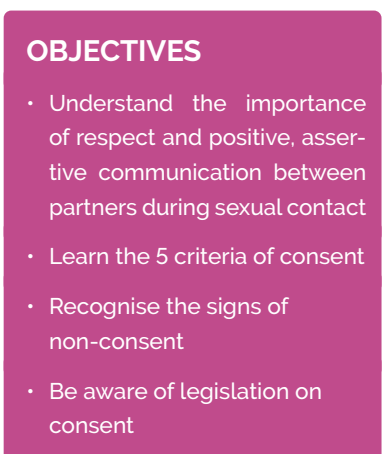
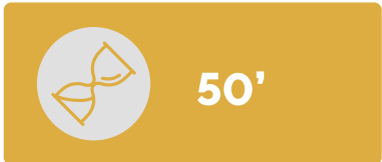
ROLE OF THE MODERATOR

- Give the instructions, indicate that participants can stop taking part at any time if they feel uncomfortable or unwell.
- Complete the information missing related to consent.
- Provide information about available services specialised on violence issues:



<https://www.cesas.lu/fr/liste.php>

- If you suspect that a young person in the group is a victim of violence, or if violence committed against a minor is clearly revealed, refer to page 25 of the introductory booklet.



- Understand the importance of respect and positive, assertive communication between partners during sexual contact
- Learn the 5 criteria of consent
- Recognise the signs of non-consent
- Be aware of legislation on consent

Activity carried out as part of a prevention and awareness-raising workshop for secondary schools by *Femmes en détresse's* Service Oxygène.

Activity 7

QUIZ ON CONSENT

Key messages

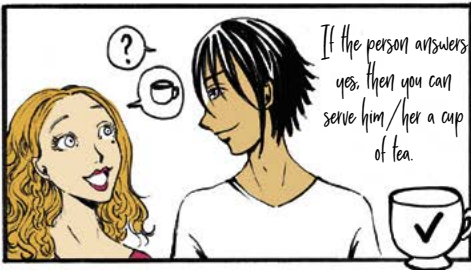
REVERSIBLE

Your consent can be withdrawn at any time.



ENTHUSIASTIC

Both partner must want to take part. If there is any hesitation, the best way to clarify if there is consent is to ask. Reciprocity must be clear, and there should be no hesitation. Reciprocity must be clear.



FREELY GIVEN

Free from any kind of coercion: you don't consent under pressure.



Consent is

CONSCIOUS

In order to be able to give my consent, I must be conscious and aware of what I am agreeing to.



SPECIFIC

Just because you consented once, that doesn't mean you agreed to repeat the sexual activity, nor did you agree to future sexual encounters.



QUIZ ON CONSENT


Questionnaire for the participants

	TRUE	FALSE
1. Sending an unsolicited photo or video of a sexual nature (sex tape, nudes) constitutes sexual assault.	<input type="radio"/>	<input type="radio"/>
2. The age of sexual consent in Luxembourg is 16.	<input type="radio"/>	<input type="radio"/>
3. Sexual harassment refers to any repeated unwanted verbal or mental behaviour of a sexual nature.	<input type="radio"/>	<input type="radio"/>
4. Sexual consent is the voluntary agreement to take part in sexual activities.	<input type="radio"/>	<input type="radio"/>
5. If a person has once agreed to a sexual activity, this means that they will always agree.	<input type="radio"/>	<input type="radio"/>
6. Consent must be clearly expressed by words and/or behaviour.	<input type="radio"/>	<input type="radio"/>
7. A person can consent under the influence of alcohol and/or drugs.	<input type="radio"/>	<input type="radio"/>
8. Once a person started having a sexual relationship, they cannot change their mind and withdraw their consent.	<input type="radio"/>	<input type="radio"/>
9. Saying "no" is the only way to show that I don't consent.	<input type="radio"/>	<input type="radio"/>
10. The victim is sometimes responsible for the attack.	<input type="radio"/>	<input type="radio"/>
11. Females do not know what they want, they say "no", but it actually means "yes".	<input type="radio"/>	<input type="radio"/>
12. Persons of the male sex always want to have sex.	<input type="radio"/>	<input type="radio"/>
13. When you're in a relationship, you must have sex with your partner.	<input type="radio"/>	<input type="radio"/>
14. Consent is not possible when one or more people feel pressured, intimidated or threatened, or with a person in a position of authority.	<input type="radio"/>	<input type="radio"/>
15. Forcing someone to have sex "for love" is assault.	<input type="radio"/>	<input type="radio"/>
16. Touching someone over their clothing without their consent is sexual assault.	<input type="radio"/>	<input type="radio"/>
17. Consent cannot be obtained when a person is asleep or unconscious.	<input type="radio"/>	<input type="radio"/>


QUIZ ON CONSENT

Answer key and explanations


1. Sending an unsolicited photo or video of a sexual nature (sex tape, nudes) constitutes sexual assault.

 Some forms of aggression are trivialised, but they are nonetheless sexual assaults in the same way as others. This category includes sending messages with unsolicited sexual content (photos of private parts, sexual videos, etc.).


2. The age of sexual consent in Luxembourg is 16.

 Sexual majority is a concept in the law that aims to protect minors under the age of 16 from non-consensual sexual relations with adults, and defines the age at which the law considers a person to be capable of giving "informed consent".


However, the clause "teenage love" recognizes consent of minors aged between 13 and less than 16 years, when the age gap between partners is no more than 4 years.

 https://gouvernement.lu/en/dossiers.gouv_mj%2Ben%2Bdossiers%2B2023%2Babus-et-violences-sexuels.html.


3. Sexual harassment refers to any unwanted verbal or mental behaviour of a sexual nature.

 Sexual harassment refers to any unwanted and repeatedly imposed verbal or mental behaviour of a sexual nature by one person towards another.


4. Giving consent means voluntarily agreeing to take part in sexual activities with other people.

 Consent means that a person voluntarily and clearly agrees to take part in a sexual activity. To obtain a person's consent, a number of conditions must be met, including their age and their capacity to give it, i.e., for example, without being under the influence of alcohol or drugs, without being asleep and without being under the control of a person in a position of authority. The person must be given complete freedom to respond, and then that response must be accepted whether it is satisfactory or not.


5. If a person has once agreed to a sexual activity, this means that they will always agree.











 A person can change his or her mind and withdraw consent at any time. To be valid, consent must be renewed, i.e. to repeat a sexual activity, the person who obtained the other person's consent yesterday or at another time must ensure that the other person wishes to repeat the same activity now.

6. Consent must be clearly expressed in words AND behaviour.

 Without consent, sexual activities are instances of sexual violence. Consent may be expressed in words OR gestures, but either is sufficient. Not showing anything is not the same as consent. Quite simple: if you have any doubts about your partner's consent, ask him or her!

7. A person can give their consent even if they have taken alcohol and/or drugs.

 Sexual activity is not consensual if one of the partners is intoxicated or on drugs.

-
8. Once a person has entered into a sexual relationship, they cannot change their mind and withdraw their consent.  A person who consents at the beginning of sexual activity may stop consenting at any time, i.e. withdraw their consent. As soon as a person changes their mind, that decision must be respected and the sexual activity must cease.
-
9. Saying "yes" is the only way to consent.  Consent can be communicated verbally or non-verbally. The absence of a verbal or physical reaction is not equivalent to consenting to a sexual act. The best way to ensure consent is simply to communicate actively and continuously with your partner. If the verbal and physical signals are not in agreement (e.g. a person who verbally affirms consent but seems very reluctant physically), it's a good idea to have a chat before continuing – there's no hurry!
-
10. The victim is sometimes responsible for the attack.  The perpetrator is always responsible, not the victim. There is no justification for sexual assault.
-
11. Persons of the female sex don't know what they want, they say "no" but in reality it means "yes".  A no is a no! It's important to respect someone's words. Sexuality is complex, sometimes you change your mind, sometimes your body reacts in ways you didn't expect it to, but your words are still the most reliable and important indicator of consent. It's also important not to have to repeat yourself several times: one "no" is enough.
-
12. Persons of the male sex always want to have sex.  Everybody has the right to say no to sexual activity. Obviously, there are times when you don't want it. Sexual desire has nothing to do with the biological sex of a person.
-
13. When you're in a relationship, you have to have sex with your partner.  Being in a relationship does not necessarily mean having sex. Before a sexual relationship can take place, each of the partners must consent to it, so everyone must first agree to the activity taking place, whether it's intercourse, a kiss or any other gesture of a sexual nature.
-
14. Consent is not possible when one or more people feel pressured, intimidated or threatened, or with a person in a position of authority.  Consent is a choice and it must be unanimous, free from threats, coercion and pressure in all its forms.
-
15. Forcing someone to have sex "for love" is assault.  Having sex in order to please the other person goes against consent. Consent implies responding to a shared desire to engage in sexual activity between two or more people. You have to feel ready and willing to do it. Consent is only valid if it is given without coercion, i.e. the person giving consent cannot be forced to do so in any way.
-
16. Touching someone over their clothes without their consent is sexual assault.  Sexual assault includes all gestures, words or attitudes of a sexual nature that are made without the consent and against the will of the person, even in a relationship. Penetration is not required to constitute sexual assault. Unwanted sexual touching is any type of touching that has a sexual connotation which the aggressor carries out on a person or asks to carry out on them, whether or not on the genitals.
-
17. Consent cannot be obtained when a person is asleep or unconscious.  There is no consent when a person is unconscious or asleep. The person cannot express consent or non-consent in any way.

CONCEPTION AND PREGNANCY

Presentation and instructions

Conception, pregnancy, family,
voluntary termination of pregnancy

REQUIRED MATERIAL

- Printed exercise; one per young person or per team of participants (see Worksheet 8-1)
- Answer key; a copy for you (see Worksheet 8-2)
- Fact Sheet 4 of Chapter 2 of the *Let's Talk about Sex!* guide

METHODOLOGY/INSTRUCTIONS

1. Ask the participants to form teams.
2. Distribute the exercises (Worksheet 8-1) to each team and give them 20 minutes to complete the pages.
3. At the end of the two exercises, ask each team to define one of the words and to indicate where they have placed the word in the diagram. Have the rest of the group complete the exercise if necessary. Correct and complete as necessary (see Worksheet 8-2).
4. Present the 5 stages of conception
(see Fact Sheet 4 of Chapter 2 of the *Let's Talk about Sex!* guide.).
5. To conclude the activity, lead a discussion (see overleaf).

ROLE OF THE MODERATOR

- Lead the group during the discussion.
- Provide information about available services specialised on voluntary termination of pregnancy, pregnancy and contraception:



<https://www.cesas.lu/fr/liste.php>



50'

LEVEL OF DIFFICULTY



NO LIMIT

TIME OF ACTIVITY



OBJECTIVES

- Know the vocabulary and definitions of words related to pregnancy and conception
- Be able to identify the different parts of the body involved during pregnancy and conception
- Raise the participant's awareness of the different types of family
- Inform the participants about the different types of voluntary termination of pregnancy

CONCEPTION AND PREGNANCY

Discussion

Lead a discussion based on the following two questions and convey the key messages in the sample answers below:

WHAT TYPES OF FAMILY ARE THERE?

Example of answer:

- Some families have two parents (e.g. a mum and a dad; two dads; two mums; etc.).
- Some families have just one parent (e.g. one dad, one mum, etc.).
- Some families share a genetic heritage.
- Some families do not share any genetic heritage (e.g. adoption, gamete donation, etc.).
- Some families have no parents (e.g. death of parents, adoption home with legal guardian, etc.).
- Some families have no children.
- ...

DO WE HAVE TO HAVE CHILDREN?

Example of answer:

No. Having children is a choice. It is a fundamental right, essential to individual freedom (the right to dispose over one's own body), but it is also a sexual right, understood as the right "to decide whether or not to have children, at the time of one's choosing", as mentioned in the National Action Plan "Promotion de la santé affective et sexuelle" (Promotion of emotional and sexual health) here in Luxembourg.

So, if you wish to use contraception, you can get advice from a health professional. Also, if a pregnancy is unwanted, voluntary termination of pregnancy (interruption volontaire de grossesse, IVG) is legal in Luxembourg up to 12 weeks of pregnancy (14 weeks following the first day of the last menstrual period) and is covered by the Caisse nationale de santé. Refer to Fact Sheet 15 of the *Let's Talk about Sex!* guide for more information.

CONCEPTION AND PREGNANCY

Exercise 1: Definitions

Define the following terms related to conception and pregnancy.

You can consult resources to help you complete the definitions.

1. Ovum

.....

2. Sperm

.....

3. Amniotic fluid

.....

.....

4. 1st trimester

.....

.....

5. 2nd trimester

.....

.....

6. 3rd trimester

.....

.....

7. Zygote

.....

.....

8. Embryo

.....

.....

.....

9. Foetus

.....

.....

.....

.....

10. Placenta

.....

.....

.....

.....

.....

11. Umbilical cord

.....

.....

12. Cervix

.....

.....

13. Amniotic sac

.....

.....

14. Vagina

.....

.....

15. Vulva

.....

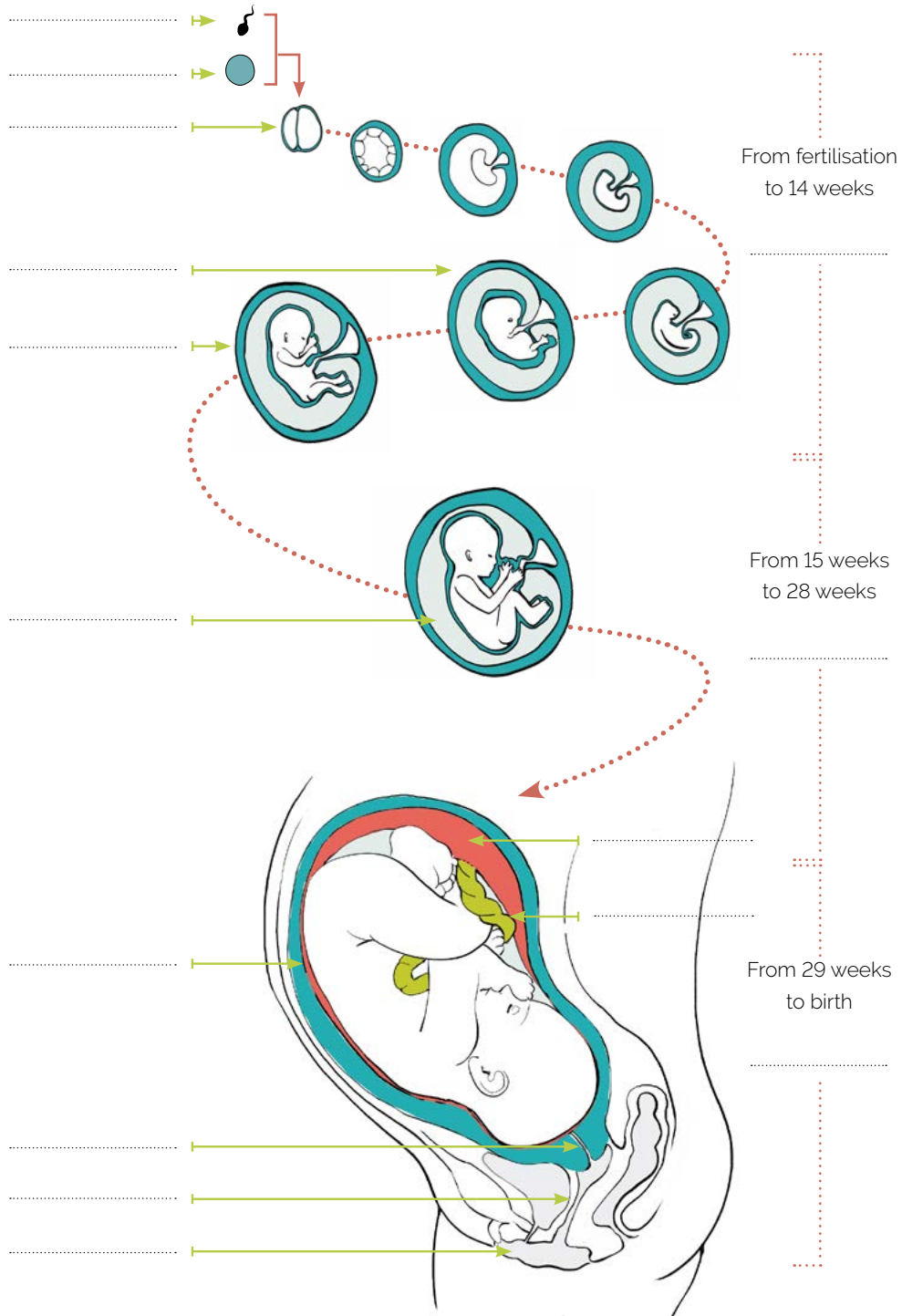
.....

