



**THE
REAL
STORY?**



**CHILD SEXUAL EXPLOITATION
& SEXUAL HEALTH
RESOURCE PACK**

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The Public Health Agency (PHA) South Eastern Area is 'committed to improving community development approaches to address health and wellbeing inequalities and empower communities to get involved in promoting health and wellbeing'.

Barnardo's Safe Choices NI and the South Eastern Trust Health Development Team are grateful for funding from the Public Health Agency to achieve these outcomes through the 'The Real Story?' programme.

Thanks are extended to StudioStereo who have produced the short films and facilitated the visual development and production of the resource pack.

**THE
REAL
STORY?**

**Believe in
children**
Barnardo's
Northern Ireland

HSC Public Health
Agency

HSC South Eastern Health
and Social Care Trust

THE REAL STORY?

BACKGROUND & PURPOSE

Barnardo's Safe Choices and the South Eastern Health and Social Care Trust Youth Health Advice Service have had a working partnership since September 2012. Through this partnership, group work has been facilitated in a number of youth settings to raise awareness of Child Sexual Exploitation (CSE) and Sexual Health. As a result of this partnership youth work staff have indicated a need for more information and awareness raising on the subject of CSE, Relationships and Sexual Health.

This resource has been designed and formulated to equip facilitators to effectively engage young people aged 13 and above in the subject area. The short films have been designed to enable young people to discuss the issue whilst protecting them from personal disclosure in a safe and secure learning environment.

The success of this work is dependent upon the facilitator's ability to create and maintain a safe learning environment. These sessions can form the basis of in-depth discussions and debate. The success of this programme is reliant upon the practitioners own knowledge of the subject area and their ability to engage young people effectively.

It is therefore recommended that staff complete Safe Choices training prior to delivery.

WHAT IS CHILD SEXUAL EXPLOITATION?

'Child Sexual exploitation is a form of sexual abuse in which a person(s) exploits, coerces and/or manipulates a child or young person into engaging in some form of sexual activity in return for something the child needs or desires and/or for the gain of the person(s) perpetrating or facilitating the abuse.'

(SBNI 2014, adopted from CSE Knowledge Transfer Partnership NI)

PREDISPOSING FACTORS

The following should not be read as a definitive list or be taken as a direct indication of sexual exploitation.

- Developmental delay
- Parental mental health
- Learning difficulty/disability
- Low self-esteem
- Lack of protective structures
- Being in care / residential / foster / kinship
- Family breakdown
- Loss
- Domestic violence
- Being a young carer
- Mental health issues
- Chaotic household
- History of abuse
- Experience of trauma
- Non/low attendance at school
- Homelessness
- Poverty
- Black Minority Ethnic (BME) background
- Paramilitary involvement
- Attachment difficulties
- Negative peer group
- Increased levels of stress
- Family history of substance misuse
- Isolation

CURRENT INDICATORS

The following should not be read as a definitive list or be taken as a direct indication of sexual exploitation.

- Low self-esteem
- Hyper-vigilance
- Change in personal hygiene
- Self-harm or other expressions of despair
- Sexualised behaviour / language
- Physical symptoms eg. STIs, bruising, bites
- Unexplained gifts or possessions
- Known to be sexually active
- Evidence or suspicion of substance misuse
- Leaving home/care without permission
- Phone calls/contact outside the usual range of social contacts
- Entering or leaving unknown vehicles
- Adults or peers loitering outside the child's place of residence
- Significantly older boyfriend/girlfriend
- Frequenting parties
- Abusive peer relationships
- Going missing or returning late
- Sexting
- Non-attendance at school
- Being in areas known for drug and alcohol misuse
- Use of taxis unauthorised by parents/carers
- Change in appearance
- Mood swings
- Change of peer group
- Secretive internet/mobile phone use
- Loss of interest in hobbies etc
- Agitated/stressed prior to leaving/ returning to home or care
- Criminal activity
- Deterioration in relationships
- Returning distraught or disheveled
- Requesting Emergency Hormonal Contraception (Morning After Pill)
- Disclosure followed by recant

CSE MODEL FOR INTERVENTION

FACILITATOR NOTES:

The Model, illustrated far right, is the guiding framework that forms the context for all of the sessions, activities and features that are contained in this resource.

The aim of this model is to guide practitioners through the safe and effective delivery of Child Sexual Exploitation work. The model is based on emerging themes arising from direct work with young people who are at risk of, or who have experienced CSE.

The model of intervention places CSE at its core, the central elements of which encompass grooming, consent, relationships, power and control and sexual health. Supporting themes which underpin and permeate the work are empathy, confidence, self-esteem, identity, values and beliefs and risk. The delivery of the model should be guided by the 'Plan, Do, Review' process in order to ensure that the work continues to meet the individual needs of the young person.

The model provides the basis for a three-pronged approach to targeting CSE – on a universal, selective and indicated level. **Universal** interventions target the general population and consist of educative or preventative work facilitated in youth centres, schools, community groups etc. **Selective** interventions focus on work carried out with specific high risk groups, such as those displaying some of the indicators of CSE. **Indicated** interventions target those young people who have experienced CSE with a view to aiding their recovery process.

THE MODEL ALSO SITS WITHIN BARNARDO'S FOUR A's APPROACH

APPROACH TO CSE INTERVENTION:

Access – We believe that CSE services should be easily accessible to all children and young people. Workers should meet young people in their locality and carry out work in a space that the young person identifies as being safe, secure and conducive to work.

Attention – We recognise and value the importance of relationship in engagement with young people. The focus of work should be agreed with them and they should be enabled to determine the pace and method of delivery. Work should continue for as long as is deemed necessary.

Assertive Outreach – The delivery of training aims to raise awareness of CSE within communities by enhancing the ability of others to recognise it and to respond effectively, by employing persistent engagement techniques.

Advocacy – We are committed to advocating on behalf of young people to ensure their rights are upheld and to ensure their voice is heard by key stakeholders in all decisions that affect them.