CONCEPTION AND PREGNANCY

Exercise 2: diagram to complete

Fill in the diagram with the words you have just defined:

1. Ovum - 2. Sperm - 3. Amniotic fluid - 4. 1st trimester - 5. 2nd trimester - 6. 3rd trimester - 7. Zygote - 8. Embryo
9. Foetus - 10. Placenta - 11. Umbilical cord - 12. Cervix - 13. Amniotic sac - 14. Vagina - 15. Vulva



CONCEPTION AND PREGNANCY

Answer key

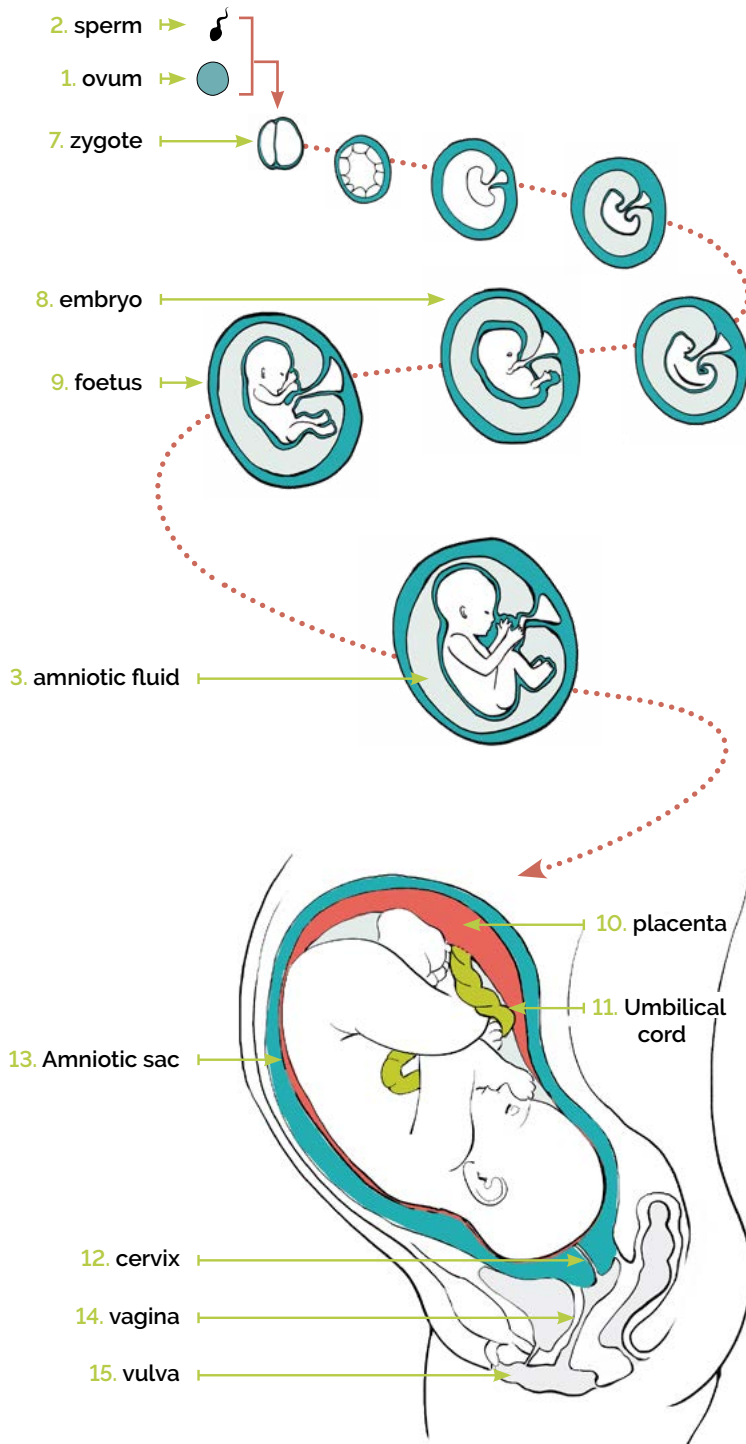
DEFINITIONS

1. **Ovum:** Female reproductive cell.
2. **Sperm:** Male reproductive cell.
3. **Amniotic fluid:** Sterile biological fluid contained in the amniotic sac and in which the embryo (and later the foetus) bathes.
4. **1st trimester:** Period of pregnancy between fertilisation and the 14th week.
5. **2nd trimester:** Period of pregnancy between the 15th and 28th week.
6. **3rd trimester:** Period of pregnancy between the 29th week and birth.
7. **Zygote:** When fertilisation occurs, the sperm and the ovum form an initial cell called the zygote. This cell has not yet multiplied.
8. **Embryo:** The embryo is an organism that develops following fertilisation of an ovum by a sperm, over a period of around 10 weeks, and then becomes a foetus. It is the first stage of pregnancy after fertilisation.
9. **Foetus:** Stage of prenatal development that follows the embryo and leads to birth. The "embryo to foetus" stage takes place after the 10th week of pregnancy.
10. **Placenta:** Organ that develops throughout pregnancy and is made up of both foetal and maternal tissue. It plays a fundamental role in exchanges between the foetus and the mother. It provides the foetus with the nutrients, water and oxygen it needs to develop. It also enables the evacuation of waste excreted by the embryo, then the foetus.
11. **Umbilical cord:** 40 to 60 cm long cord that attaches the embryo, then the foetus, to the placenta. It provides oxygen and nutrients.
12. **Cervix:** It connects the uterus to the vagina through a narrow opening that widens slightly during menstruation and rises during sexual arousal.
13. **Amniotic sac:** Sac filled with amniotic fluid that surrounds the embryo or foetus.
14. **Vagina:** An elastic organ with muscles that connect the vulva to the uterus.
15. **Vulva:** The external genitalia of persons of the female sex.

CONCEPTION AND PREGNANCY

Answer key

SCHÉMA



4. 1st trimester:
From fertilisation
to 14 weeks

5. 2nd trimester:
From 15 weeks
to 28 weeks

6. 3rd trimester:
From 29 weeks
to birth

HOW FAR WOULD YOU GO?

Presentation and instructions

Dynamics of violence in a relationship

Gender-based violence, gradation of domestic violence

REQUIRED MATERIAL

- The story of a relationship between adolescents in 18 stages (see Worksheet 9-1)
- A room wide enough to line up the participants side by side and allow them to take 18 steps forward
- List of questions for discussion (see overleaf)
- Fact Sheet 2 of Chapter 5 of the *Let's Talk about Sex!* guide

METHODOLOGY/INSTRUCTIONS

1. Ask the participants to stand side by side at one end of the room.
2. Give the instructions: following the step-by-step reading of a story, the participants must:
 - take a step forward if they agree to continue the relationship;
 - stay put if they don't want to continue and memorise the number of the statement they stopped at.
3. Start reading the statements by naming the number of the statement before reading it (see Worksheet 9-1). Take care to remain as neutral as possible (watch out for non-verbal language, e.g. tone of voice!). The participants move on or stop at a number, but they must all listen to the story until the end.
4. Once the story is over, ask the participants to explain their decision. Based on their answers, lead a group discussion on the activity, using the list of questions for discussion (see overleaf).
5. To conclude, you can present the components of a healthy and an unhealthy relationship from Fact Sheet 2 of Chapter 5 of the *Let's Talk about Sex!* theoretical guide.

ROLE OF THE MODERATOR

- At the start of the session, explain that participants can stop taking part at any time if they feel uncomfortable.
- Provide information about available services specialised on violence issues:



<https://www.cesas.lu/fr/liste.php>

- If you suspect that a young person in the group is a victim of violence, or if violence committed against a minor is clearly revealed, refer to page 25 of the introductory booklet.



45'

DEPENDENT
ON THE NUMBER
OF PEOPLE

LEVEL OF DIFFICULTY



**BETWEEN
15 AND 20
PEOPLE**

TIME OF ACTIVITY



OBJECTIVES

- Identify the signs, different forms and situations of violence in relationships
- Recognise the dynamics of violence and analyse gender-based violence
- Know your own limits in the context of a relationship.

Activity carried out as part of a prevention and awareness-raising workshop for secondary schools by *Femmes en détresse's* Service oxygène. Contributed by TIMA e.V. and PfunzKerle e.V., Tübingen.
<http://tima-ev.de>
<http://www.pfunzkerle.org>

HOW FAR WOULD YOU GO?

Questions de discussion

LIST OF QUESTIONS FOR DISCUSSION

- How did you feel during the exercise?
- When does violence start according to you?
- Is it different if it happens to a girl or a boy? (gender-based violence)
- What should you do if you don't feel comfortable with your lover's behaviour or requests?
- Where is the line between jealousy, harassment, violence, control and communication between partners?
- Are boys more likely to commit violence? Why? Why not?
- Are we always aware that we are committing acts that others experience as violent?
- How can you protect yourself from violence?
- Where can I find help if I am living with, or know someone who is living with, violence?



HOW FAR WOULD YOU GO?

The story of a teenage relationship

1. You're at a friend's party and you see a boy/girl you really like. He/she often looks at you and smiles. You smile back.
2. Two weeks later, you bump into him/her on the bus. You talk to him/her and immediately find him/her very pleasant – really nice. You discover that he/she is new to your friend's class and that he/she has been out a few times with his/her friends.
3. He/she would like to see you again and asks for your number.
4. The next day, you receive a text message asking you to go out with him/her on Saturday night, when he/she will be in town with the rest of the group.
5. You're having a wonderful evening, you seem to be having lots of fun together. He/she is not only charming, but also very attractive and it seems like other girls/boys envy you because he/she is interested in you.
6. You go out on several dates, get to know each other better and you realise that you are falling in love with him/her, and he/she is falling in love with you. You see each other almost every day. He/she waits for you after school to take you home.
7. He/she calls you constantly and wants to know what you're doing and who you're with. He/she says that he/she is very much in love with you and thinks about you all the time.
8. You notice that he/she doesn't like it when you do something without him/her, like spending an evening with friends. This always puts him/her in a bad mood and he/she can't help but make remarks about your friends.
9. This is the reason for your repeated arguments. For example, when you want to go to swimming with your friends, he/she gets angry and tells you that he/she doesn't want you to go. After this argument, he/she apologises and justifies it by explaining that it's because of the other boys/girls who might see you "half-naked".
10. After this argument, you are having a really good time together. He/she is affectionate, pays you compliments, and you realise how much he/she loves you. Shortly afterwards, he/she starts arguing again because you want to go out alone with your friends. He/she accuses you of going out with another boy/girl and that's why you don't want him/her to go with you.
11. Back from your girls'/boys' night out, he/she questions you and asks you to tell him/her every detail of what you did that evening and wants to know exactly who was there. You tell him/her everything, but he/she doesn't believe you.
12. In the afternoon, he/she apologises again. He/she tells you that you are so important to him/her and that he/she can't stand the idea of someone else liking you too.
13. He/she says bad things about your friends and doesn't want you to see them anymore. He/she claims that they have a bad influence on you. Especially your friend Alix, he/she doesn't seem to like him/her at all. He/she insults her. You tell him/her to stop insulting your friend. So as not to upset him/her, you distance yourself a little from Alix.
14. Over the next few days, he/she acts as if nothing had happened and is very kind to you. He/she even gives you presents. For a while, you get on very well. He/she takes good care of you and you both feel wonderful.
15. He/she gets jealous very easily when he/she picks you up after school and sees you talking to other girls/boys. Lately he/she has been insulting you more often and saying hurtful things. Once he/she shouted so loud and placed himself/herself in front of you in such a way that he/she actually scared you.
16. He/she says that you belong to him/her, so you mustn't go out without him/her, because he/she can't stand it. If you don't do what he/she wants, he/she will immediately break up with you.
17. After the school party, which you ended up going to without him/her, he/she waits for you at your entry door to reproach you. He/she yells at you, gets angry and hits you in the face.
18. The next day you receive a text from him/her apologising and swearing that it will never happen again.

WHAT WOULD HAPPEN IF...

Presentation and instructions

*Sexual, gender-based
and sexist violence, etc.*

REQUIRED MATERIAL

- "What if..." cards (see Worksheet 10-1)
- List of questions for discussion (see back page)
- Fact Sheet 3 of Chapter 5 of the *Let's Talk about Sex!* guide

METHODOLOGY/INSTRUCTIONS

Preliminary remark: the "What if..." situations must be adapted to the maturity of the group.

1. Place the "What if..." cards face down on a table or on the floor.
2. Sit in a circle with the participants around the cards.
3. Ask a young person to pick a card and read out what it says. The young person hands the card to the person on his/her right, to get his/her opinion. The person on his/her right should respond as spontaneously as possible, expressing what the situation in question triggers in him/her and explaining how he/she would react.
3. Then ask the group to discuss the situation.
4. The person who answered the question then draws a new card and asks the question to the person on their right. If someone doesn't want to answer a question, simply pass the card to the next person in the round.
5. Participants can also create and propose their own "What if..." situation.
6. Once everyone has taken part (or passed their turn if necessary), a large-group discussion provides an opportunity to look back on the experience (example of questions: see back page).

ROLE OF THE MODERATOR

- At the start of the session, make clear that participants can stop taking part at any time if they feel uncomfortable or uneasy: paying close attention to all the participants to avoid reawakening a difficult experience.
- Ensure a caring environment between participants when they discuss a situation.
- Lead the discussion.
- Provide information about available services specialised on violence issues: www.cesas.lu/fr/liste.php
- If you suspect that a young person in the group is a victim of violence, or if violence committed against a minor is clearly revealed, refer to page 25 of the introductory booklet.



45'

DEPENDING
ON THE NUMBER
OF TEAMS

LEVEL OF DIFFICULTY



**15 PEOPLE
AND MORE**

TIME OF ACTIVITY



OBJECTIVES

- Share and discussing unpleasant subjects and delicate situations
- Express your feelings and giving your opinion

Activity carried out as part of a prevention and awareness-raising workshop run in secondary schools by *Femmes en détresse's* Service oxygène. Contributed by TIMA e.V. and Pfunzkerle e.V., Tübingen, <http://tima-ev.de>, <http://www.pfunzkerle.org>

WHAT WOULD HAPPEN IF...

List of questions

LISTE DES QUESTIONS DE DISCUSSION

- Where does violence begin?
- Is violence normal? What can you do to protect yourself?
- Who can you talk to if you have any questions?
- What should you do if you find yourself in a situation of violence?
 - Refer to Fact Sheet 3 of Chapter 5 of the *Let's Talk about Sex!* guide for information on the steps to take in the event of violence against a minor.
- How did you feel when you had to explain your answer? Were you afraid of being judged? Were you sure of your answer? Did you feel pressurised by what other people thought?



WHAT WOULD HAPPEN IF...

"What if..." cards (to laminate and cut out)

A friend tells you: "Before my relationship with my partner comes to an end, I'd rather sleep with him/her!"

One of your good friends suddenly expresses a desire to hug or kiss you. This closeness makes you uncomfortable.

A good friend tells you he/she has been sexually abused by his/her "father"/"mother".

Someone touched your bottom while you were on the tram.

Every time someone whistles at you in the street or comments on your appearance, this person should have to pay a €50 fine.

Whenever they can, boys just comment on girls' looks and appearance.

A stranger calls you and tells you that he/she loves you and has been watching you for days.

Your lover won't stop complaining about your breasts and your lack of muscle (flabby).

Let's talk
about Sex!
10-1

Let's talk
about Sex!
10-1

Let's talk
about Sex!
10-1

Let's talk
about Sex!
10-1

Let's talk
about Sex!
10-1

Let's talk
about Sex!
10-1

Let's talk
about Sex!
10-1

Let's talk
about Sex!
10-1

WHAT WOULD HAPPEN IF...

"What if..." cards (to laminate and cut out)

Your friends invite you to watch porn together.

In the evening at the pub, your friends don't stop telling sexist jokes while pinching the buttocks of the waiter/waitress.

Your lover sends you a nude without your consent.

Your friends invite you to go into a sex shop.

Your lover asks you to send him/her a nude. If you refuse, he/she will leave you.

Your lover suggests that he films you having sex with him.

Whenever they can, boys just comment on girls' looks and appearance.

Your turn to imagine a situation...

Let's talk
about Sex!
10-1

Let's talk
about Sex!
10-1

Let's talk
about Sex!
10-1

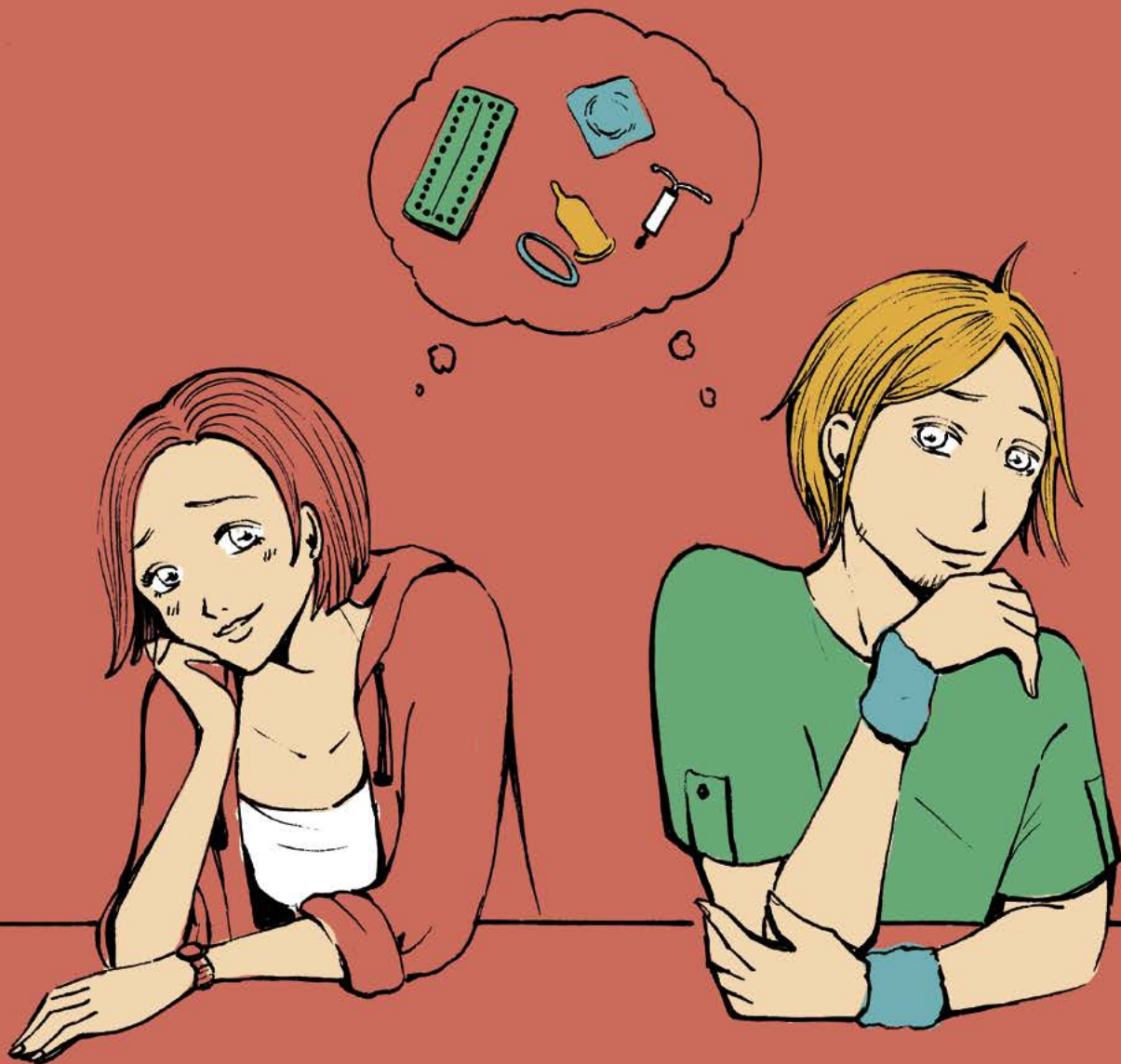
Let's talk
about Sex!
10-1

Let's talk
about Sex!
10-1

Let's talk
about Sex!
10-1

Let's talk
about Sex!
10-1

Let's talk
about Sex!
10-1



Chapter 3

CONTRACEPTION

PRESENT A CONTRACEPTION METHOD

Presentation and instructions

Contraception methods

REQUIRED MATERIAL

- A flipchart
- Coloured pencils/pens
- Contraceptive cards (see Worksheet 11-1)
- Information material on contraception (see examples on the back page)

METHODOLOGY/INSTRUCTIONS

1. Ask the participants to form teams of 2-5 people.
2. Have each team draw a contraception card. Each team must present the contraception they have drawn to the rest of the group (presentation time required: 5 minutes), including the following elements:
 - how the method works;
 - the advantages;
 - the disadvantages;
 - how/where to get it.

To go further, you can ask the teams to answer the following questions:

 - For what reasons/under what circumstances might this type of contraception fail?
 - What to do when the contraception "fails"?
3. Let the teams research the information on the contraception they have drawn using the tools and methods they prefer (e.g. role play, quiz, drawing, interview, pantomime, oral presentation, etc.). The time allowed for research and preparation is 30 minutes.
4. Ask each team to present their findings in 5 minutes, one at a time. The rest of the group, including you, can fill in the gaps.
5. Present the options available if contraception fails, using Fact Sheets 14 and 15 of Chapter 3 of the *Let's Talk about Sex!* guide.

ROLE OF THE MODERATOR

- Guide the participants if necessary.
- Complete the presentations if necessary.
- Provide information about available services specialised on contraception, emergency contraception and voluntary termination of pregnancy:



<https://www.cesas.lu/fr/liste.php>



MAX. 1H30

DEPENDING
ON THE NUMBER
OF TEAMS

LEVEL OF DIFFICULTY



FROM 10 TO

30 PEOPLE

TEAMS OF 2 TO 5

TIME OF ACTIVITY



OBJECTIVES

- Inform the participants about contraception
- Recognise the advantages and disadvantages of contraceptive methods

PRESENT A CONTRACEPTION METHOD

Ressources

CONTRACEPTION INFORMATION MATERIAL LEFT AT THE DISPOSAL OF THE PARTICIPANTS:

Let's Talk about Sex! guide, Chapter 3



<https://sante.public.lu/fr/publications/g/guide-sante-sexuelle-ltas2020-fr-de-en.html>



Information brochures



<https://macontraception.lu/resources-2>



Websites



www.liebesleben.de



<https://mycontraception.lu/>



<https://questionsexualite.fr/choisir-sa-contraception>



The repository of this Let's Talk about Sex Toolkit



<https://trello.com/invite/b/8xtiLzGt/ATTid1857968ed2a3818ea329f4f94bd8276D32F3DD8/chapitre-3-la-contraception>



PRESENT A CONTRACEPTION METHOD

"Contraception" cards (to laminate and cut out)



Let's talk
about Sex!
||-|

Let's talk
about Sex!
||-|

Let's talk
about Sex!
||-|

Let's talk
about Sex!
||-|

Let's talk
about Sex!
||-|

Let's talk
about Sex!
||-|

Let's talk
about Sex!
||-|

Let's talk
about Sex!
||-|

Let's talk
about Sex!
||-|

Let's talk
about Sex!
||-|

Let's talk
about Sex!
||-|

Let's talk
about Sex!
||-|

Let's talk
about Sex!
||-|

Let's talk
about Sex!
||-|

Let's talk
about Sex!
||-|

CONTRACEPTION: TRUE OR FALSE

Presentation and instructions

Les méthodes de contraception

REQUIRED MATERIAL

- "True or false Contraception" cards (see Worksheet 12-1)
- Chapter 3 of the *Let's Talk about Sex!* guide

METHODOLOGY/INSTRUCTIONS


1. Ask the participants to form teams.
2. Shuffle the "True or false Contraception" cards and hand out one to each team. Depending on the level of knowledge of the participants, make sure you hand out cards with topics and questions that are within their reach.
3. Ask each team to choose a leader. This person will have to explain one of the cards (question + answer) to the rest of the group at the end of the activity.
4. Each leader then reads the questions to his/her team, who then discuss the questions to find the right answer. The leader gives the correct answer. Give the teams about 15-20 minutes to answer the questions.
5. Once the questions are finished, ask the teams to choose the question that is the most interesting to them.
6. Then ask each team-leader to ask the chosen question to the rest of the group and summarise the answer.
7. Once each representative has presented their question and answer, take the time to see if there are any questions left.

ROLE OF THE MODERATOR

- Guide the participants if necessary.
- Complete the answers if necessary.
- Provide information on the services available in connection with contraception and voluntary termination of pregnancy:



<https://www.cesas.lu/fr/liste.php>



MAX. 1H30
DEPENDING
ON THE NUMBER
OF TEAMS

LEVEL OF DIFFICULTY



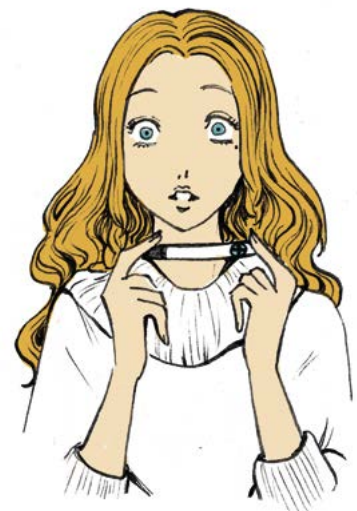

**FROM 10 TO
30 PEOPLE**

TIME OF ACTIVITY



OBJECTIVES

- Inform the participants about contraception
- Deconstruct false information



CONTRACEPTION: TRUE OR FALSE

"True or false" cards – part 1 recto (to laminate and cut out)



Emergency contraception can be used only 24 hours after unprotected sexual intercourse (or not properly protected / misuse of contraception).



I got my period, so I am not pregnant.



It is dangerous to smoke while using hormonal contraception.



Never had your period yet? So there is no risk of pregnancy.



Fellatio involves a risk of pregnancy.



If there is no penetration, there is no risk of pregnancy.



Using two condoms (one on top of the other) or an internal (female) condom with an external (male) condom provides better protection.



A prescription is always required to obtain contraception.



If you have sex during your period, there is a risk of pregnancy.



If I have a severe diarrhoea or vomit after taking a contraceptive pill, or an emergency pill, it is no longer effective.

CONTRACEPTION: TRUE OR FALSE

"True or false" cards – part 1 verso (to laminate and cut out)

✗ **FALSE:** You can have your "period" while you are pregnant if you are taking hormonal contraception. This bleeding is called "withdrawal bleeding" and is triggered by the temporary cessation of hormones (e.g. stopping for a week when taking the pill, the vaginal ring or the patch). Without hormonal contraception, some people still experience light monthly bleeding during the first months of pregnancy. To be sure: take a pregnancy test 19 days after unprotected intercourse.

✗ **FALSE:** Menstruation occurs on average 14 days after ovulation. Therefore, having intercourse before the first menstrual period without a condom presents a risk of pregnancy, as ovulation can occur at any time.

Important: once menstruation has stopped, it is impossible to predict when the next ovulation will take place. Young people's cycles are often highly variable, which is why it's so important to protect yourself.

✗ **FALSE:** Pregnancy is possible if the sperm has been in contact with the entrance to the vagina, and the spermatozoa then travel to the uterus. Sperm can survive for up to 5 days after intercourse in the internal genitalia, hence the risk of pregnancy if you forget to take the pill within 5 days of intercourse. For the same reasons, pregnancy can occur if penetration takes place without a condom and the person withdraws from the vagina before ejaculating.

✗ **FALSE:** Some contraceptives do not require a prescription, such as the internal (female) and external (male) condoms.

✓ **TRUE:** The emergency pill and the contraceptive pill passes through the digestive system, and this is part of the process by which the pill is absorbed. Vomiting or having diarrhoea within 4 hours of taking an emergency or a contraceptive pill will cause the pill's active molecules to be "evacuated" prematurely, preventing the pill from having any effect. If it happens, take a spare contraceptive pill, or re-take a second emergency pill as soon as possible to compensate for this "loss".

✗ **FALSE:** There are 3 methods of emergency contraception:

- the copper coil (IUD), which protects for up to 5 days after intercourse;
- the ulipristal acetate pill, which can provide protection for up to 5 days after intercourse;
- the levonorgestrel pill, which can provide protection for up to 3 days after intercourse.

The sooner the better: the effectiveness of these methods decreases over time.

✓ **TRUE:** Smoking is a contraindication to oestrogen-progestin combined contraception (combined pill, patch, vaginal ring) if you have been smoking for several years. ✗ **FALSE:** People under the age of 35 can use combined hormonal contraception if they have no associated cardiovascular risk factors. Talk to your doctor about this. Also, progestin-only hormonal contraception is another type of contraception which is not contraindicated for smokers..

✗ **FALSE:** It is not possible to become pregnant following oral sex, since the sperm does not come into contact with the entry of the vagina. However, oral sex without a condom does not protect against STIs.

✗ **FALSE:** Unfortunately, no! There is a high risk that one of the two condoms will tear. Choose the condom that suits you best.

✓ **TRUE:** Without hormonal contraception, there is a risk of pregnancy, although it is less likely. However, as spermatozoa can live for up to 5 days in the vagina/uterus, if ovulation occurs early in the cycle, fertilisation can occur. ✗ **FALSE:** With hormonal contraception, there is no risk of pregnancy if you have sexual intercourse during your period, as long as you properly respect the contraception instruction label (e.g. respect the precise prescribed number of days without the contraception e.g. pill-free week).

CONTRACEPTION: TRUE OR FALSE

"True or false" cards – part 2 recto (to laminate and cut out)



If a minor wishes to have a voluntary termination of pregnancy, they must be accompanied by a trusted person of full age.



Contraception can make you gain weight.



Condoms can be used for anal intercourse and for oral sex.



Voluntary termination of pregnancy is an abortion.



Hormonal contraception can make you sterile.



The emergency pill can be used repeatedly without any risk for health.



The IUD (intrauterine device) cannot be used if you have never had a child.



An ovum lives for 12-24 hours. Spermatozoa live up to 5 days in the uterus.



To get pregnant, an ovum and a spermatozoon must meet.



The pill protects against sexually transmitted infections (STIs).

CONTRACEPTION: TRUE OR FALSE

"True or false" cards – part 2 verso (to laminate and cut out)

✘ **FALSE:** The first generations of contraceptive pills had higher dosage than today: they sometimes caused very unpleasant side-effects for women. Nowadays, during the first few cycles after starting the pill, women may notice a slight weight gain, on average, 2 kilos. If you have any questions or concerns, don't hesitate to ask your doctor.

✔ **TRUE:** Voluntary termination of pregnancy is an abortion. Voluntary termination of pregnancy is legal and reimbursed for anyone affiliated to the National Health Fund (CNS) who requests it, although minors must be accompanied by a trusted adult in order to have access to it.

✔ **TRUE:** The emergency contraceptive pill presents no danger for health and does not cause sterility. It may induce a hormonal imbalance and give rise to a few temporary side-effects such as: dizziness, headaches, nausea, abdominal pain, bleeding, etc. If you have any concerns about taking an emergency pill, do not hesitate to contact a doctor, gynaecologist, pharmacist, the *Planning familial* or any other health professional. You can also always refer to the information leaflet of the emergency pill.

✔ **TRUE:** It's important to take these parameters into account if you want to avoid pregnancy, whether or not you use contraception. For example, if sexual intercourse took place 5 days ago, without a condom or any other contraception, and ovulation occurs today, it could lead to a pregnancy.

✘ **FALSE:** The only contraceptive methods that protect from both pregnancy and STIs are the external (male) and the internal (female) condoms.

✔ **TRUE:** In Luxembourg, minors can request a voluntary termination of pregnancy (VTP – also known as an abortion), but the minor must meet two specific conditions:

- Have a consultation with a psychosocial service before having the voluntary termination of pregnancy (hospital or *Planning familial*);
- The minor must be accompanied by a trusted adult, who can either be the person with parental authority or the legal representative, i.e. a trusted person of full age..

✔ **TRUE:** An external (male) condom can be used to prevent sexually transmitted infections during fellatio. An external condom can also be used for anal intercourse. You can use polyurethane condoms, which are stronger. Internal (female) condoms can be used for anal sex, but not for fellatio.

✘ **FALSE:** Hormonal contraception, like contraception in general, does not make you sterile. In fact, a significant proportion of unplanned/unwanted pregnancies occurs even though people are using contraception. Anyone who stops using contraception regains their initial fertility.

✘ **FALSE:** If there are no contraindications (e.g. a history of ectopic pregnancy – to be checked with a doctor), you can have an IUD inserted without having had a child, even if you are a minor. Your doctor will identify any contraindications. Don't hesitate to ask your health professional any questions you may have.

✔ **TRUE:** These are the two gametes, i.e. the two types of sexual and reproductive human cells. They contain the genetic baggage needed for the eventual development of an embryo, then a foetus. These two cells also need to meet in an environment where pregnancy can occur: the uterus.

CONTRACEPTION: TRUE OR FALSE

"True or false" cards – part 3 recto (to laminate and cut out)



The vaginal ring works thanks to the warmth of the vagina.



In Luxembourg, abortion is legal up to 12 weeks of pregnancy (14 weeks after the first day of the last menstrual period).



When using the emergency pill, there are many side effects.



The implant contains metal and health data. That's why you need to indicate this when you go through the customs.



The contraceptive implant is inserted into the vagina.



The vaginal ring is inserted just before sexual intercourse.



Any external (male) condom fits anyone.



Any internal (female) condom fits anyone.



Only water-based lubricants are compatible with condoms.



The contraceptive patch can be applied anywhere on the body.

CONTRACEPTION: TRUE OR FALSE

"True or false" cards – part 3 verso (to laminate and cut out)

✓ **TRUE:** It is possible to have access to medical or surgical voluntary termination of pregnancy up to 12 weeks of pregnancy.

✗ **FALSE:** It's not an electronic device. The hormonal implant is made of a synthetic material that does not degrade in the body. So there's no reason why it should be detectable by a metal detector, for example if you're flying.

✗ **FALSE:** The vaginal ring must be inserted at least 7 days before sexual intercourse to be effective without a condom. However, the ring should not be changed before each sexual intercourse: each ring remains in the vagina for 3 weeks (21 days) and is then replaced by a new ring.

✓ **TRUE:** The internal condom is a "one size fits all" condom. Because it adapts to the walls of the vagina, which will expand during sexual arousal, the condom does not need to be as tight as the external (male) condom. Also, the internal condom protrudes from the vagina, or the anus (during anal penetration) and the "excess" part of the condom comes out, covers and protects the vulva or the area around the anus.

✗ **FALSE:** The contraceptive patch should be stuck on a clean and dry skin area unwounded: the lower abdomen, the upper arm, the buttocks, or the shoulder blade. Do not apply the patch on a breast or on an area that may be exposed to the sun.

✓ **TRUE:** The vaginal ring is a flexible round-shaped device, in which tiny holes allow a continuous release of hormones. This diffusion process is triggered by body heat.

✓ **TRUE and ✗ FALSE:** It varies from one person to another, and from one use to another. Here are some of the possible side effects: headaches, nausea, abdominal pain, bleeding, muscle cramps, diarrhoea, etc. It can also cause vomiting. Be careful: if you vomit within 3 hours of taking the pill, you should take a second pill as a matter of urgency, as the hormones contained in the pill will not have had time to be absorbed by the body before being evacuated.

✗ **FALSE:** The implant is inserted under the skin on the inside of the upper arm.

✗ **FALSE:** The condoms found in supermarkets are made in accordance with the average European sizes. Of course, there are several sizes of condom, which can help.

✓ **TRUE:** All condoms are sold with a small amount of lubricant (in the packaging). This is necessary to prevent the latex from drying out! However, you can always use additional lubricant. Warning: always use water-based lubricant when using a latex condom, as any other type of lubricant may alter the latex and cause the condom to tear! If you wish to use other lubricants, please do so with a polyurethane condom, a material similar to latex which is much more resistant.

CONTRACEPTION: TRUE OR FALSE

"True or false" cards – part 4 recto (to laminate and cut out)



If you use contraception, it's because you're sexually active.



It is necessary to have a parent's agreement to have access to contraception.



Antibiotics can have an impact on the effectiveness of certain contraceptives.