The model also reflects the recommendations of **Spotting the Signs: a National Proforma for identifying risk of CSE in Sexual Health Services**

(developed by BASHH in partnership with Brook). The proforma highlights the importance of adopting a conversational tone when exploring the risk of CSE with a young person.

CSE work is most effective when it is planned and delivered with clear objectives and informed through continuous monitoring, evaluation and critical reflection on the processes and practices employed. The starting point for this work will be dictated by the assessed need of the young person. For example, it may be deemed appropriate to begin work looking at the 'grooming process' for one young person however beginning with 'identity' may be more appropriate for another. Furthermore, each element may be delivered as a stand-alone subject area although impact is often maximised by giving due regard to the fact that topics are often inter-linked.

The young person must be at the centre of the process and the success of the work will be largely dependent on the relationship between the young person and the worker. It should be noted that the work is not resource dependant – **the worker is the primary resource.**

This model should be viewed as a framework within which there is scope for development, given that it promotes an educational process and not a fixed programme of work. It should not restrict spontaneity or improvisation, and opportunities for learning should be taken as they arise, as they can greatly enrich the work.

Practitioners are encouraged to use the model to develop their practice and to view it as a tool that can be adopted or re-shaped to meet the holistic needs of individual young people. It is recognised that in some contexts other elements, not highlighted here, will be deemed important, such as internal trafficking, going missing, substance misuse etc. It is neither possible nor desirable to construct a model to cover the breadth of issues that arise from CSE. The delivery of the model will be shaped by a combination of factors and individual circumstances, including:

Age / Religion / Cultural background / Sexual Orientation / Learning style / Disability / Gender

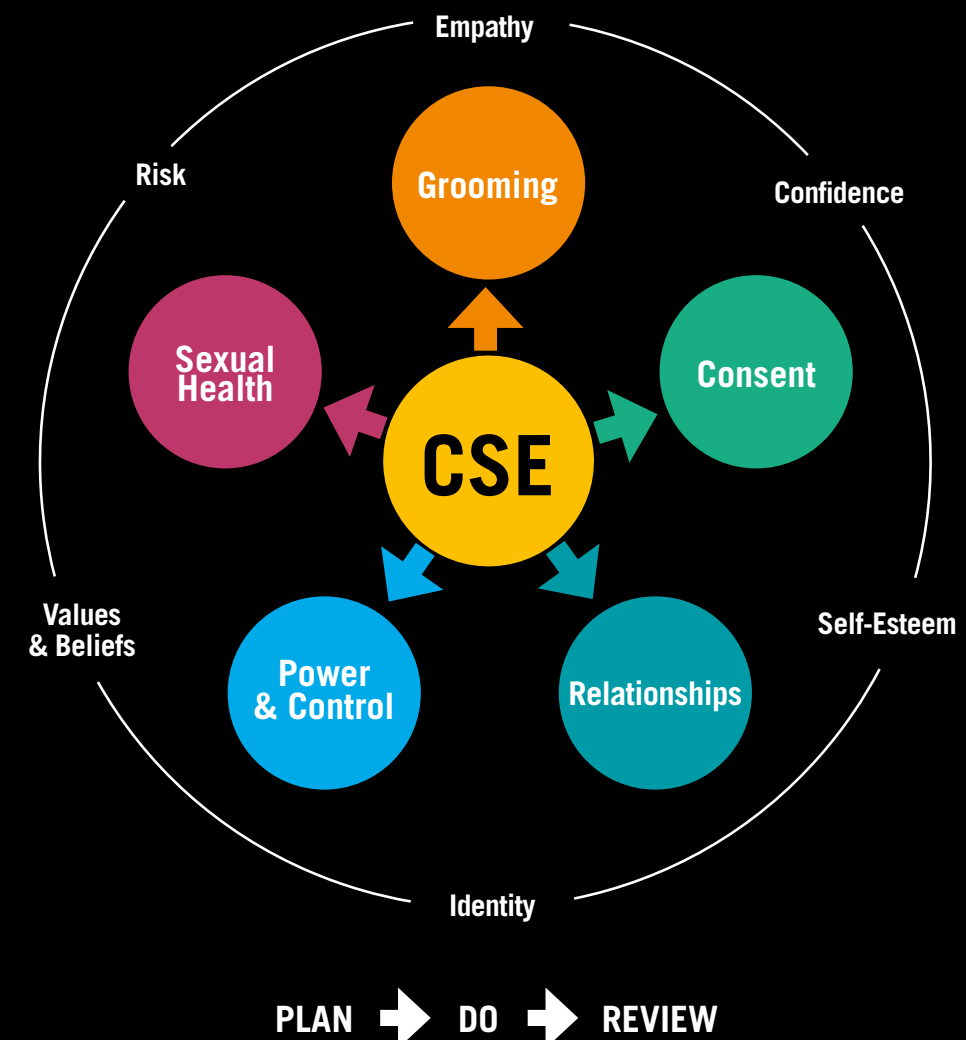
Practitioners should recognise that treating everyone the same is not the same as treating everyone fairly. It is important to appreciate the value of different experiences, cultures and perspectives.

This model is underpinned by child-centred practices. 'Child-centred' is a widely used term that is often misunderstood. Within this context, working in a way which is child-centred involves seeing young people as active participants in their own learning and focuses on their interests, abilities and learning styles. Being child-centred allows the child to make choices whilst affording freedom to think, experience, explore, question and search for answers.

Child-centred practice is a key principal highlighted by Munro (2013) in 'Working together to safeguard children', statutory guidance on inter-agency working to safeguard and promote the welfare of children. Munro (2013) suggests that in order for services to be child centred, "they should be based on a clear understanding of the needs and views of children."

Munro (2013) also references the dangers of 'standardised services' that do not provide the required range of responses to address the variety of need that is presented. It is recommended that professionals move away from a 'compliance culture' to a 'learning culture', where they have more freedom to use their expertise in assessing need and providing the right help.