All methods of contraception contain hormones.



The contraceptive pill can be taken at any time during the day.



The best contraception is the one that the person in question chooses.



You need to have a gynaecological examination to receive a prescription to obtain a contraceptive.



The morning-after pill is very effective.



You can take a pregnancy test a few hours after intercourse for reassurance.



Taking a vaginal shower after sex reduces the risk of pregnancy.

CONTRACEPTION: TRUE OR FALSE

"True or false" cards – part 4 verso (to laminate and cut out)

✗ **FALSE:** You can ask your general practitioner or *Planning familial* for a prescription. Health professionals, including pharmacists, are bound by medical confidentiality, and are not entitled to discuss your request with a third party.

✗ **FALSE:** There are hormonal and non-hormonal methods. For more information, visit mycontraception.lu!

✓ **TRUE:** When you decide to use contraception, it's important to get all the information you need about the different methods so that you can make an informed choice that suits your lifestyle and preferences. A method is more effective if you choose to use it with full knowledge of the facts.

✓ **TRUE and ✗ FALSE:** The effectiveness of the morning-after pill, also known as the emergency pill, depends on the time of ovulation and the delay of intake: the sooner the better (the effectiveness of the morning-after pill decreases with time). The morning-after pill will delay ovulation, but it will not necessarily prevent it. So, if ovulation occurs during sexual intercourse, the emergency pill will have no effect.

✗ **FALSE:** Once the sperm is in the vagina, it only takes a few seconds for the spermatozoa to travel back up to the uterus. Therefore, showering the vagina does not reduce the risk of pregnancy following unprotected intercourse.

✗ **FALSE:** The aim of contraception is to prevent pregnancy, but some people use contraception without having regular sexual relations or a regular partner. For example, some people use hormonal contraception to have their periods more regularly or to reduce certain symptoms associated with periods.

✓ **TRUE:** Some antibiotics and other drugs, such as enzyme-inducing anti-epileptics, can have an impact on certain hormonal contraceptives efficiency. When you or your partner are taking hormonal contraception, you are strongly advised to ask your doctor or pharmacist about the possible impact on contraception.

✗ **FALSE:** The contraceptive pill must be taken at the same time every day to be effective. If a pill is forgotten, depending on the type of pill, a certain delay may be tolerated (between 3 and 12 hours depending on the pill).

✗ **FALSE:** The only hormonal contraception that requires a gynaecological examination is the IUD (hormonal or copper). However, you do need to see a doctor to check that you have no contraindications to taking certain types of contraception. All you need to do is go to a doctor or at the *Planning familial* to obtain a prescription.

✗ **FALSE:** A urine pregnancy test is only reliable about 3 weeks after unprotected intercourse. This is important because the test measures the amount of the hormone HCG, which must be present in sufficient quantities in the urine for the test to detect it. If the test is taken before 3 weeks, it will not detect the HCG hormone, even if a pregnancy is under way.



Chapter 4

**SEXUALLY TRANSMITTED INFECTIONS
(STIS)**

PRESENT A SEXUALLY TRANSMITTED INFECTIONS (STIS)

Presentation and instructions

STIs: prevention and protection

REQUIRED MATERIAL

- A flipchart
- Coloured pencils/marker pens
- The 8 cards with STIs (see Worksheet 13-1)
- Information material on STIs (examples on back page)

METHODOLOGY/INSTRUCTIONS

1. Ask the participants to form 8 teams.
2. Have each team draw an "STI" card. Each team must present the STI they have drawn to the rest of the group (presentation time required: 5 minutes), including the following elements:
 - transmission;
 - symptoms;
 - treatment (or how to live with an STI if there is no cure);
 - prevention.
3. Let the teams research the information on the STI they have drawn using the tools and methods they prefer. They can prepare to present their findings to the rest of the group as they prefer (e.g. role play, quiz, drawing, interview, pantomime, oral presentation, etc.). The time allowed for research and preparation is 30 minutes.
4. Ask the teams to present their findings in 5 minutes, one at a time. Invite the rest of the group to complete missing info and complete if necessary.

ROLE OF THE MODERATOR

- Guide the participants if necessary.
- Complete presentations if necessary.
- Provide information on services available related to STIs:



<https://www.cesas.lu/fr/liste.php>



MAX. 1H30

DEPENDING
ON THE NUMBER
OF TEAMS

LEVEL OF DIFFICULTY



**8 TEAMS OF 3
TO 5 PEOPLE
IS IDEAL**

TIME OF ACTIVITY



OBJECTIVES

- Raise awareness of the participants on how STIs are transmitted
- Recognise the risks, symptoms, prevention and treatment of an STI

Game used as part of the training given by the HIV Berodung Service of the Luxembourg Red Cross

PRESENT A SEXUALLY TRANSMITTED INFECTION (STI)

Ressources

STIS INFORMATION MATERIAL LEFT AT THE DISPOSAL OF THE PARTICIPANTS:

Let's Talk about Sex! guide, Chapter 4



<https://sante.public.lu/fr/publications/g/guide-sante-sexuelle-ltas2020-fr-de-en.html>



Websites



www.liebesleben.de



<https://depistage.be>



<https://formations.hivberodung.lu>



The repository of this *Let's Talk about Sex* Toolkit



<https://trello.com/invite/b/GjWx8VV2/ATTI3666191d40c3fc13fa3a8469bedf97cb386BCD07/chapitre-4-les-infections-sexuellement-transmissibles-ist>



PRESENT A SEXUALLY TRANSMITTED INFECTION (STI)

"STI" cards (to laminate and cut out)



HIV/AIDS
= virus



SYPHILLIS
= bacteria



**PAPILLOMAVIRUS
(HPV)**
= virus



GONORRHEA
"Clap"
= bacteria



HERPES
= virus



CHLAMYDIA
= bacteria



HEPATITIS B
= virus



TRICHOMONAS
= parasite

Let's talk
about Sex!
13-1

Let's talk
about Sex!
13-1

Let's talk
about Sex!
13-1

Let's talk
about Sex!
13-1

Let's talk
about Sex!
13-1

Let's talk
about Sex!
13-1

Let's talk
about Sex!
13-1

Let's talk
about Sex!
13-1

PROS & CONS

Presentation and instructions

STIs: prevention & protection

REQUIRED MATERIAL

- Cards (see Worksheet 14-1) are handed out randomly in the following proportions:
 - 4 Observers (2 Pros and 2 Cons, otherwise at least 1 Pro and 1 Con)
 - 6 Pros (or half of the rest of the group)
 - 6 Cons (or the other half of the rest of the group)
- 2 chairs
- 1 timer or mobile phone with this function
- 4 pens and sheets of paper or a flipchart
- Fact Sheet 9 of Chapter 3 of the *Let's Talk about Sex!* guide

METHODOLOGY/INSTRUCTIONS

1. Randomly deal one card to each participant to assign them a role.
 - The Pros have to come up with reasons to use condoms.
 - The Cons have to come up with reasons to not use condoms.
 - The Observers are responsible for writing down each point.

Variation: see back page

2. Each team (Pros or Cons) takes a chair and sits behind it (see diagram on back page). They then decide together who wants to start arguing for and against condom use, and that person sits down on the chair.
3. That person gives an argument for or against the use of condoms, depending on which team they belong to, and then return behind the chair with the rest of the team. Then the person from the opposing team does the same, and each participant continues to give arguments for and against condom use until one of the two teams runs out of arguments. Meanwhile, the 2 Observers write down each point.
4. **The last team to give an argument is the winning team.**
5. The activity lasts a maximum of 20 minutes, then the Observers have 5 minutes to prepare a presentation about the arguments for and against condom use. At the end of their presentation, complete missing info if necessary.

ROLE OF THE MODERATOR

- Prepare the material and create the groups.
- Manage the time.
- Lead and guide discussions.
- Provide information on the services available in relation to STIs, emergency contraception and voluntary termination of pregnancy.



<https://www.cesas.lu/fr/liste.php>



40'

LEVEL OF DIFFICULTY



MIN. 8 PEOPLE
IDEALLY
16 PEOPLE

TIME OF ACTIVITY



OBJECTIVES

- Argue about condom use
- Recognise the importance of using condoms or other strategies if you want to safely stop using condoms

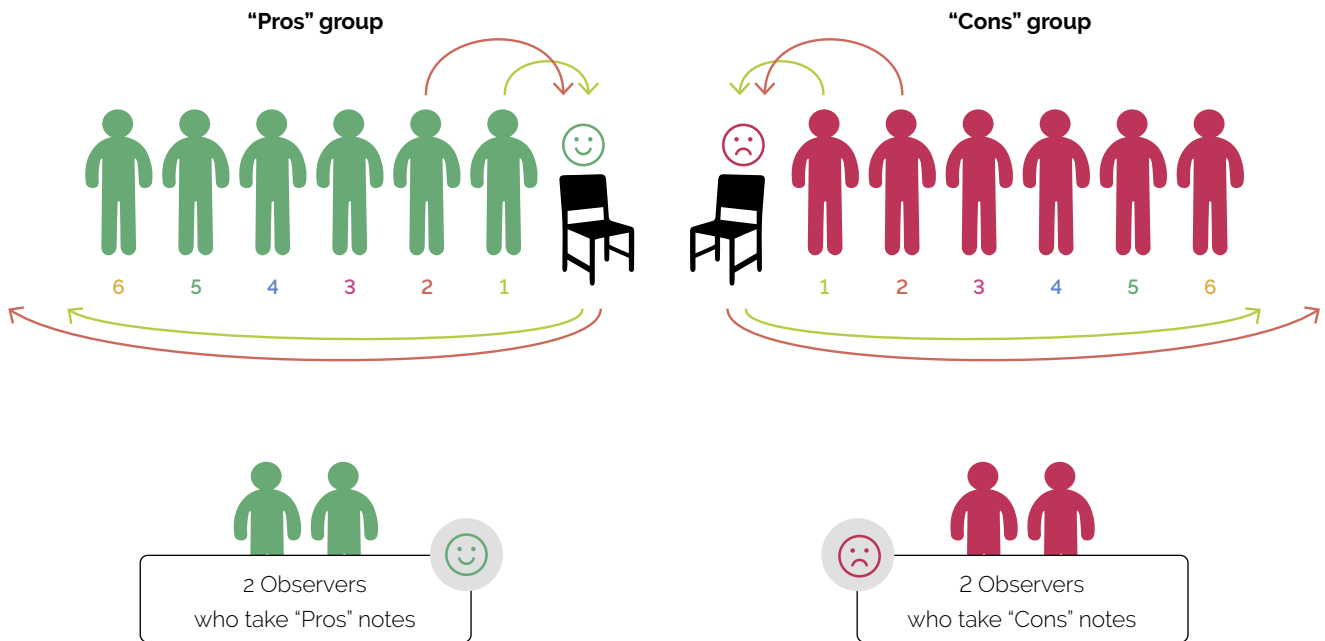
Game used as part of the training given by the *HIV Berodung Service* of the Luxembourg Red Cross



Activity 14

PROS & CONS

Instructions: details



Variation: If you want to make the activity more educational, instead of using the cards, you can use cardboard condom wrappers like:

- cardboard wrapper with a condom inside;
- empty cardboard wrapper;
- cardboard wrapper with a condom and a small "Observer" note;
- empty cardboard wrapper with a small "Observer" note.



PROS & CONS

"STIs" cards (to laminate and cut out)

 **PROS**

I ARGUE FOR condom use

 **CONS**

I ARGUE AGAINST condom use

 **PROS**

I ARGUE FOR condom use

 **CONS**

I ARGUE AGAINST condom use

 **PROS**

I ARGUE FOR condom use

 **CONS**

I ARGUE AGAINST condom use

 **PROS**

I ARGUE FOR condom use

 **CONS**

I ARGUE AGAINST condom use

 **PROS**

I ARGUE FOR condom use

 **CONS**

I ARGUE AGAINST condom use

Let's talk
about Sex!

14-1

Let's talk
about Sex!

14-1

Let's talk
about Sex!

14-1

Let's talk
about Sex!

14-1

Let's talk
about Sex!

14-1

Let's talk
about Sex!

14-1

Let's talk
about Sex!

14-1

Let's talk
about Sex!

14-1

Let's talk
about Sex!

14-1

Let's talk
about Sex!

14-1

PROS & CONS

"STIs" cards (to laminate and cut out)

 **PROS**

I ARGUE FOR condom use

 **CONS**

I ARGUE AGAINST condom use

 **PROS**

I ARGUE FOR condom use

 **CONS**

I ARGUE AGAINST condom use

 **PROS**

I ARGUE FOR condom use

 **CONS**

I ARGUE AGAINST condom use

 **PROS**

I ARGUE FOR condom use

 **CONS**

I ARGUE AGAINST condom use

 **PROS**

I ARGUE FOR condom use

 **CONS**

I ARGUE AGAINST condom use

Let's talk
about Sex!

14-1

Let's talk
about Sex!

14-1

Let's talk
about Sex!

14-1

Let's talk
about Sex!

14-1

Let's talk
about Sex!

14-1

Let's talk
about Sex!

14-1

Let's talk
about Sex!

14-1

Let's talk
about Sex!

14-1

Let's talk
about Sex!

14-1

Let's talk
about Sex!

14-1

CUP GAME

Presentation and instructions

Sexually transmitted infections (STIs): prevention and protection

REQUIRED MATERIAL

- Printed cards with the different profiles/instructions: 1 card per participant (see Worksheet 15-1)
- Cups half-filled with water (1 per participant)
- Salt or sugar (one or the other)
- The list of questions for discussion/reflection (see back page)
- A sink or bucket (to spit out the salt/sugar water if necessary)

METHODOLOGY/INSTRUCTIONS

1. Before the activity, fill all the cups halfway with water. Stir a little salt or sugar into a small number of cups – 1 cup out of 5 (depending on the number of participants in the group) – and dissolve it. The salt or sugar symbolises an STI.
2. Randomly hand out a cup and a profile card to each young person. Important: The participants must not know the content of their cup.
3. Ask them to move freely around the room, hiding their cards. At your signal
 - If both are not using a condom, then the contents of one cup are poured into the other, then divided in half again.
 - If one or both use a condom, the two participants can talk briefly without the contents of the cups being mixed.
4. Ask them to repeat this step several times.
5. At the end of the activity, ask the participants to sit in a semi-circle and taste the water in their cup. Do they taste anything? If they tasted something, it means they have contracted an STI. Based on this situation, lead a discussion with the participants.

ROLE OF THE MODERATOR

- Give instructions.
- Moderate the activity and the group discussion, generate ideas by talking together.
- Providing information on the services available related to STIs:



<https://www.cesas.lu/fr/liste.php>



10'- 15'

LEVEL OF DIFFICULTY



BETWEEN
16 AND 20
PEOPLE

TIME OF ACTIVITY



OBJECTIVE

Raise awareness among participants about the different ways STIs are transmitted and how to protect themselves against STIs.

Game inspired by www.liebesleben.de



Activity 15

CUP GAME

Ideas for discussion

LIST OF QUESTIONS AND ANSWER
TO SPARK THE DISCUSSION

- **Did anyone taste anything when they took a sip from their glass of water?**
- **How do you feel after tasting something? What about the others who remained with water only?**
- **What does this have to do with STIs?**

The majority of STI transmissions occur between people who are unaware of their sexual health and therefore unaware that they are at risk of contracting or transmitting an STI. A large proportion of STIs do not trigger any visible symptoms, or not before a certain time. Transmission is therefore largely unintentional.

- **What can I do to protect myself and others from STIs?**

You need to use a range of prevention tools: condoms, screening tests, latex squares, vaccinations, PEP or PREP for HIV, etc. More information on prevention tools at:



<https://formations.hivberodung.lu>



- **When should I go for an STI screening?**

When I have symptoms, i.e. when there is something different about my genital anatomy/physiology (e.g. odour, tingling, redness, pimples, lesions, etc.), when I have a new partner and I want to stop using condoms, or at least once a year (even if I'm in a relationship).

- **What can I do if I'm infected with or without symptoms?**

Talk to a health professional, get tested/treated/supported, inform my sexual partner(s).

- **How would I deal with someone who has given me an STI?**

Try to communicate respectfully, ensure confidentiality, get support from professionals who specialise about STIs, etc.

- **How would I react if I found out I'd unknowingly transmitted an STI to someone else?**

I would offer to take the time to discuss what happen, listen and talk about it, discuss the importance of prevention and joint responsibility in this situation, because we are all individually responsible for our sexual health. I'd accompany the person to a screening service, share information I've received about possible treatment and about behaviours to avoid transmitting STIs in the future, etc.

SOME KEY MESSAGES
TO PASS ON

- The majority of sexually active adults will contract a sexually transmitted infection during their lifetime.
- A significant proportion of sexually transmitted infections do not cause any symptoms.
- The majority of people who are going to pass on an STI to a partner are unaware that they are carrying an STI.
- The use of condoms and screenings are tools that help to avoid transmitting and contracting an STI.

CUP GAME

"Profile" cards (to laminate and cut out)



**I USE
CONDOMS**



**I DON'T
USE CONDOMS**



**I USE
CONDOMS**



**I DON'T
USE CONDOMS**



**I USE
CONDOMS**



**I DON'T
USE CONDOMS**



**I USE
CONDOMS**



**I DON'T
USE CONDOMS**



**I USE
CONDOMS**



**I DON'T
USE CONDOMS**

Let's talk
about Sex!
15-1

Let's talk
about Sex!
15-1

Let's talk
about Sex!
15-1

Let's talk
about Sex!
15-1

Let's talk
about Sex!
15-1

Let's talk
about Sex!
15-1

Let's talk
about Sex!
15-1

Let's talk
about Sex!
15-1

Let's talk
about Sex!
15-1

Let's talk
about Sex!
15-1

CUP GAME

"Profile" cards (to laminate and cut out)



**I USE
CONDOMS**



**I DON'T
USE CONDOMS**



**I USE
CONDOMS**



**I DON'T
USE CONDOMS**



**I USE
CONDOMS**



**I DON'T
USE CONDOMS**



**I USE
CONDOMS**



**I DON'T
USE CONDOMS**



**I USE
CONDOMS**



**I DON'T
USE CONDOMS**

Let's talk
about Sex!
15-1

Let's talk
about Sex!
15-1

Let's talk
about Sex!
15-1

Let's talk
about Sex!
15-1

Let's talk
about Sex!
15-1

Let's talk
about Sex!
15-1

Let's talk
about Sex!
15-1

Let's talk
about Sex!
15-1

Let's talk
about Sex!
15-1

Let's talk
about Sex!
15-1

IMPULS

Presentation and instructions

Seropositivity - HIV - Mental burden

REQUIRED MATERIAL

- List of questions for discussion (see back page)

METHODOLOGY/INSTRUCTIONS

1. Ask the participants to sit in a circle and close their eyes.
2. **Walk around the circle of participants and touch just one person on the shoulder** (we'll call this the "IMPULS"). Then go back and sit in the circle with the participants and tell them to open their eyes.
3. Everyone must now try to discover who got the IMPULS and whoever got it must try to cover it up, or even lie to avoid being exposed!
4. Next, each young person can guess and name the person they think received the IMPULS and debate/justify why.
5. After a few minutes of discussion, ask the participants to name the person they think is most likely to have received the IMPULS. The person designated by the majority of votes must then confirm whether they are the person who received the IMPULS. If this is not the case, ask the person who received the IMPULS to come forward.
6. **Start a second round, but this time tell the group that you're going to give an IMPULS to two people.**
7. **In reality, give an IMPULS to everyone in the group.**
8. Next, each person can guess and name the two people they think received the IMPULS and debate/justify why.
9. After a few minutes of discussion, ask those who have received the IMPULS to raise their hands. Everyone then raises their hand.
10. Conclusion: Lead a discussion to reflect with the participants using the questions for discussion (see back page).

ROLE OF THE MODERATOR

- Explain the instructions and rules of the game.
- Guide the discussion according to the topics you want to cover.
- Provide information on the services available in relation to STIs:



<https://www.cesas.lu/fr/liste.php>



10-20'

DEPENDENT ON THE
NUMBER OF TEAMS
AND DISCUSSIONS

LEVEL OF DIFFICULTY



**MINIMUM
6 PEOPLE**

TIME OF ACTIVITY



OBJECTIVES

- Realise the difficulty and weight of having a secret
- See that you are not alone in this situation
- Understand the consequences of certain situations involving secrecy and help find solutions

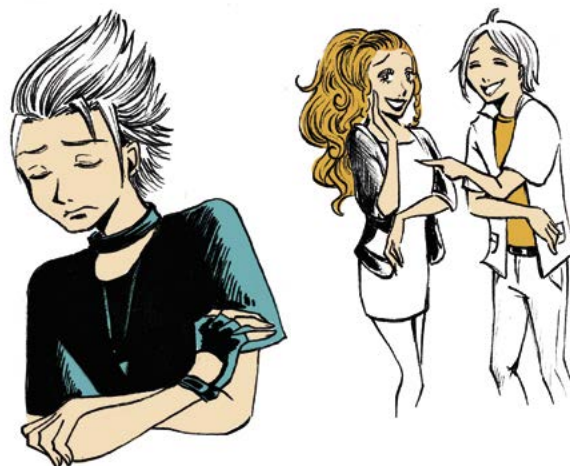
Game used as part of the training given by the *HIV Berodung* Service of the Luxembourg Red Cross, created in collaboration with the IMPULS Service for Roundabout Aids training

IMPULS

Questions for discussion

In this activity, the IMPULS symbolises an HIV-positive person and allows you to feel for a very brief moment how it might feel to hide this fact (see questions below).

The IMPULS is also a symbol of a positive impulse – a helping hand that a professional or someone trustworthy can give. Help and support can allow to break out of isolation and share the heavy weight of this secret.



WHAT DO YOU THINK THIS GAME IS ABOUT?

Answer example: This game allows you to put yourself in the shoes of someone who has a secret and helps you to understand and see that it's a huge effort to hide something. In the context of this fact sheet, the link is made with HIV status, but it can also be used to talk about drug use, homosexuality, trans-identity, etc.

CAN YOU TELL IF SOMEONE IS HIV POSITIVE JUST BY LOOKING AT THEM?

Answer example: No, of course not. HIV status, like homosexuality, cannot be seen. Nevertheless, the burden of feeling that it is not possible to freely share part of one's identity or reality can be very heavy to bear. Some people even feel that revealing this kind of information could put them in danger.

WHY A PERSON DOES NOT WANT TO REVEAL A SECRET?

Answer example: Out of fear of reprisals, psychological or mental violence, discrimination, rejection, etc. It may also be linked to the impact that revealing this secret may have on those close to us, work, friends, family, partner, etc.

DO WE HAVE TO REVEAL A SECRET?

Answer example: No, you don't have to reveal a secret. You need to feel ready, confident, and safe.

WHAT SHOULD I DO IF SOMEONE TELLS ME A SECRET?

Answer example: The most important thing is to keep the secret confidential and to listen. Welcoming a secret with kindness in a climate of trust and security is conducive of a good experience when the secret is revealed.

NEVER HAVE I EVER

Presentation and instructions

STIs: prevention and protection

This activity can be used to explore other themes (e.g. respect for yourself and others, nudes, pornography, etc.)

REQUIRED MATERIAL

- Questions chosen in advance (see examples back page)
- List of questions prepared in advance for discussion
- Key messages (see back page)

METHODOLOGY/INSTRUCTIONS

1. Before carrying out the activity, prepare questions and information on the chosen topics to lead the discussion that follows the activity.
2. Ask the participants to line up against the wall. If this is not possible, ask them to sit in a circle.
3. Explain the rules of the game: **you will ask a question. If the answer is "YES", they must take a step forward** (or raise their arm if they are sitting). If the answer is "NO", they have to stay where they are (or keep their arm down if they are sitting). Each person chooses whether they want to show the group that they have already done it or not. Be careful, no one is allowed to reveal information about another person. Remind the participants that "The important thing is that you know you did it, not the other ones". The whole group is taking part, including you.
4. Ask them the questions (see back page). You, or a participant, can add other questions to discuss different themes. However, you will need to prepare the discussion that follows on the basis of the topics that emerge.
5. Once the questions are finished, ask the participants to explain what they think the game is for. Discuss the issues and consequences of taking risks, based on the questions asked and the possible solutions. Make sure you convey the key messages (see back page).

ROLE OF THE MODERATOR

- Explain the instructions and rules of the game.
- Guide the discussion according to the topics you want to cover.
- Provide information on the services available to get help as needed (depending on the topic):



<https://www.cesas.lu/fr/liste.php>



20-30'

DEPENDENT ON
THE NUMBER OF
TOPICS COVERED

LEVEL OF DIFFICULTY



NO LIMIT

TIME OF ACTIVITY



OBJECTIVES

- Recognise the risks of the situations addressed
- Raise awareness of the participants about the various risks we take on a daily basis without realising it

Game used as part of the training given by the HIV Berodung Service of the Luxembourg Red Cross

NEVER HAVE I EVER

List of questions and key messages

LIST OF QUESTIONS

"Never have I ever... at least once in my life..."

- crossed at a red light?
- cycled without a helmet?
- driven without wearing a seatbelt?
- cheated/copied from a neighbour?
- skipped school... pretended to go to school?
- tried smoking a joint? And got caught?
- been drunk?
- sent nudes? / received nudes?
- watched porn?
- unwillingly come across pornographic images or films?
- had sex after having drunk alcohol?
- had sex without a condom?
- taken an HIV test?

You can also use this game to tackle the following themes: self-respect, respecting others, nudes and porn...

For this discussion, you will need to prepare questions relating to the topic you wish to address.

E.g.: What are the risks of sending a nude photo (photo of your private parts or of yourself being naked), etc.?



KEY MESSAGES TO COMMUNICATE DURING THE DISCUSSION:

This game allows you to:

- relax the atmosphere, ease into the subject of HIV and STIs, build confidence...;
- realise that everyone has done certain things – even the best-behaved one is not standing against the wall any longer or left arm down;
- understand that all these situations can have consequences or put us in danger, depending on our choices;
- realise that every choice has consequences, and sometimes we're very lucky;
 - e.g. crossing at a red light.
- if we take the situation of "having sex without a condom", the consequences can be positive or negative;
 - e.g. I got pregnant, but I wanted it, I chose it, I'm ready for it. → Positive consequence.
 - e.g. I got pregnant, but I didn't want to, I didn't choose to, I'm not ready. → Negative consequence.
- you can make a "bad" choice once in your life, but that doesn't justify blaming yourself or stigmatising someone else. → You have to analyse the situation and ask yourself "what can I do now?".

CONCLUSION: the message to remember is that it is important to understand that everyone takes risks in their daily lives and that these risks can have more or less serious consequences.

So no one should be stigmatised or judged on the basis of risk-taking (such as someone who has become HIV-positive after taking a risk). Respecting yourself means being aware of your limits and desires and asserting them.



Chapter 5

SEXUAL RIGHTS AND VIOLENCE

THE DIFFERENT TYPES OF VIOLENCE

Presentation and instructions

Types of violence

REQUIRED MATERIAL

- A list of situations of violence printed out for each team (see Worksheet 18-1)
- Answer key, to keep with you for discussion (see back page)
- Fact Sheet 2 of Chapter 5 of the *Let's Talk about Sex!* guide
- Table/flipchart, with writing materials

METHODOLOGY/INSTRUCTIONS

1. Ask the participants what forms of violence they know and discuss/define the different forms of violence. You can refer to Fact Sheet 2 of Chapter 5 of the *Let's Talk about Sex!* guide or to the website:



<https://violence.lu/types-de-violence/>

2. Write the 4 forms of violence on the board (mental, psychological, economic, and sexual).
3. Ask the participants to form teams of two or three. Then, hand out the list of situations of violence and the classification table (see Worksheet 18-1).
4. Ask the participants to classify the examples of situation according to the corresponding type of violence by writing the number of each situation in the corresponding box at the bottom of the page (10 minutes).

You can also ask the participants to imagine situations of violence, which they then have to classify in the different boxes.

5. When every team's finished, ask team to read in turn the situation and give their answers. If another team has not classified the situation in the same category of violence, ask them to explain their reasoning. Ideally, each team should read out a situation and give their answer. If your group is too small, ask each team to read out two or more situations.
6. Throughout the group discussion, write the number of the situation on the board under the correct type of violence, referring to the answer key (see back page) (15 minutes).

ROLE OF THE MODERATOR

- At the start of the session, explain that participants can stop taking part at any time if they feel uncomfortable.
- Lead the discussion when the answers are shared in the large group.
- Provide information on the services available in related to violence prevention and support: <https://www.cesas.lu/fr/liste.php>
- If you suspect that a young person in the group is a victim of violence, or if violence committed against a minor is clearly revealed, refer to page 25 of the introductory booklet.



50'

LEVEL OF DIFFICULTY



MINIMUM
10 PEOPLE

TIME OF ACTIVITY



OBJECTIVE

Identifying and understand the different forms of violence

Activity carried out as part of a prevention and awareness-raising workshop run in secondary schools by *Femmes en détresse's* Service oxygène



THE DIFFERENT TYPES OF VIOLENCE

Answer key

1. In class, a little girl throws a ruler in the face of another pupil's face because she's angry.
2. Sasha unwittingly received a photo showing someone's private body parts.
3. In the playground, some children decided to exclude a pupil from the game.
4. A pupil yells at his/her mother that she's an idiot and useless.
5. At the bus stop, someone pushes a woman to the ground to take her bag.
6. Dominique borrowed me money and won't give it back.
7. A young girl and her friends insult a little girl who bumped into her accidentally.
8. Nicolas doesn't want to be in a team with any of the girls in the class because, in his opinion, "all the girls are useless".
9. At school, a teacher is always telling a pupil that he/she is no good at anything.
10. Lison's big brother is 22. He regularly makes nasty comments at her about her physical appearance.
11. In a shop, a woman yells at her husband because she doesn't agree with his behaviour.
12. Sophie got annoyed with her brother's friend because he kept showing her his private body parts.
13. In class, the teacher hits a pupil's fingers with his/her ruler because the pupil is talking without permission.
14. On the street, a group of participants threaten to make fun of a boy in front of all his friends if he doesn't give them his mobile phone.
15. My father told my mother that if she left him, he wouldn't give her any more money.
16. Sky gave me a kiss on the cheek when I didn't want it, which made me very angry.
17. In their garden, Amélie pushes her little brother off the swing because she wants to play on it.
18. At home, a father tells his son all day long that he'll never get anywhere in life.
19. At home, Julien's mother gives him a slap because he got bad marks in his school report.
20. A pupil insults his/her teacher because he disagrees with a decision made by the teacher.

PHYSICAL VIOLENCE

1, 5, 7, 8, 13, 17, 19

PSYCHOLOGICAL VIOLENCE

3, 4, 9, 10, 11, 14, 18, 20

SEXUAL VIOLENCE

2, 6, 8, 12, 15, 16

ECONOMIC VIOLENCE

6, 15

THE DIFFERENT TYPES OF VIOLENCE

List of violent situations to be classified

1. In class, a little girl throws a ruler in the face of another pupil's face because she's angry.
2. Sasha unwittingly received a photo showing someone's private body parts.
3. In the playground, some children decided to exclude a pupil from the game.
4. A pupil yells at his/her mother that she's an idiot and useless.
5. At the bus stop, someone pushes a woman to the ground to take her bag.
6. Dominique borrowed me money and won't give it back.
7. A young girl and her friends insult a little girl who bumped into her accidentally.
8. Nicolas doesn't want to be in a team with any of the girls in the class because, in his opinion, "all the girls are useless".
9. At school, a teacher is always telling a pupil that he/she is no good at anything.
10. Lison's big brother is 22. He regularly makes nasty comments at her about her physical appearance.
11. In a shop, a woman yells at her husband because she doesn't agree with his behaviour.
12. Sophie got annoyed with her brother's friend because he kept showing her his private body parts.
13. In class, the teacher hits a pupil's fingers with his/her ruler because the pupil is talking without permission.
14. On the street, a group of young people threaten to make fun of a boy in front of all his friends if he doesn't give them his mobile phone.
15. My father told my mother that if she left him, he wouldn't give her any more money.
16. Sky gave me a kiss on the cheek when I didn't want it, which made me very angry.
17. In their garden, Amélie pushes her little brother off the swing because she wants to play on it.
18. At home, a father tells his son all day long that he'll never get anywhere in life.
19. At home, Julien's mother gives him a slap because he got bad marks in his school report.
20. A pupil insults his/her teacher because he disagrees with a decision made by the teacher.

Classify the different types of violence by writing down the number of each situation in the corresponding box:

PHYSICAL
VIOLENCE

PSYCHOLOGICAL
VIOLENCE

SEXUAL
VIOLENCE

ECONOMIC
VIOLENCE

RELATIONAL BEHAVIOURS

Presentation and instructions

Violence intra-relationnelle

The elements of a "healthy" friendship or relationship

REQUIRED MATERIAL

- Numbered cards (see Worksheet 19-1)
- Fact Sheet 2 of Chapter 5 of the *Let's Talk about Sex!* guide

METHODOLOGY/INSTRUCTIONS

1. Place the cards upside down on a table. The group can stand in a circle around the table.
2. The first young person starts by turning over a card of his/her choice.
3. The young person turns over the card and reads it out loud. He/she asks his/her neighbour on the right the following questions:
 - "How do you feel about this situation?"
 - "What are you going to do?"

Once the neighbour has answered the two questions, the group can talk about the situation.

4. Lead the discussions around each decision taken, while guiding and deconstructing any prejudices and gender stereotypes.
5. The card is placed back on the table, text side up. The next young person turns over one new card, and reads the card in turn, then asks the two questions to his/her neighbour on the right. The game continues until all the players have had their turn and all the situations have been dealt with.
6. To conclude, you can present the components of a healthy and an unhealthy relationship from Fact Sheet 2 of Chapter 5 of the *Let's Talk about Sex!* guide.
7. Cards can be added for variety.

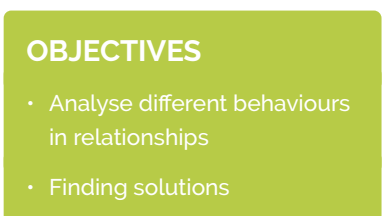
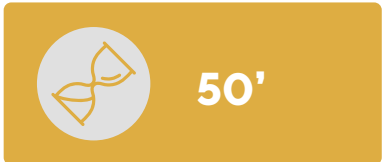
ROLE OF THE MODERATOR

- At the start of the session, explain that participants can stop taking part at any time if they feel uncomfortable.
- Supervise the game.
- Provide information on the services available in related to violence prevention and support:



<https://www.cesas.lu/fr/liste.php>

- If you suspect that a young person in the group is a victim of violence, or if violence committed against a minor is clearly revealed, refer to page 25 of the introductory booklet.



Activity carried out as part of a prevention and awareness-raising workshop for secondary schools by *Femmes en détresse's* Service oxygène. Contributed by TIMA e.V. and Pfunzkerle e.V., Tübingen.
<http://tima-ev.de>,
<http://www.pfunzkerle.org>



RELATIONAL BEHAVIOURS

Cards to laminate and cut out

CARD 1.

Your boyfriend/girlfriend keeps turning up late for your appointments, sometimes you wait for him/her for almost an hour.

CARD 2.