Experience suggests that restrictions around the length of intervention can inhibit practice and can be detrimental to the young people involved. The centrality of forming relationships with children and families to enable practitioners to understand and support them can become obscured by focusing solely on bureaucratic demands.



SAFEGUARDING & CONFIDENTIALITY

It is acknowledged that this sensitive area of work may provoke feelings of distress for some young people. The facilitator must ensure that the young person's right to privacy is respected at all times. The facilitator must create a safe environment throughout this programme and no young person should be expected to ask or answer any personal questions. Young people should be encouraged to take responsibility for what they share in the group. It should be made clear from the outset and included in the contract that this is not a forum for disclosure.

Young people should also be reminded of Safeguarding policies and procedures which require the facilitator to pass on information that raises concern about potential harm to them or others. The duty of care should be explained as per organisational policies and procedures.

It is the responsibility of the practitioner/ organisation to ensure that safeguarding training is up to date before embarking on this programme.

SESSION PLAN

This resource has been developed as a six session programme built around 3 short films but individual sessions may be used for bespoke sessions as deemed suitable by the facilitator.

The resource can be used with young people aged 13 and up however it is at the discretion of the practitioner if they wish to use this resource with younger children. Facilitator notes should be read in advance of each session.

An icebreaker will be suggested to compliment each session but this can be replaced or added to as deemed appropriate.

At the end of each session an evaluation should be completed. We suggest a voicebox exercise as a possible tool for evaluation. Facilitator invites young people to offer a word or a sentence to sum up their feelings about the session. Alternatively, established methods of evaluations may be employed.

FACILITATOR NOTES:

These exercises will set the scene with the young people and professionals. It will help the worker ascertain the level of understanding and attitude regarding values and beliefs, identity, relationships and self-esteem.

SESSION 1: VALUES & BELIEFS

INTRODUCTION & CONTRACT

A contract is the protective skin that provides and contains a safe learning environment. It is a safety barrier that defines the purpose of being together and agrees an acceptable code of behaviour. It ensures a sense of shared responsibility between the worker and young people. If things go wrong, it will form the basis of any required conflict resolution.

SAMPLE CONTRACT

1. Define **purpose, duration, time** and **breaks**
2. Define acceptable behaviour
 - Show Respect, Care and Consideration for self/others and property (may need expanded upon depending on the group).
 - Confidentiality - Be responsible for what you share. (It is unrealistic to expect young people not to talk about the group outside of the group)
 - Mobile phones off/on silent

RESOURCES:

- Human bingo sheet (p.8)
- Pens

ICEBREAKER: HUMAN BINGO

- Hand out pen and bingo sheet to each member of the group
- Young people move round the group and find a name to put next to each question
- The only rule is that young people cannot ask the same person 2 questions in a row
- First person to have a name against every question on the sheet shouts 'Bingo!' and wins the game.

RESOURCES:

- Floating Debate Statements (p.9)
- Prepare 3 sheets A4: Agree/Disagree/Don't Know

AIMS:

- To enable young people to become aware of their own values and beliefs
- To provide the facilitator with insight into the knowledge and understanding of the group
- To create a safe space to explore CSE and its complexities
- To provide insight into group dynamics and culture
- To encourage interaction and participation

OUTCOMES:

- Increased awareness of values and beliefs
- Increased communication and negotiation skills
- Increased understanding and acceptance of others.

FLOATING DEBATE

EXPLANATION:

1. Facilitator lays agree, disagree & don't know sheets out across the room.
2. Young people are presented with a series of statements and are asked to adopt an agree/disagree or don't know stance.
3. Participants try to encourage people of opposing opinions to conform to theirs by providing explanations for their chosen stance.
4. If a young person changes their opinion they must adopt their new position in the room.

It is the role of the Facilitator in this session to encourage and promote debate resulting in young people moving around the room as they reflect on their own opinion.

This challenges values and beliefs and forces young people to take a physical position to defend their own opinion or to follow the opinion of others. This aids the facilitators to see group dynamics and a level of understanding and different roles within the group: example, leader, follower, joker, and manipulator.

HOW RISKY?

RESOURCES:

- How Risky Statements p.10 (1 set for every small group)

AIMS:

- To encourage young people to discuss and explore their perception of risk
- To help young people articulate their own opinion whilst considering the opinion of others.

OUTCOMES:

- Enhanced communication skills
- Increased understanding of risk
- Increased understanding of how emotional vulnerabilities can influence choices

EXPLANATION:

1. Split young people into smaller groups.
2. Present each group of young people with 12 statements and ask them to place these in order of perceived risk. 1 being lowest risk and 12 being the highest risk.
3. Facilitator should ensure that all young people are included in the discussion.
4. Facilitator should adopt a controversial stance to encourage young people to reflect and reason, for example: If group places "need to be loved" at a low risk rating, facilitator suggests that "need to be loved" may result in young people getting drunk with strangers, meeting stranger from Facebook etc
5. Each group presents their agreed order to larger group

Facilitator encourages discussion and debate about different levels of risk. Facilitator must be aware that the context of the scenario could influence the risk rating, for example "14 year old girls gets into car with 21 yr old Male"—could potentially be high risk or could be no risk if the 21 year old is her brother.

RESOURCES:

- Prepare 2 sheets A4 : Safe/Unsafe
- Safe/Unsafe statements (p.10)

AIM:

- To explore and discuss safe and unsafe situations

OUTCOMES:

- Increased awareness of unsafe situations
- Increased ability to debate social issues
- Increased awareness of internet safety

SAFE vs UNSAFE

EXPLANATION:

- Facilitator reads out statements and young people are invited to decide if statements are Safe or Unsafe and place them underneath the relevant sheet.

EVALUATION + CLOSE

HUMAN BINGO!

FIND SOMEONE WHO...