You don't like the best friend of your boyfriend/girlfriend.

CARD 3.

You like watching TV, but your boyfriend/girlfriend hates it.

CARD 4.

Your boyfriend/girlfriend has a taste in music completely different from yours.

CARD 5.

At a party, your boyfriend/girlfriend flirts with another person.

CARD 6.

At the disco, your boyfriend/girl looks at other people.

CARD 7.

Your boyfriend's/girlfriend's parents reject you because your skin colour is different. That's why he/she only meets you in secret.

CARD 8.

Your boyfriend/girlfriend has a lot of hobbies and spends most of his free time on the football pitch. You'd like to spend more time with him/her.

Let's talk
about Sex!
19-1

Let's talk
about Sex!
19-1

Let's talk
about Sex!
19-1

Let's talk
about Sex!
19-1

Let's talk
about Sex!
19-1

Let's talk
about Sex!
19-1

Let's talk
about Sex!
19-1

Let's talk
about Sex!
19-1

RELATIONAL BEHAVIOURS

Cards to laminate and cut out

CARD 9.

You want to wait to have sexual relations,
he/she puts pressure on you.

CARD 10.

He/she "only" wants to cuddle tonight,
but you'd like more, and now? ...

CARD 11.

You've fallen in love with someone else.

CARD 12.

Your best friend tells you that your boyfriend/
girlfriend has gone out with someone else.

CARD 13.

Your boyfriend/girlfriend wants to go
to the cinema, but you want to go out
with your friends in town.

CARD 14.

Your boyfriend/girlfriend has a friend
with whom he/she spends a lot of time.

CARD 15.

You don't feel accepted by your
girlfriend's/boyfriend's friends.

CARD 16.

Let's talk
about Sex!
19-1

Let's talk
about Sex!
19-1

Let's talk
about Sex!
19-1

Let's talk
about Sex!
19-1

Let's talk
about Sex!
19-1

Let's talk
about Sex!
19-1

Let's talk
about Sex!
19-1

Let's talk
about Sex!
19-1

THE VIOLENCE-METER

Presentation and instructions

Escalation of violence

Different forms of violence, dynamics of violence in a relationship

REQUIRED MATERIAL

- One coloured card per team (see Worksheet 20-1)
- A list of 23 situations to be classified by team (see Worksheet 20-2)
- One copy of the violence-meter per team (see Worksheet 20-3)

METHODOLOGY/INSTRUCTIONS

1. Ask the group to form 3 to 6 teams, to have the same number of teams per colour and have each team draw one of the coloured cards (see Worksheet 20-1) (green, yellow or red). Explain that this colour code indicates if a situation is safe or getting violent:
 - green: "Enjoy";
 - yellow: "Watch out, say stop!";
 - red: "Protect yourself, ask for help".
2. Distribute the list of statements to each team (see Worksheet 20-2).
3. Ask the participants to write down the numbers of the statements they think should be placed on the coloured cards allocated to them for about 15 minutes.
4. Tell them that they can also create other examples that can be included in the three coloured cards.
5. Give a violence-meter (see Worksheet 20-3) to each team to correct the answers and as a self-assessment tool that can help participants identify more easily violent behaviour.

Optional:

6. Lead a discussion based on the following question: does gender have an impact on the classification that has been made?
7. Display the violence-meter in the classroom as a reference point.
8. You can photocopy and distribute a paper version of the violence-meter so that each participant can take it home.

ROLE OF THE MODERATOR

- At the start of the session, explain that participants can stop taking part at any time if they feel uncomfortable.
- Provide information on the services available related to violence prevention and victim's support: <https://www.cesas.lu/fr/liste.php>
- If you suspect that a young person in the group is a victim of violence, or if violence committed against a minor is clearly revealed, refer to page 25 of the introductory booklet.



20'

LEVEL OF DIFFICULTY



DOES NOT
MATTER

TIME OF ACTIVITY



OBJECTIVES

- Identify the signs, different forms and situations of violence in relationships
- Recognise the dynamics of violence and analysing certain situations
- Use the violence-meter as a self-assessment tool to help participants identify more easily violent behaviour

Activity carried out as part of a prevention and awareness-raising workshop in secondary schools by *Femmes en détresse's* Service oxygène. Adaptation of the "violentomètre" tool <https://www-elleetaitunefois.lu/>.

Note: for audiences requiring content that is easy to read and understand, you can use the "Feux de protection" document developed by Ligue HMC.

THE VIOLENCE-METER

Cards to laminate and cut out

I ENJOY

My relationship is healthy
when he/she

I ENJOY

My relationship is healthy
when he/she

I SAY STOP!

There is violence
when he/she

I SAY STOP!

There is violence
when he/she

**I PROTECT MYSELF
I ASK FOR HELP**

I am in danger when he/she

**I PROTECT MYSELF
I ASK FOR HELP**

I am in danger when he/she

Let's talk
about Sex!
20-1

Let's talk
about Sex!
20-1

Let's talk
about Sex!
20-1

Let's talk
about Sex!
20-1

Let's talk
about Sex!
20-1

Let's talk
about Sex!
20-1

THE VIOLENCE-METER

List of situations to classify

Your partner:

- | | |
|--|---|
| 1. Belittles your opinions and projects. | 13. Forces you to watch porn. |
| 2. Touches your private body parts without your consent. | 14. Trusts you. |
| 3. Makes sure you agree to what you're doing together. | 15. Isolates you from your family and friends. |
| 4. Pushes you, pulls you, slaps you, shakes you, hits you. | 16. Threatens to commit suicide because of you. |
| 5. Manipulates you. | 17. Makes fun of you in public. |
| 6. Accepts your friends and family. | 18. Is happy when you feel fulfilled. |
| 7. Ignores you for days when he/she is angry. | 19. Loses it when something doesn't please him/her. |
| 8. Insists that you send intimate photos. | 20. Is constantly jealous. |
| 9. Threatens to distribute intimate photos of you. | 21. Forces you to have sex. |
| 10. Controls your outings, clothes and make-up. | 22. Blackmails you if you refuse to do something. |
| 11. Respects your decisions and your tastes. | 23. Checks your text messages, emails and apps. |
| 12. Calls you crazy when you reproach him/her for something. | |

Classify the different situations by writing down the number of each situation in the corresponding box:

I ENJOY
My relationship is healthy
when he/she

I SAY STOP!
There is violence
when he/she

I PROTECT MYSELF
I'M ASKING FOR HELP
I am in danger when he/she

THE VIOLENCE-METER

Answer key: situations classified on the violence-meter (one per young person/team)

ENJOY Your relationship is healthy	Respects your decisions and your tastes.	1
	Accepts your friends and family	2
	Trusts you.	3
	Is happy when you feel fulfilled.	4
	Makes sure you agree to what you're doing together.	5
WATCH OUT, SAY STOP! There is violence when he/she	Blackmails you if you refuse to do something.	6
	Belittles your opinions and projects.	7
	Makes fun of you in public.	8
	Is constantly jealous.	9
	Ignores you on days when he/she is angry.	10
	Manipulates you.	11
	Controls your outings, clothes and make-up.	12
	Goes through text messages, emails and apps.	13
	Insists that you send intimate photos.	14
	Isolates you from your family and friends.	15
PROTECT YOURSELF, ASK FOR HELP You're in danger when he/she	Forces you to watch porn.	16
	Calls you crazy when you reproach him/her for something.	17
	Loses it when something doesn't please him/her.	18
	Threatens to commit suicide because of you.	19
	Threatens to distribute intimate photos of you.	20
	Pushes you, pulls you, slaps you, shakes you, hits you.	21
	Touches your private body parts without your consent.	22

ENJOY Your relationship is healthy	Respects your decisions and your tastes.	1
	Accepts your friends and family	2
	Trusts you.	3
	Is happy when you feel fulfilled.	4
	Makes sure you agree to what you're doing together.	5
WATCH OUT, SAY STOP! There is violence when he/she	Blackmails you if you refuse to do something.	6
	Belittles your opinions and projects.	7
	Makes fun of you in public.	8
	Is constantly jealous.	9
	Ignores you on days when he/she is angry.	10
	Manipulates you.	11
	Controls your outings, clothes and make-up.	12
	Goes through text messages, emails and apps.	13
	Insists that you send intimate photos.	14
	Isolates you from your family and friends.	15
PROTECT YOURSELF, ASK FOR HELP You're in danger when he/she	Forces you to watch porn.	16
	Calls you crazy when you reproach him/her for something.	17
	Loses it when something doesn't please him/her.	18
	Threatens to commit suicide because of you.	19
	Threatens to distribute intimate photos of you.	20
	Pushes you, pulls you, slaps you, shakes you, hits you.	21
	Touches your private body parts without your consent.	22

Let's talk
about Sex!
20-3

Let's talk
about Sex!
20-3

THE VIOLENCE-METER

Answer key: situations classified on the violence-meter (one per young person/team)

ENJOY Your relationship is healthy	Respects your decisions and your tastes.	1
	Accepts your friends and family	2
	Trusts you.	3
	Is happy when you feel fulfilled.	4
	Makes sure you agree to what you're doing together.	5
WATCH OUT, SAY STOP! There is violence when he/she	Blackmails you if you refuse to do something.	6
	Belittles your opinions and projects.	7
	Makes fun of you in public.	8
	Is constantly jealous.	9
	Ignores you on days when he/she is angry.	10
	Manipulates you.	11
	Controls your outings, clothes and make-up.	12
	Goes through text messages, emails and apps.	13
	Insists that you send intimate photos.	14
	Isolates you from your family and friends.	15
Forces you to watch porn.	16	
PROTECT YOURSELF, ASK FOR HELP You're in danger when he/she	Calls you crazy when you reproach him/her for something.	17
	Loses it when something doesn't please him/her.	18
	Threatens to commit suicide because of you.	19
	Threatens to distribute intimate photos of you.	20
	Pushes you, pulls you, slaps you, shakes you, hits you.	21
	Touches your private body parts without your consent.	22
	Forces you to have sex.	23

ENJOY Your relationship is healthy	Respects your decisions and your tastes.	1
	Accepts your friends and family	2
	Trusts you.	3
	Is happy when you feel fulfilled.	4
	Makes sure you agree to what you're doing together.	5
WATCH OUT, SAY STOP! There is violence when he/she	Blackmails you if you refuse to do something.	6
	Belittles your opinions and projects.	7
	Makes fun of you in public.	8
	Is constantly jealous.	9
	Ignores you on days when he/she is angry.	10
	Manipulates you.	11
	Controls your outings, clothes and make-up.	12
	Goes through text messages, emails and apps.	13
	Insists that you send intimate photos.	14
	Isolates you from your family and friends.	15
Forces you to watch porn.	16	
PROTECT YOURSELF, ASK FOR HELP You're in danger when he/she	Calls you crazy when you reproach him/her for something.	17
	Loses it when something doesn't please him/her.	18
	Threatens to commit suicide because of you.	19
	Threatens to distribute intimate photos of you.	20
	Pushes you, pulls you, slaps you, shakes you, hits you.	21
	Touches your private body parts without your consent.	22
	Forces you to have sex.	23



Let's talk
about Sex!
20-3

Let's talk
about Sex!
20-3

THE VIOLENCE-METER

Answer key: situations classified on the violence-meter (one per young person/team)

Your relationship is healthy ENJOY	Respects your decisions and your tastes.	1
	Accepts your friends and family	2
	Trusts you.	3
	Is happy when you feel fulfilled.	4
	Makes sure you agree to what you're doing together.	5
There is violence when he/she WATCH OUT, SAY STOP!	Blackmails you if you refuse to do something.	6
	Belittles your opinions and projects.	7
	Makes fun of you in public.	8
	Is constantly jealous.	9
	Ignores you on days when he/she is angry.	10
	Manipulates you.	11
	Controls your outings, clothes and make-up.	12
	Goes through text messages, emails and apps.	13
	Insists that you send intimate photos.	14
	Isolates you from your family and friends.	15
Forces you to watch porn.	16	
You're in danger when he/she PROTECT YOURSELF, ASK FOR HELP	Calls you crazy when you reproach him/her for something.	17
	Loses it when something doesn't please him/her.	18
	Threatens to commit suicide because of you.	19
	Threatens to distribute intimate photos of you.	20
	Pushes you, pulls you, slaps you, shakes you, hits you.	21
	Touches your private body parts without your consent.	22
	Forces you to have sex.	23

Your relationship is healthy ENJOY	Respects your decisions and your tastes.	1
	Accepts your friends and family	2
	Trusts you.	3
	Is happy when you feel fulfilled.	4
	Makes sure you agree to what you're doing together.	5
There is violence when he/she WATCH OUT, SAY STOP!	Blackmails you if you refuse to do something.	6
	Belittles your opinions and projects.	7
	Makes fun of you in public.	8
	Is constantly jealous.	9
	Ignores you on days when he/she is angry.	10
	Manipulates you.	11
	Controls your outings, clothes and make-up.	12
	Goes through text messages, emails and apps.	13
	Insists that you send intimate photos.	14
	Isolates you from your family and friends.	15
Forces you to watch porn.	16	
You're in danger when he/she PROTECT YOURSELF, ASK FOR HELP	Calls you crazy when you reproach him/her for something.	17
	Loses it when something doesn't please him/her.	18
	Threatens to commit suicide because of you.	19
	Threatens to distribute intimate photos of you.	20
	Pushes you, pulls you, slaps you, shakes you, hits you.	21
	Touches your private body parts without your consent.	22
	Forces you to have sex.	23

Let's talk
about Sex!
20-3

Let's talk
about Sex!
20-3

PERSONAL DISTANCE IS SACRED

Presentation and instructions

Respecting each other's limits

REQUIRED MATERIAL

- Room where you can stand at least 4 metres away from each other
- List of questions for discussion (see back page)
- Theoretical explanation (see Worksheet 21-1)
- Fact Sheet 3 of Chapter 5 of the *Let's Talk about Sex!* guide

METHODOLOGY/INSTRUCTIONS

1. Before starting the activity, familiarise yourself with the theory behind personal distance (see back page).
2. Ask the participants to form pairs.
3. Ask everyone to stand in two rows, facing each other. The two rows, respectively A and B, should be at least 4 metres apart.
4. Then explain the principle: people in row B move slowly towards row A, step by step, observing their respective partners. Each person in row A, who is not moving, must concentrate on how they feel and ask to their partner in row B to stop getting closer when they feel that partner B has reached their limit. It is important to move slowly and step by step. This stage lasts about 5 minutes.

Optional: Depending on the time available and the age of the participants (16+ years): people in row B stop at the distance requested by their partner in row A and are asked to provoke and mock, insist and move forward a little more (physical contact is forbidden) to destabilise the people in row A. This part allows people in row A to assess whether they asked their partner in row B to stop at the right time, or maybe too early or too late. Moreover, it helps understand the discomfort felt when personal limits are not or no longer respected.

5. Repeat the exercise three times to allow the people in row A to assess the personal distance they prefer.
6. At the end of this first part, invite the teams to discuss for 2-3 minutes.
7. Repeat steps 1 to 5, asking the participants to switch roles: the people in row A are now the people in row B.
8. At the end of this second part, lead a 15-minute discussion with the group using the list of questions for discussion (see back page).

ROLE OF THE MODERATOR

- At the beginning of the exercise, explain that participants can stop taking part at any time if they feel uncomfortable or unwell. Moderate any overly intense provocations if necessary.
- Lead the discussion (step 7).
- Provide information on the services available related to violence prevention and victim support: <https://www.cesas.lu/fr/liste.php>



30'

LEVEL OF DIFFICULTY



NO LIMIT

TIME OF ACTIVITY



OBJECTIVES

- Experiment with and enforcing the limits (learning to say "no") of your private space
- Understand the consequences of intruding on another person's personal space
- Understand the link between personal distance and the phenomenon of harassment and violence

Activity carried out as part of a prevention and awareness-raising workshop run in secondary schools by *Femmes en détresse's* Service oxygène

PERSONAL DISTANCE IS SACRED

List of questions

DISCUSSION QUESTIONS

- How did you feel during the exercise?
- How far did you ask your partner to stop? Compare the distances between the participants and discuss what might explain these differences.
- In which situation, A or B, did you feel most comfortable? Why? Is it easier to set one's own limits or to respect someone else's limits?
- How well did you know your partner?
- Would there have been any difference in the distance accepted depending on your partner's gender/sex?
- How can we let someone know the limits to our personal space?
- Question if you did the activity with the optional step: How did you feel when your personal distance was not respected?



PERSONAL DISTANCE IS SACRED

Theory

PERSONAL DISTANCE

The comfort zone is not the same for everyone. Some people are more or less comfortable with the distance they have with others.

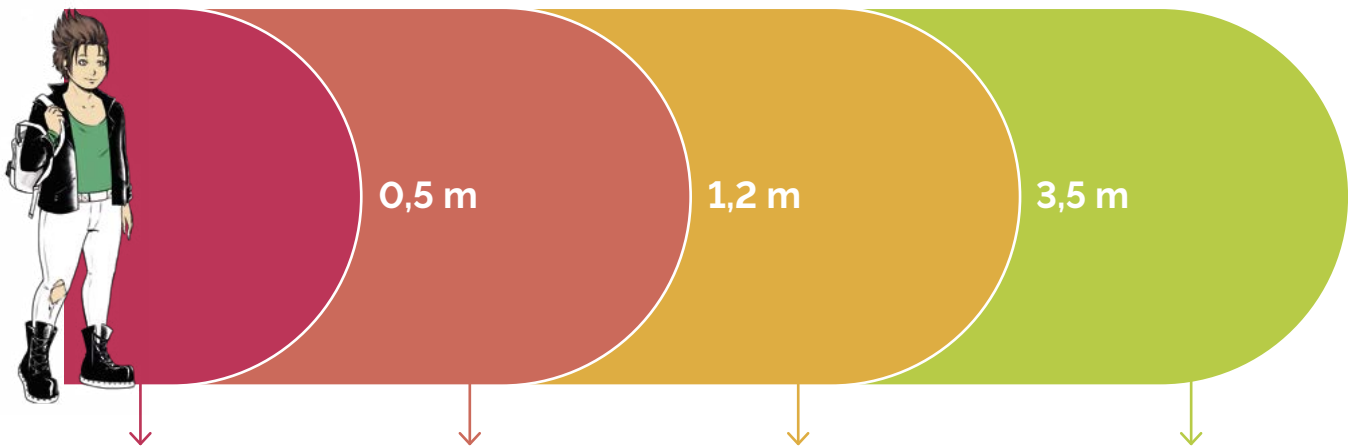
To discuss personal distance, it is interesting to introduce the concept of proxemics¹: the relationship that individuals have with distance in all its aspects (mental distance, perceived distance, representations of what is near or far).



<https://en.wikipedia.org/wiki/Proxemics>

Nonetheless, there are certain average distances, making it possible to distinguish four zones: the intimate zone, the personal zone, the social zone and the public zone².

These distances will vary depending on the context, or even the place where you are. They vary considerably depending on the individual and the culture. For example, the distance that Mediterranean people consider to be a social distance is considered to be a personal one, if not an intimate one, when compared with Nordic people average distances. It should be noted that these distances also vary according to gender. In fact, they tend to be smaller for women and greater for men.



Between 15 cm and 50 cm

Between 50 cm and 1.2 m

Between 1.2 m and 3.5 m.

More than 3.5 metres

THE INTIMATE ZONE

Of all the zones, this is the most important, because it's an area that we consider to be our property. Only people who are emotionally close to you are allowed in, such as your family, children, loved ones, close friends or pets.

THE PERSONAL ZONE

C'est la distance à laquelle on se tient en soirée avec des ami·e·s ou entre collègues.

THE SOCIAL ZONE

We keep this distance when we meet a stranger, a new colleague at work or people we don't know very well.

THE PUBLIC ZONE

This is the distance you find comfortable when speaking to a large group of people.

Sources:

1. Proxemics is the study of how we use space when communicating, an approach which was introduced by the American anthropologist Edward T. Hall in 1963.
2. Bernard Guévorts, "Comment la distance influence la communication", Communication non verbale, 23 January 2018. <https://www.bernard-guevorts.com/article/comment-la-distance-influence-la-communication/#.YzcUDkzP2UK>

DIFFERENT FORMS OF VIOLENCE RECOGNISED BY LAW

Presentation and instructions

Violence, types of violence, laws

REQUIRED MATERIAL

- "Forms of violence" cards (see Worksheet 22-1)
- Fact Sheet 2 of Chapter 5 of the *Let's Talk about Sex!* guide
- Website:



<https://violence.lu>

METHODOLOGY/INSTRUCTIONS


1. Divide the group into teams.
2. Randomly give each team a card with a form of violence (see Worksheet 22-1) and ask them to go to <https://violence.lu/en/home/> to find out more (the QR code is on the back of the card).
3. After 10 minutes of preparation and discussion, each team presents the form of violence it has been working on to the whole group.
4. A large-group discussion can be held if there are any questions.

ROLE OF THE MODERATOR

- At the start of the session, explaining that participants can stop taking part at any time if they feel uncomfortable.
- Provide information on the services available related to violence prevention and support for victims:



<https://www.cesas.lu/fr/liste.php>

- If you suspect that a young person in the group is a victim of violence, or if violence committed against a minor is clearly revealed, refer to page 25 of the introductory booklet. 



30' - 40'

LEVEL OF DIFFICULTY



NO LIMIT

TIME OF ACTIVITY



OBJECTIVE

Recognise the different types of violence and laws that apply to them

Activity carried out as part of a prevention and awareness-raising workshop in secondary schools by *Femmes en détresse's* Service oxygène

DIFFERENT FORMS OF VIOLENCE RECOGNISED BY LAW

Cards to laminate and cut out

**PHYSICAL
VIOLENCE**

**PSYCHOLOGICAL
VIOLENCE**

**SEXUAL
VIOLENCE**

&

RAPE

**DOMESTIC
VIOLENCE**

**GENITAL
MUTILATION**

**FORCED
MARRIAGE**

HARASSMENT

&

**SEXUAL
HARASSMENT**

FORCED ABORTION

&

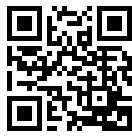
**FORCED
STERILISATION**

**HONOUR
CRIMES**

violence.lu



violence.lu



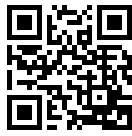
violence.lu



violence.lu



violence.lu



violence.lu



violence.lu



violence.lu



violence.lu



FOR YOUR EYES ONLY – EXAMPLES OF SITUATIONS

Presentation and instructions

Sexting, Sextortion, Victim Blaming

REQUIRED MATERIAL

- Examples of situations to be distributed (see Worksheet 23-1)
- Flipchart board + writing material for each team
- Fact Sheet 5 of Chapter 5 of the *Let's Talk about Sex!* guide

METHODOLOGY/INSTRUCTIONS

This activity can be done independently or in conjunction with the other Activity 25 "For your Eyes Only – Safety Tips".

1. Ask the participants to define the different concepts (SEXTING, SEXTORTION), to assess their knowledge. Then give the definitions (Fact Sheet 5 of Chapter 5 of the *Let's Talk about Sex!* guide)
2. Conclude the discussion by presenting and discussing the concept of VICTIM BLAMING (see back page).
3. Ask the participants to form teams of 4-6 participants and explain to them that they will discover different examples of situations of young people who have had very different experiences with SEXTING.

Randomly distribute a case to each team (see Worksheet 23-1), who prepare **answers to the questions** and discuss the **positive and negative aspects** of the case.

 There is an additional exercise on the back page.

4. The teams now have the task of presenting their case and answers to the group. After the presentation, each team must also explain the positive and negative aspects of the case. The results are noted on the board. At the end, there must be several points on both sides. If the participants have no ideas, refer to the examples to help them (see back page).
5. By giving examples and illustrating them with positive and negative aspects of SEXTING, participants will realise that there are good reasons for posting intimate texts and photos on the media, but that of course there are also great risks involved.

ROLE OF THE MODERATOR

- Lead the discussions and make sure not to create fear of sexting, but rather strengthen the participant's ability to make choices and trust their judgement.
- It is also important to consider whether to organise the workshop in collaboration with a school counselling service (e.g. SePAS) or with external instructors or initiatives (e.g. ECPAT).
- Informing the group about the various services available in relation to sexting:



<https://www.cesas.lu/fr/liste.php>



50'

LEVEL OF DIFFICULTY



6 TEAMS
OF 4-6
PEOPLE

TIME OF ACTIVITY



OBJECTIVES

- Explain the terms SEXTING, SEXTORTION and VICTIM BLAMING
- Establish rules of conduct regarding SEXTING and potential dangers
- Foster a thoughtful relationship to SEXTING by creating an open and tolerant framework for discussion

Course unit on sexting for classes of 7th grade, developed and provided by BEE SECURE

FOR YOUR EYES ONLY – EXAMPLES OF SITUATIONS

Additional information

ANSWER EXAMPLES TO HELP THE PARTICIPANTS:

Exemple de cas 1

- + Positive:** The two people sent messages and photos with "mutual consent".
- Negative:** The young man threatens the girl to publish the photo (which is a criminal offence).

Exemple de cas 2

- + Positive:**
 - The young man wants to use the video to create a surprise.
 - He does not appear to have any intention of sending the video to other people.
- Negative:**
 - The boy creates erotic video material without the girl's consent.
 - The video was shared via a messaging service (the server was probably not sufficiently secure, which means that data theft was possible).



DEFINITION: VICTIM BLAMING

Victim blaming or blaming the victim is the description of a process which consists of casting the blame for an act of violence on the victim. In cases of coercion, blackmail or violation of highly private life by taking or distributing nude photographs, the focus is often on the production and existence of such images, not on the crime of sharing or possessing them.

NOTE: This term can be tackled in the example number 4.

Reference: Warum Sexting unter Jugendlichen (Klein Problem ist); <https://www.medienbewusst.de>

+ ADDITIONAL EXERCISE: THE GUIDE TO SEXTING

As an additional exercise and as an extension of the activity, the BEE SECURE guide on sexting can be shared with participants. It includes a list of offences that may be linked to SEXTING.

→ Using the situation given as an example, each team must identify whether the behaviour of one or more people breaks the law one or more times.



Link to the guide:
www.bee-secure.lu/sexting



FOR YOUR EYES ONLY – EXAMPLES OF SITUATIONS

Cards to be laminated and cut out

EXAMPLE 1: Félix (15) and Léa (15) recently broke up. They dated for 6 months. During this time, they willingly sent each other a few intimate messages and nude photos. Two months after they split up, Léa has a new boyfriend. Félix thinks it's too soon and threatens her to send nude photos of herself to their mutual friends if she doesn't break up with her new boyfriend straight away.

- What can happen next?
- How should Léa react?

EXAMPLE 2: Sabrina (16) and Henri (15) have been sleeping together for a month. The last time they slept together, Henri filmed their sexual relations on his mobile phone. Sabrina didn't know about it. He doesn't want to share the video with anyone but wants to surprise Sabrina. Henri sends her the video on WhatsApp with the text "Do you remember that hot night?" when she's on holiday.

- How would you react if you were Sabrina?
- What do you think of Henri's surprise?

EXAMPLE 3: Andreas (16) and Johanna (14) are a couple. They go to different schools. As they don't see each other every day, they tend to flirt on social networks. They send each other intimate photos and erotic texts. They are both very much in love and only show the photos they receive to their "best friends". Among them, there is Tobi, who would like to go out with Johanna. Wishing to steal Andreas's girlfriend, Tobi sends pictures of Johanna wearing a bikini to other students in the class on Andreas's behalf. She then receives a lot of messages about it...

- Who might send Johanna messages and why?
- How should Andreas react when he discovers that it was Tobi who did it?

EXAMPLE 4: John (17) and Marie (15) have become friends on the Internet and regularly write to each other on Snapchat. They met on holiday the previous year. They only told each other things about school. After a while, John asks her about her sexual preferences. She doesn't know what to think. Last week, he even sent her a naked photo of himself and asked her to send him an intimate photo of herself in return.

- How would you feel in Marie's shoes and what would you do?
- What could John's intentions be?

EXAMPLE 5: Sue (16) has received a friend request on Instagram from Jessy (20). Jessy has a stylish Insta profile and posts lots of beautiful fashion photos. She writes to Sue that she works as an agent for a ready-to-wear brand and is always on the lookout for new young models. Sue is very pretty, and she is looking for a girl like her for a photo shoot. However, she needs a few more photos of Sue in her underwear, which, it seems, is common in the business. Sue has a strange feeling but sends a full-length photo of herself in her underwear anyway. Jessy quickly sends back the same photo of Sue, except that in this one she's completely naked! The photo is accompanied by the following message: "If you don't want me to publish this photo, send €300 to the following address..."

- What's happening to Sue?
- What would you do if you were Sue?

EXAMPLE 6: Thomas (17) and Martin (17) have been dating for a year and have not yet come out. They both like to express their sexual desires in writing and send each other photos. Both are willing partners and find it interesting to be able to talk freely about love and sex on Messenger. They have both promised to delete the messages and photos if they separate, which they obviously don't want to do.

- What do you think of the fact that the two young people send each other intimate texts and photos?
- What could go wrong for this couple?

Let's talk
about Sex!

23-1

Let's talk
about Sex!

23-1

Let's talk
about Sex!

23-1

Let's talk
about Sex!

23-1

Let's talk
about Sex!

23-1

Let's talk
about Sex!

23-1

SEXTING: SEND ME A PHOTO

Presentation and instructions

Sexting, sexuality, sextortion, image rights

REQUIRED MATERIAL

- The comic book "Send me a photo.." (included in the blue folder of this toolkit)
- Question cards (see Worksheet 24-1)
- The list of key messages (see back page)

METHODOLOGY/INSTRUCTIONS

1. Distribute the "Send me a photo.." comic book and ask the students to read it (allow around 20 minutes to read).
2. After reading, ask the group to form teams of 3-5 participants. Ideally, you should form as many teams as there are situations to discuss, i.e. 4 teams.
3. Each team receives a question card (see Worksheet 24-1). If there are more teams than situations to discuss, several groups can deal with the same questions.
4. Ask the students to discuss the questions in teams for 10 minutes. If they wish, they can write down their answers.
5. After the team discussions, each situation is discussed for 5-10 minutes in large group. The teams are invited to present their thoughts on each situation.
6. Encourage the other teams to give their opinions on the answers and complete the participant's answers by referring to the list of key messages (see back page). Depending on the time, limit yourself to one question or key message per situation.

ROLE OF THE MODERATOR

- Lead the discussions.
- Using the list of key messages, ensure that the most important messages are discussed and integrated.
- Facilitate the reflection needed to make informed decisions.
- Inform the group about the various services available in relation to sexting:



<https://www.cesas.lu/fr/liste.php>



50'

LEVEL OF DIFFICULTY



DOES NOT
MATTER

TIME OF ACTIVITY



OBJECTIVE

Raise the participant's awareness about the risks associated with sexting and encourage them to use social media responsibly

Activity carried out as part of awareness-raising sessions on emotional and sexual health of ECPAT Luxembourg



SEXTING: SEND ME A PHOTO

List of key messages

THE MOST IMPORTANT MESSAGES

- Be aware that what's online stays online for a long time, and that sharing intimate information and photos can make you vulnerable to harassment and blackmail.
- Even if you trust someone, you need to be aware that situations can change, and that relationships or friendships can end. You can trust someone because of the relationship you have with them, but if the relationship changes, the trust can disappear, and behaviour can change.
- Don't do things you're not comfortable with or that seem too risky under pressure. It's always possible to say "No!", to end a conversation, or to report and block the other person.
- If you decide to send an intimate photo, make sure that you are not recognisable and that your face and other features that could help identify you (tattoos, piercings, moles, decorations in the background, etc.) are not visible.
- You have the right to decide what is done with your image. It is an offence to share or distribute images without the consent of the people in them.
- It's important to confide in someone you trust (an adult) if a situation goes wrong or if you find yourself in a situation where you don't feel comfortable.

It is possible to block and report illegal content online, for example with the help of BEE SECURE Stopleveline: stopline.bee-secure.lu.



SEXTING: SEND ME A PHOTO

Cartes de questions – recto (à plastifier et à découper)

CARD 1

- Is it a good idea to send the photo?
- Why would she want to send the photo?
- What do you think of the relationship between the girl and the boy?
Can she trust him?
- Would you advise her to send the photo or not? Why?
- When does a photo become too intimate in your opinion?

CARD 2

- What do you think of her friends' reaction?
- How could they react differently?
- Would this change the situation and how?

CARD 3

- The boy in the back of the class, at the bottom of the picture, wonders why no one is talking about the person who shared the photo without consent: what do you think?
- The girl gets all the blame, while the person who sent the photo without her consent gets none: what do you think?
- Is it legal to send photos of other people or to take photos without their consent?
- What do you know about nude photos of children under the age of 18? Is it legal to own or share such photos?

CARD 4

- What do you think of the boy's explanation?
- Is what he has done acceptable?
Is it understandable?
- Is it permitted to send photos without the consent of the person who appears in the photo?

SEXTING: SEND ME A PHOTO

Question cards – verso (to laminate and cut out)



FOR YOUR EYES ONLY: SAFETY TIPS

Presentation and instructions

Sexting, Sextortion, Victim Blaming

REQUIRED MATERIAL

- Necessary number of questionnaires (see Worksheet 25-1)
- Board or flipchart + writing materials
- Fact Sheet 5 of Chapter 5 of the *Let's Talk about Sex!* guide

METHODOLOGY/INSTRUCTIONS

This activity can be done independently or in conjunction with Activity 23 "For your Eyes Only – Examples of situations".

1. Ask the participants to define the different concepts (SEXTING, SEXTORTION), to assess their knowledge. Then give the definitions (see Fact Sheet 5 of Chapter 5 of the *Let's Talk about Sex!* guide).
2. Conclude the discussion by presenting the definition of VICTIM BLAMING (see verso of Activity 23).
3. Depending on the number of participants and the time available, hand out the questionnaire (see Worksheet 25-1) to each participant or team (the whole questionnaire, or divide it in parts).
4. Each team or participant completes the questionnaire, checking "I AGREE" or "I DON'T AGREE" depending on the situation.
5. Then, each example is reviewed with the whole group and the participant or teams explain their reasons for accepting or rejecting the different situations. Discuss the issues involved in the participant's responses and question them about their reasoning.

Alternatively, the actions can be printed out as cards and distributed to each team or participant, to be placed on a board, separated into two columns: I AGREE | I DON'T AGREE. This board can be left on display in the classroom after the project.

ROLE OF THE MODERATOR

- Lead the discussions and make sure not to create fear of sexting, but rather strengthen the participant's ability to make choices and trust their judgement.
- It is also important to consider whether to organise the workshop in collaboration with a school counselling service (e.g. SePAS) or with external instructors or initiatives (e.g. ECPAT).
- Inform the group about the various services available in relation to sexting:



<https://www.cesas.lu/fr/liste.php>



30' à 50'

LEVEL OF DIFFICULTY



DOES NOT
MATTER

TIME OF ACTIVITY



OBJECTIVES

- Explain terms SEXTING, SEXTORTION, VICTIM BLAMING
- Set up a code of conduct regarding SEXTING and potential dangers arising therefrom
- Encourage/promote a thoughtful relationship to SEXTING by creating an open and tolerant environment for discussion
- Through this action, participants learn the important rules and safety advice on the subject of sexting

Course unit on sexting for classes of 7th grade, developed and provided by BEE SECURE

FOR YOUR EYES ONLY: SAFETY TIPS

Questionnaire for the participants

1. If I've been in love for a little while, there's no problem with me sending an intimate selfie.



I AGREE



I DISAGREE

2. I only send photos and videos of certain parts of my body (e.g. the base of the panties, navel, cleavage with bra)



I AGREE



I DISAGREE

3. I regularly delete photos and videos from my mobile.



I AGREE



I DISAGREE

4. When I photograph or film myself naked, I don't show my face!



I AGREE



I DISAGREE

5. I prefer to take photos and to film in front of a neutral background (e.g. so that the room and/or the house cannot be recognised).