Can name 3 sexually transmitted diseases	Thinks its OK for a girl to ask a boy out	Knows what the age of consent is
Watches Coronation Street	Thinks condoms prevent STIs	Thinks that relationships should be equal
Has blue eyes	Can name 3 methods of contraception	Brushed their teeth this morning
Would not drop friends for boyfriends/girlfriends	Changes underwear every day	Knows what love is
Thinks child abuse is wrong	Thinks education is important	Wears make-up

FLOATING DEBATE



- There is nothing wrong with two 15yr olds having sex.
- If someone gives you alcohol or drugs, you should have sex with them.
- It's ok to take legal highs because they are legal.
- If a 16yr old boy has sex with his 11yr old sister it is not abuse because he loves her.
- If you sleep with lots of people it means you are popular.
- If someone loves you, they want to know where you are all the time.
- It's ok to send naked photos to your boyfriend/ girlfriend.
- It's risky for a 13 yr old to get into a car with a 21yr old.
- Young people should not tell if they have been abused by a family member or friend.
- It's ok to smoke weed so long as you stay away from legal highs.
- Parents should not let their 14yr olds boyfriend/ girlfriend have a sleep over in the house.
- Boys get sexually abused.
- Young people take drugs to help them forget about their problems.
- Your boyfriend/girlfriend will love you more if you sleep with people to pay off debts.
- It's ok to have sex with your boyfriend/ girlfriend if they are 'out of it'.
- A relationship should be based on trust.
- It's a laugh to spike someone at a party.
- Everyone wants to be loved.
- Paramilitaries control communities.
- Sex is not as good if you use a condom.

SESSION 1:
HOW RISKY?

Meeting someone from Facebook	Needing a boyfriend
Getting drunk with strangers	Having lots of friends on Facebook
Having an older boyfriend	Going to party houses
Staying out without permission	Wanting to be loved
Keeping secrets from parents/carers	Getting a lift with strangers
Posting naked images on Facebook	Keeping a relationship a secret



SESSION 1:
SAFE vs UNSAFE

Jenny has been going out with Roy for one week. Roy wants to buy her new clothes and take her out for dinner.

Aimee is at a party and takes legal highs. John asks her to have sex on the snooker table for a laugh.

Sarah (17) uploads a photo on an online dating site.

Jo and his mates are playing 'Rap the door'.

Jack (18) picks Rebekah up to go for a drive in his Subaru Impreza.

Severina lives in a house with her mother, father, two sisters and three uncles.

Chloe's friend has a new boyfriend who has hot mates. Chloe is invited to party with them at the weekend.

There will be drink and drugs at the party.

A religious leader invites Carl into his house for coffee.

Febi tells her friend that she has to go back to Nigeria for a special operation.

Daniel has unprotected sex with his boyfriend who he has known for years.

Tom posts on Facebook that he has had a massive row with his parents and he hates them.

10 / THE REAL STORY? 2015 Lee is going camping at the weekend with a group of male and female friends.



SESSION 2: **GROOMING**

FACILITATOR NOTES:

The themes which will be addressed in particular during this session and animation are Grooming and Consent and this will lay a foundation for a subsequent session on Power and Control and Relationships.

HOW DOES CHILD GROOMING WORK?

People who commit sexual offences against children typically have close relationships with the children that they abuse. They use grooming to create a trust that is later used to keep the child in the sexual relationship as well as to keep them from sharing it with anyone. Family members can also be groomed to increase the vulnerability of the child.

SIX STAGES OF CHILD GROOMING:

- 1) **Targeting the victim.** A groomer will identify some type of vulnerability within the intended victim. Children with less involved parents are more desirable although all young people are potential victims.
- 2) **Gaining the victim's trust.** The groomer gains their victim's trust by gathering information about the child, their needs and how to fill them. They make the child feel understood and valued.
- 3) **Filling a need.** Once the groomer has figured out what the child's needs are, they begin to fill the void. They may provide drink, drugs, somewhere to stay, thoughtful gifts, but most significantly, the groomer will make the child feel loved and special.
- 4) **Isolating the child.** The groomer will encourage the child to sever protective contacts with family and friends and assume a protective and understanding position.
- 5) **Sexualising the relationship.** After the emotional attachment and trust of the child has been obtained, the groomer progressively sexualises the relationship. Desensitisation of the child may occur through talking, watching pornography and having sexual contact. The child may begin to see their relationship in more special terms.
- 6) **Maintaining control.** Once the sexual abuse has begun, child sex abusers use secrecy, blame and threats to manipulate the child into silence and participation. Threats may be made against the child's family and friends. The abuser may also threaten to circulate indecent/abusive images.

ICEBREAKER: TRUTH OR SPOOF

- Young people are invited to share three pieces of superficial information with the group, two being true and one being a lie. Young people are encouraged to think of things that may not be known to the group. The group then decides which one is a lie.

RESOURCES:

Short Film : The Innocent Add

SHORT FILM: **THE INNOCENT ADD**

WATCH 'THE INNOCENT ADD'

QUESTIONS TO CONSIDER:

- 1) Would you have accepted the friend's request?
- 2) Do you think she should have sent pictures?
- 3) When did the relationship become controlling?
- 4) If this girl was your friend what advice would you give her?

RESOURCES:

- Prepare sheet with individual stages of grooming: 'identify'/'gain trust'/'fill a need'/'isolate'/'sexualise'/'maintain control'
- Printable Grooming Triangle p.13

AIMS:

- To enable young people identify and understand grooming
- To provide young people with information to make safer choices
- To enable young people to consider the complexities of the grooming process with their peers.

OUTCOMES:

- Increased ability to identify the stages of grooming.
- Increased ability to recognise when relationships are becoming controlling/dangerous.
- Increased ability to empathise with others who may have been groomed.
- Increased communication and presenting skills.

RESOURCES:

- Sexual abuse worksheet p.14
- CSE worksheet p.15

AIM:

- To encourage discussion and debate to clarify understanding of Sexual Abuse and CSE

OUTCOMES:

- Increased understanding of the differences between Sexual Abuse and CSE
- Increased ability to recognise that it is not young people's fault if they are abused or exploited.