I AGREE



I DISAGREE

6. I always check the contact address before sending photos or messages.



I AGREE



I DISAGREE

7. I only show nude photos of myself on my own mobile phone, and I never send them.



I AGREE



I DISAGREE

8. I set clear rules with my friends about SEXTING.



I AGREE



I DISAGREE

9. Before sending a message or an intimate photograph, I always check the contact address.



I AGREE



I DISAGREE

10. Trust is good – rules are better!



I AGREE



I DISAGREE

11. I wonder if I could assume that these photos/videos will still be on the Internet in 10 years' time.



I AGREE



I DISAGREE

12. If I'm being blackmailed with photos or videos, I can't do anything about it.



I AGREE



I DISAGREE

Let's talk
about Sex!

25-1

Let's talk
about Sex!

25-1

Let's talk
about Sex!

25-1

Let's talk
about Sex!

25-1

Let's talk
about Sex!

25-1

Let's talk
about Sex!

25-1

Let's talk
about Sex!

25-1

Let's talk
about Sex!

25-1

Let's talk
about Sex!

25-1

Let's talk
about Sex!

25-1

Let's talk
about Sex!

25-1

Let's talk
about Sex!

25-1

FOR YOUR EYES ONLY: SAFETY TIPS

Questionnaire for the participants

13. I change passwords that other people (e.g. classmates) might know.



14. If someone has shared a photo of me that upsets me, I ask them to delete it immediately.



15. When a nude photo of me is shared on the Internet, I have no way of defending myself.



16. Anyone who sends a nude photo should expect to be harassed!



17. It is forbidden to film or photograph someone without their knowledge.



18. It is dangerous to save nude photos of yourself in the cloud or photo back-ups.



19. Do the test: would I mind if my classmates received this message or photo?



20. If I want to know if a photo of me has been shared on the Internet, I can search using an image.



21. The manufacture, possession and distribution of photos representing young people of under 18 naked is an offence.



22. If a photo is found on the Internet, it stays there forever.



Let's talk
about Sex!

25-1

Let's talk
about Sex!

25-1

Let's talk
about Sex!

25-1

Let's talk
about Sex!

25-1

Let's talk
about Sex!

25-1

Let's talk
about Sex!

25-1

Let's talk
about Sex!

25-1

Let's talk
about Sex!

25-1

Let's talk
about Sex!

25-1

Let's talk
about Sex!

25-1

GROOMING: TELL ME WHO YOU ARE...

Presentation and instructions

Grooming, online dangers, sexuality, sextortion

REQUIRED MATERIAL

- The "Tell me who you are..." comic book (included in the blue folder in this toolkit)
- Question cards (see Worksheet 26-1)
- The list of key messages (see back page)

METHODOLOGY/INSTRUCTIONS

1. Distribute the "Tell me who you are..." comic book and ask the students to read it (allow around 20 minutes).
2. Ask the group to form teams of 3-5 participants. Ideally, you should form as many teams as there are situations to discuss, i.e. 4 teams.
3. Each team receives a question card. If there are more teams than situations to discuss, several teams can deal with the same question card.
4. Ask the participants to discuss the questions in teams for 10 minutes. If they wish, they can write down their answers.
5. After the team discussions, each situation is discussed for 5-10 minutes in large group. The teams are invited to present their thoughts on each situation.
6. Encourage the other teams to give their opinions on the answers and complete the participant's answers by referring to the list of key messages (see overleaf). Depending on the time, limit yourself to one question or key message per situation.

ROLE OF THE MODERATOR

- Lead the discussions.
- Using the list of key messages, ensure that the most important messages are discussed and integrated.
- Facilitate the reflection needed to make informed decisions.
- Inform the group about the various services available in relation to grooming:



<https://www.cesas.lu/fr/liste.php>



50'

LEVEL OF DIFFICULTY



DOES NOT
MATTER

TIME OF ACTIVITY



OBJECTIVE

Raise the participant's awareness of online dangers, with a focus on the potential risks involved in chatting with strangers on the Internet

Activity carried out as part of awareness-raising sessions on emotional and sexual health of ECPAT Luxembourg



GROOMING: TELL ME WHO YOU ARE...

List of key messages

THE MOST IMPORTANT MESSAGES

- It's easy to hide behind a false identity online, and some people are very good at pretending to be someone else. So be careful about the information you share with people you don't know.

Here are some situations to watch out for:

- If someone asks you to keep the conversation private;
- If someone asks you very quickly for very personal information, such as your address, telephone number, location, etc.;
- If someone asks you to send them sexually explicit photos or other sexual content, or sends it to you without your asking;
- If someone asks you to meet them and insists that you come alone.

- Keep control of the information and content you share online! Be aware that sharing intimate information and photos can make you vulnerable to harassment and blackmail.
- Don't do things you're not comfortable with or that seem too risky under pressure. It's always possible to say "No!", to end a conversation, or to report and block the other person.
- If you have decided to go and meet someone you have met online, go with someone (an adult) and meet them in a public place.
- It's important to confide in someone you trust (an adult) if a situation goes wrong or if you find yourself in a situation where you don't feel comfortable.
- In Luxembourg, grooming is a criminal offence and should be reported to the police.

GROOMING: TELL ME WHO YOU ARE...

Question cards – recto (to laminate and cut out)

CARD 1

- What do you think of the boy's reaction?
- Why do you think the boy is distancing himself from his friends?
- What do you think of his friends' reaction?
- How might they have reacted differently?

CARD 2

- Is it a good idea to meet?
- What do you think of the relationship between the boy and his friend?
- Can he trust her/him?
- Why do you think he agreed to a meeting?

CARD 3

- Who is the person in the photo?
- Do adults have the right to communicate with children and teenagers in this way?
- Would you have recognised from the messages that it wasn't a young girl, but an adult man?
- Do you have any ideas on how to check whether the person on the other side is really the person they're pretending to be?

CARD 4

- What do you think of the boy's reaction?
- Can he really be sure of what he's saying?
- What advice would you give him in this situation?

GROOMING: TELL ME WHO YOU ARE...

Question cards – verso (to laminate and cut out)





Chapter 6

CROSS-DISCIPLINARY ACTIVITIES

SEX ABC

Emotional and sexual life in general:

Love and sexuality, sex and sexual orientation, contraception, sexually transmitted infections, consent, the human body, etc.

REQUIRED MATERIAL

- Board/Flipchart and writing materials

METHODOLOGY/INSTRUCTIONS

1. Write the letters of the alphabet on the board, one below the other.
2. For each letter, ask the participants to find words relating to friendship, love and sexuality (e.g. A: affection, B: bisexuality, etc.). In turn, each young person can come up with a word corresponding to the alphabetic letter, which you write on the board.
3. To go further, suggest categorising the words according to different themes, by surrounding the words with different colours. These categories could be:
 - anatomy;
 - STIs;
 - contraception;
 - violence;
 - pornography/media;
 - LGBTIQ+: sexual, bodily and gender diversity;
 - affection/feelings/love;
 - words that can hurt someone/vulgar/provocation/stigmatisation.
4. These different categories can form the basis of a discussion with the group.

ROLE OF THE MODERATOR

- If a young person uses inappropriate (e.g. vulgar) language, suggest an alternative that respects the framework in place **without reprimanding or judging**.
- Ask the other participants if there is a more appropriate word or if they know another term for the same word.
- If necessary, finding the words in the glossary in the *Let's Talk about Sex!* guide to find the right definition.



50'

ACCORDING TO
THE NUMBER OF
WORDS FOUND

LEVEL OF DIFFICULTY



NO LIMIT

TIME OF ACTIVITY



OBJECTIVES

- Get the participants to think about emotional and sexual health
- Find out the vocabulary used by the participants in the group and the extent of their knowledge at the start of the activity

Activity carried out as part of ESHE sessions of the *Planning familial*



THE WORD GAME

Activity to discuss any topic

REQUIRED MATERIAL

- Cards with the different words printed on them (see Worksheet 28-1)
- Printed cards without words so as to add other words if necessary

METHODOLOGY/INSTRUCTIONS

Preparatory comment: It's important to prepare yourself to define the words of the game before doing it with the participants. You can refer to the glossary in the *Let's Talk about Sex!* guide to help you.

1. Ask the group to sit in a circle.
2. Ask a volunteer to draw a card with a word (see Worksheet 28-1) and hide it from the others.
3. The volunteer then has to describe the word on the card to get the others to guess it, without naming the word in question. The rest of the group tries to identify the correct word.
4. As soon as the correct word has been identified, ask the rest of the group how they would have described it differently and complete if necessary.
5. Ask another young volunteer to draw a printed card – and so on. If a young person doesn't know how to describe the word, he/she passes the card to someone else, but can no longer answer because he/she has read the word.
6. You can also ask a volunteer to describe a word he/she has in mind on one of the blank cards. This can help to bring out words that interest your participants.
7. Discuss the importance of using the right words to conclude.

Variation for choosing a volunteer:

Instead of asking who wants to be next, the person who has just finished describing a word chooses the next person. It might be a good idea to use an object that symbolises the right to speak and pass it between the participants. A soft, non-fragile object is recommended (e.g. Paomi® anatomical cuddly toys, a ball of wool, etc.).

ROLE OF THE MODERATOR

- If a young person uses inappropriate (e.g. vulgar) language, suggesting an alternative that respects the framework in place without reprimanding or judging.
- Asking the other participants if there is a more appropriate word or if they know of another term for the same word.
- If necessary, finding the words in the glossary in the *Let's Talk about Sex!* guide to give the right definition.



15-20'

LEVEL OF DIFFICULTY



NO LIMIT

TIME OF ACTIVITY



OBJECTIVES

- Learn (and use) appropriate vocabulary
- Know how to describe the different words
- Identify representations of a word

Game used as part of the training of the HIV Berodung Service of the Luxembourg Red Cross



THE WORD GAME

List of words to pick – part 1 (to laminate and cut out)

MASTURBATE

VAGINAL SECRETION

DILDO / VIBRATOR

SPERM

ORGASM

HOMOSEXUAL

**MORNING-AFTER PILL
(EMERGENCY PILL)**

HETEROSEXUAL

PENETRATION

BISEXUAL

CLITORIS

ERECTION

VAGINAL INTERCOURSE

FOREPLAY

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

THE WORD GAME

List of words to pick – part 2 (to laminate and cut out)

ORAL SEX

G SPOT

ANAL SEX

ANUS

PENIS

VAGINA

CUNNILINGUS

FELLATIO

COÏTUS INTERRUPTUS

LATEX SQUARE

PEP

TRITHERAPY

CONSENT

PORN

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

THE WORD GAME

List of words to pick – part 3 (to laminate and cut out)

PLEASURE

SELF-DETERMINATION

ANILINGUS

SEXUALLY TRANSMITTED INFECTION

SEXUAL ORIENTATION

GENDER IDENTITY

BIOLOGICAL SEX

INTERSEX

TRANSGENDER

CISGENDER

FEMININE

MASCULINE

MALE

FEMALE

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

THE WORD GAME

List of words to pick – part 4 (to laminate and cut out)

LOVE

FRIENDSHIP

VIOLENCE

VULVA

VAGINA

CONTRACEPTION

HIV

AIDS

SPERM

PORNOGRAPHY

SEXTING

A NUDE

CONDOM

CONTRACEPTIVE PILL

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

THE WORD GAME

List of words to pick – part 5 (to laminate and cut out)

SEXTORSION

GROOMING

MENSTRUATION

PANSEXUAL

NON-BINARY

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

Let's talk
about Sex!

28-1

BRAINSTORMING

To discuss any topic

REQUIRED MATERIAL

- Board or flipchart and writing materials

METHODOLOGY/INSTRUCTIONS

1. Write a subject in the middle of the board, for example: "Sexual violence", "Sexuality", "LGBTIQ+", "Anatomy", "Puberty", "STIs", "Contraception", etc.
2. In turn, ask the participants to come and write on the board what comes to their mind in relation to the subject. This part of the activity should preferably be done in silence to encourage individual reflection.
3. Anything written by anyone can also be immediately addressed and completed on the board.
4. Once the exercise is finished, ask the group to read everything that has been written on the board.
5. Lead a discussion on the words used and give the participants the opportunity to ask questions about the meaning of the terms and discuss individual comments.

Addition: To guide your emotional and sexual health education session, you can ask the group to indicate the topics they would like to discuss more.

ROLE OF THE MODERATOR

- At the start of the session, explain that participants can stop taking part at any time if they feel uncomfortable.
- Make sure the group stay silent during the activity.
- If a young person uses inappropriate (e.g. vulgar) language, suggest an alternative that respects the framework in place **without reprimanding or judging**.
- Ask the other participants if there is a more appropriate word or if they know of another term for the same word.
- If necessary, find the words in the glossary in the *Let's Talk about Sex!* guide to give the right definition.



FROM 20'
TO 45'

LEVEL OF DIFFICULTY



DOES NOT
MATTER

TIME OF ACTIVITY



OBJECTIVES

- Start a conversation on the chosen theme and break the ice
- Learn/asses/get to know the vocabulary used by the participants

Activity carried out as part of ESHE sessions of the *Planning familial*





Chapter 7

REPOSITORY/ONLINE-TOOLS

Activity 30

I create my own activity



REQUIRED MATERIAL

.....

.....

.....

.....



LEVEL OF DIFFICULTY



METHODOLOGY/INSTRUCTIONS

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....



TIME OF ACTIVITY



OBJECTIVES

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

ROLE OF THE MODERATOR

.....

.....

.....

.....

.....

REPOSITORY OF ADDITIONAL RESOURCES

LE CESAS

«The National Reference Centre for Promotion of Emotional and Sexual Health was created as part of the National Action Plan "Promotion de la santé affective et sexuelle" (Promotion of emotional and sexual health) involving four ministries.

Cesas' mission is to promote emotional and sexual health at national level, through information, awareness-raising and training. One of Cesas' missions is to inform, guide and direct professionals from the socio-psychological sector, particularly in their efforts to educate young people about emotional and sexual life.

As part of the Direction de la santé's Let's Talk about Sex project, Cesas not only took part in the production of the guide on emotional and sexual health for young people, but also contributes more widely to the identification and promotion of relevant and recognised educational tools and media on these issues.



Centre national de référence
pour la promotion de la santé
affective et sexuelle

ADDITIONAL RESOURCES AVAILABLE IN THE LET'S TALK ABOUT SEX! TOOLKIT

Now recognised and promoted by numerous international bodies, including WHO and UNESCO, sexual and emotional education aims to support children from the earliest age and adolescents in the development of their relational, emotional and sexual life and help them to become fulfilled adults.

In Luxembourg and beyond, numerous tools, media, games, brochures, videos, training courses, etc. have been developed to support these educational approaches. They can inspire or be used by professionals, particularly in the education sector, and by the general public. However, identifying and using the right tools for emotional and sexual health education is not always easy. Why? This topic is rapidly evolving, and sometimes involves sensitive issues, and must be adapted to specific age groups.

The activities in this toolkit have been developed by experts from different front-line organisations. They are therefore adapted to the Luxembourg context and meet the quality criteria needed to give young people access to valid, up-to-date and empowering information.

On a broader level, there are numerous materials available, in different languages, for all ages, on a wide range of topics related to emotional and sexual education! This section of the toolkit includes a series of links to the Trello platform.

On this online platform, each chapter of the toolkit has its own dedicated space offering additional resources on the topic in question. You will find links to:

- educational games and activities to do with the young people;
- books, brochures and publications on the themes;
- additional web resources and videos;
- additional training.

These resources have been evaluated to ensure their relevance and quality, so that they are suitable for the target audience of the *Let's Talk about Sex!* – Toolkit project. The pages are completed and updated regularly.

If you have any questions, suggestions, or access problems, please do not hesitate to contact us at letstalkaboutsex@cesas.lu

LINKS TO MORE TEACHING RESOURCES

INTRODUCTION

The professional approach to emotional and sexual health education

<https://trello.com/b/EaR2QCmT/introduction-la-posture-professionnelle-en-éducation-à-la-santé-affective-et-sexuelle>



CHAPTER 1

The human being at the heart of affective and sexual health

<https://trello.com/b/PHznQ0Rp/chapitre-1-l'être-humain-au-cœur-de-la-santé-affective-et-sexuelle>



CHAPTER 2

Love, sexuality and affective and sexual health

<https://trello.com/b/GeKrQ4sT/chapitre-2-lamour-la-sexualité-et-la-santé-affective-et-sexuelle>



CHAPTER 3

Contraception

<https://trello.com/b/8xtiLzGt/chapitre-3-la-contraception>



CHAPTER 4

Sexually transmitted infections (STIs)

<https://trello.com/b/GjWx8VV2/chapitre-4-les-infections-sexuellement-transmissibles-ist>



CHAPTER 5

Sexual rights and violence

<https://trello.com/b/TTMdkMP2/chapitre-5-les-droits-sexuels-et-les-violences>



CHAPTER 6

Cross-disciplinary activities

<https://trello.com/b/G3EF3d9r/chapitre-6-activites-transversales>



Please note that the links were changed in April 2024.