STAGES OF GROOMING

EXPLANATION:

1. Young people are split into manageable sized groups and presented with the 6 stages of grooming and asked to place in sequential order.
2. Facilitator takes feedback from the groups and presents the stages of grooming in their sequential order, emphasising that this is not an exact process and stages may vary and be interlinked.
3. Young people are then invited to suggest practical examples of how they would recognise the various stages of grooming on a printed triangle or flipchart.
4. Young people present completed triangle back to larger group.

If young people are aware of grooming they have the knowledge to protect themselves from this abusive process.

SEXUAL ABUSE OR CSE?

SEXUAL ABUSE DEFINITION:

"Sexual abuse involves forcing or enticing a child to take part in sexual activities. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways"

(DHSPSS, May 2003)

CSE DEFINITION:

"Child Sexual exploitation is a form of sexual abuse in which a person(s) exploits, coerces and/or manipulates a child or young person into engaging in some form of sexual activity in return for something the child needs or desires and/or for the gain of the person(s) perpetrating or facilitating the abuse"

(SBNi 2014, adopted from CSE Knowledge Transfer Partnership NI)

EXPLANATION:

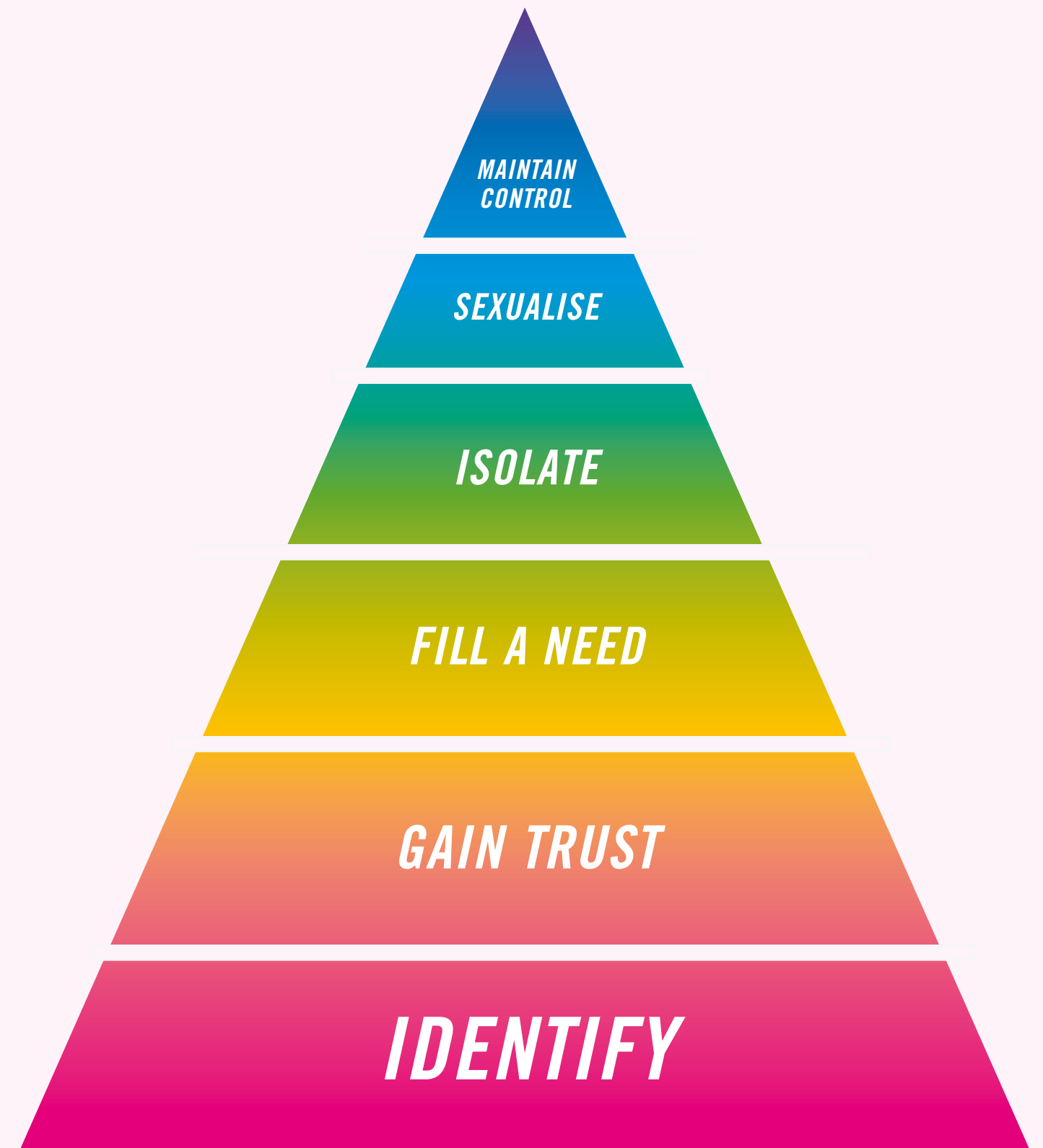
1. Young people are asked questions on sexual abuse as per worksheet
2. The same questions are then asked again but using the CSE diagram
3. Facilitator should explore the similarities and differences between the two headings
4. Possible questions to aid discussion:

- Are CSE and Sexual Abuse the same?
- What's the difference between CSE and Sexual Abuse?
- Is a young person to blame if they are sexually exploited?
- Can a 16 year old be sexually abused?
- Are males sexually exploited?

EVALUATION & CLOSE

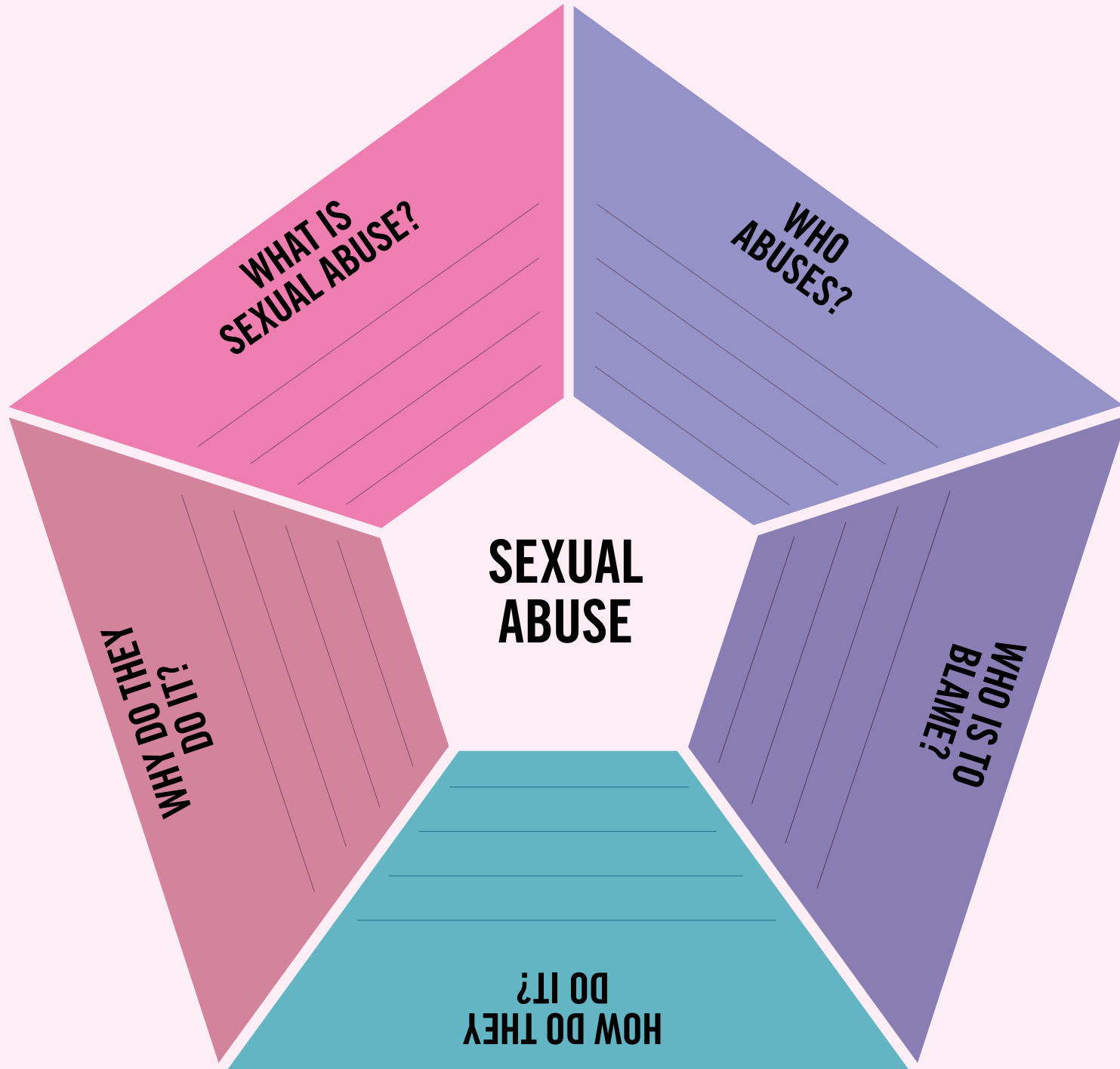
SESSION 2:

THE GROOMING TRIANGLE

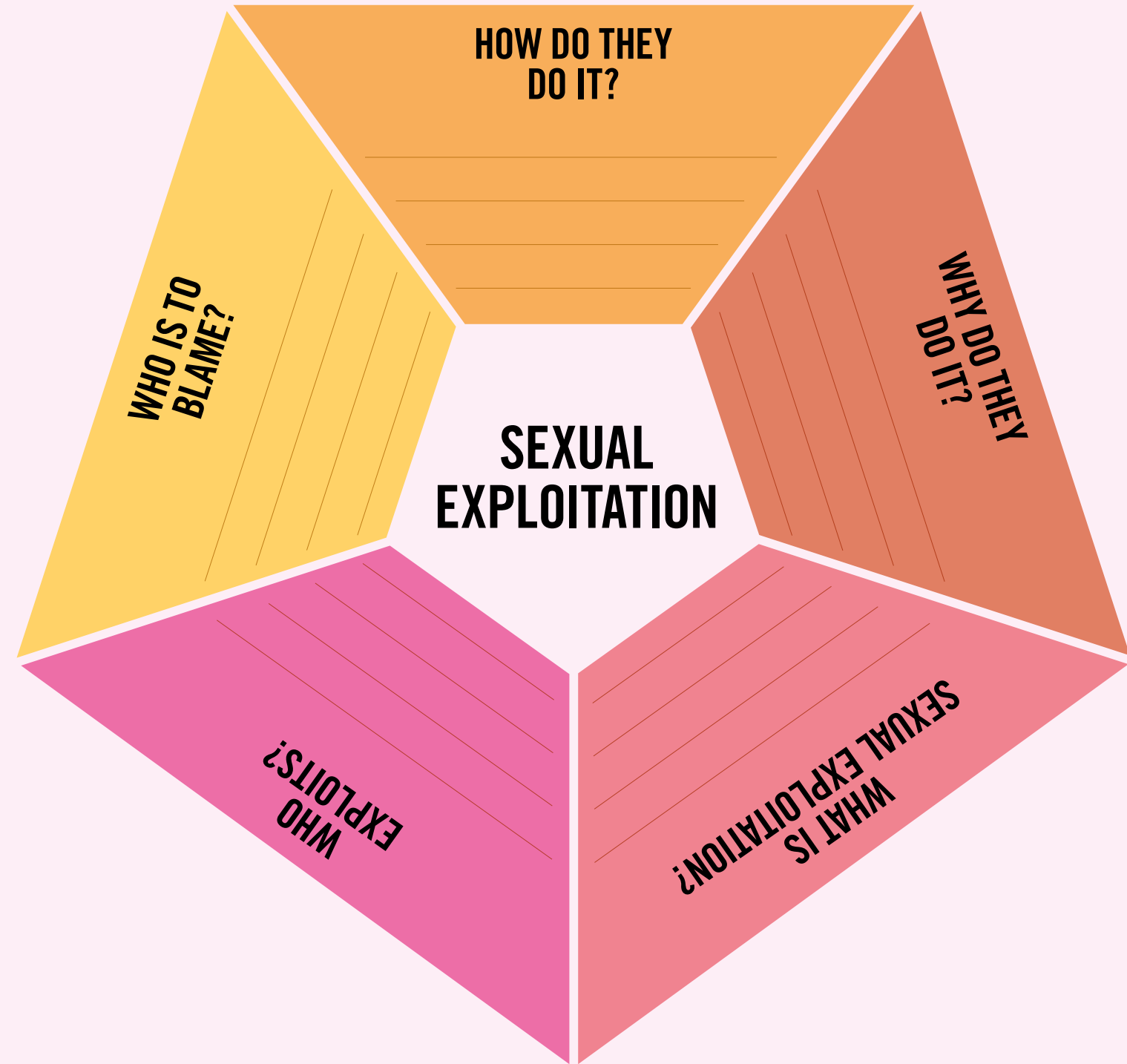


Adapted from Dr Michael Welner

THE WHEEL OF SEXUAL ABUSE



THE WHEEL OF SEXUAL EXPLOITATION



FACILITATOR NOTES:

This model of power & control is adapted from the original work by Duluth Domestic Abuse Intervention Project, Minnesota, USA .

Young people are asked to identify the different types of abuse under the listed headings.

In order to consolidate learning, young people may be presented with controlling statements (as devised by facilitator with relevance to the group) and asked to place these under the most appropriate heading. This enables young people to identify control within a relationship even in its most subtle forms. Being able to recognise the signs may help young people protect themselves from controlling relationships in all their forms.

This is used to initiate discussion around abusive relationships. Often suggestions can fall under more than one heading, eg; hitting someone (**Physical**) can cause bruises which can lead to people not wanting to leave the house and leads to **isolation**.

Forcing someone to have sex and saying they should be grateful as no one else would want them because they are so ugly is **sexual** and **emotional** abuse.

'I hit you because I love you and I don't want you talking to other men, I will give you money when you learn how to behave', incorporates **physical**, **emotional** and **financial** abuse.

RESOURCES:

- Wheel of Power and Control (p.17)
- Flipchart paper
- Pens & markers

AIMS:

- To help young people identify power imbalances within relationships
- To enable young people identify when a relationship becomes abusive.

OUTCOMES:

- Increased awareness and understanding of abusive relationships
- Enhanced ability to question the early stages of abuse before behaviour becomes normalised.
- Enhanced communication and presentation skills

FACILITATOR NOTES:

This is a fun, high energy activity to explore healthy relationships:

RESOURCES:

- Printable money (p.18)
- Blank sheets of paper

OUTCOMES:

- Increased understanding of healthy relationships
- Increased knowledge of personal relationship preferences and choices
- Increased awareness of choices and consequences.

SESSION 3: POWER AND CONTROL

ICEBREAKER: LINE UP

Young people are invited to stand in a straight line, then without talking are asked to place themselves in different orders e.g.

- lightest to darkest hair colour
- tallest to shortest
- oldest to youngest
- highest number of brothers and sisters to lowest number
- highest number of pets to lowest number of pets

Young people may develop alternative methods of communication such as tapping, pointing etc.

WHEEL OF POWER & CONTROL

EXPLANATION

1. Facilitator presents the Wheel of Power & Control to the group.
2. Young people are split into smaller groups and given a blank wheel of power & control or blank flipchart paper to create their own wheel. They are then asked how they they were being emotionally, sexually, physically, or financially controlled or if they were being isolated from protective networks? (What would be said?)
3. Feedback is presented back to the large group

RELATIONSHIP AUCTION

EXPLANATION

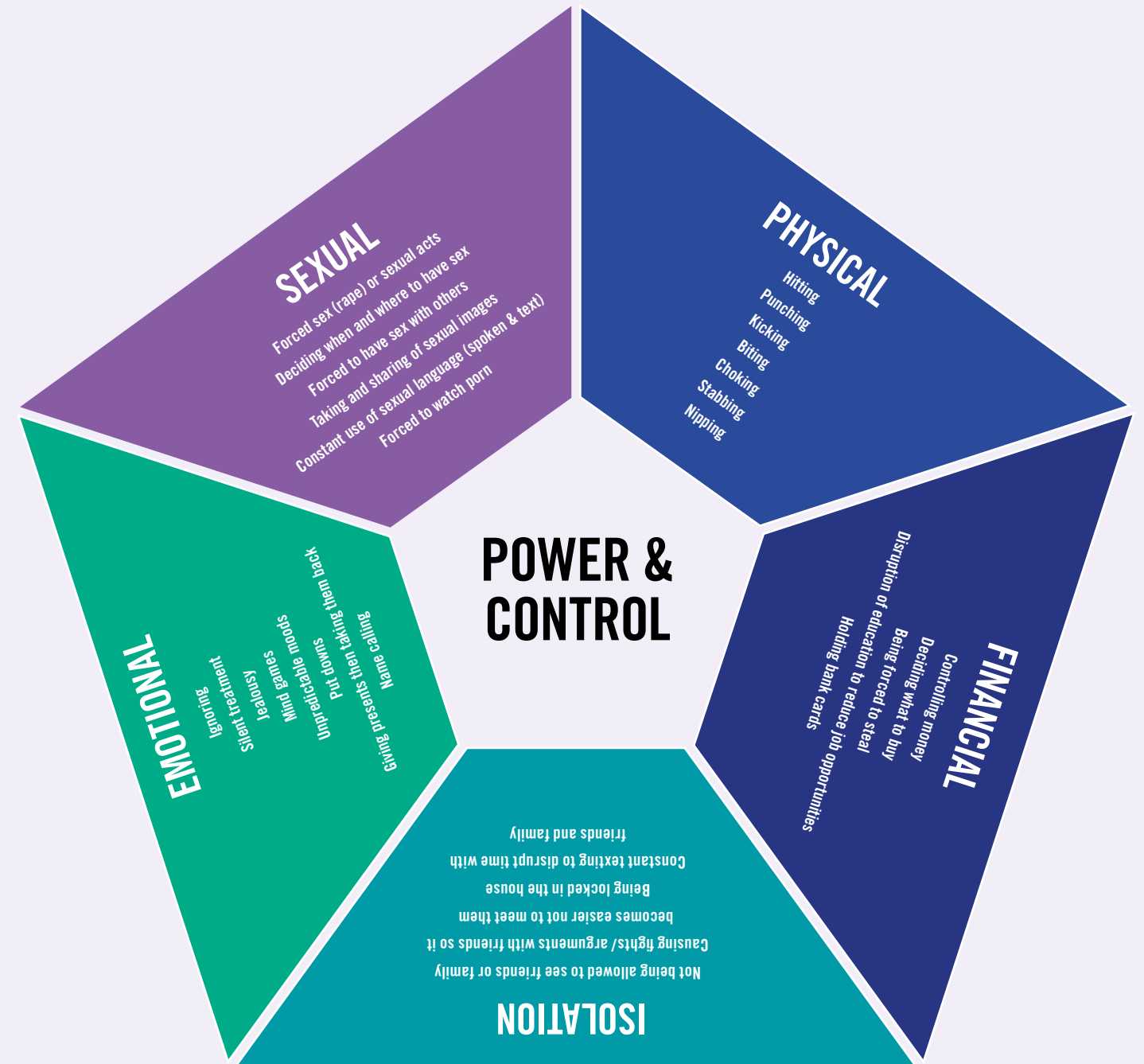
1. Young people are invited to list qualities and attributes which they consider important in a relationship.
2. Facilitator writes down what the young people have said on individual pieces of paper.
3. When an extensive list has been completed (facilitator may need to offer suggestions which include physical appearance, hobbies, skills, belief system, education, family, personality) young people are then presented with £200 of printable money.
4. Facilitator acts as auctioneer and invites the young person to bid on the qualities which they value most.
5. Young people then present their ideal partner back to the group as purchased in the auction.
6. Facilitator challenges values and beliefs by introducing additional information which had not been considered.

For example, young person presents a partner who is kind, has blue eyes, blonde hair, funny, kind to them, and wears nice clothes. Facilitator then asks if this person was a drug dealer/drug user/6 years older/starts fights with others/cheats or unfaithful etc, would this impact on the relationship choice.

Discussion is encouraged among the group and helps the group to see different values and beliefs which are held amongst individuals. This encourages young people to think about what is important in a relationship and what they would not compromise on. This should enable them to make healthier relationship choices.

SESSION 3:

THE WHEEL OF POWER & CONTROL



RELATIONSHIP AUCTION



FACILITATOR NOTES:

Consent is voluntary positive agreement between participants to engage in specific sexual activity.

- Can be communicated in a variety of ways
- Shouldn't be presumed in the absence of clear positive agreement
- Must be clear and unambiguous
- Alcohol and drugs render a person incapable of giving valid consent.

Consent is agreeing by CHOICE and having the FREEDOM and CAPACITY to make that choice (Sexual Offences (NI) Order 2008, Art.3) It is worth considering what might impact on a young person's ability to provide informed consent to sexual activity. Sometimes young people do not say NO as they are afraid of the consequences. eg:

- Socially accepted norms within a peer group
- Sexual activity while under the influence of something
- Sexual activity in exchange for something
- Pressure to take part in line ups/sexual activity with multiple partners
- Pressure to send sexual images/texts (sexting)
- Recording of sexual activity

RESOURCES:

- Chairs, paper and markers.

SESSION 4: CONSENT & PEER EXPLOITATION

ICEBREAKER: BACK TO BACK DRAWING

Young people are split into pairs and position two chairs back to back and sit down. If anyone turns around they are out. Both young people are presented with a piece of paper and a marker. One young person is given one minute to draw a picture. They then have 5 minutes to describe their drawing to the other young person who tries to recreate it. Both images are then compared. Young people then change roles.

Facilitator then explores any communication difficulties.

RESOURCES:

- Short Film: *THE JOURNEY HOME*

AIM:

- To explore consent and how it impacts on peer relationships.

OUTCOME:

- Increased awareness around consent and perceived consent

RESOURCES:

- Agony Aunt Problems Page p.20

AIM:

- To explore the role of the peer group in CSE

OUTCOMES:

- Increased understanding of consent
- Increased understanding of the influence of peer groups
- Improved communication, negotiating and presenting skills

SHORT FILM: THE JOURNEY HOME

WATCH 'THE JOURNEY HOME'

DISCUSSION QUESTIONS:

1. Why do you think Claire had sex in exchange for Pills?
2. Why do you think Claire offered the Taxi driver a blow job? (she had the money to pay)
3. Do you think that Claire is freely consenting to sexual activity?
4. If you knew Claire, would her behaviour be any of your business?

Background information: Claire has been raped by her father and his friends. Her coping strategy was alcohol and by the age of 14 was a confirmed alcoholic. She thinks she is in control, that she is using people. Sex is a means to an end for her, she does not associate sex with a loving relationship.

Does the background information change your opinion on any of the above questions?

AGONY AUNT

EXPLANATION

1. Young people are split into small groups and asked to respond to the agony column given to them
2. Feedback is presented to the larger group to discuss and debate differing opinions
3. Facilitator highlights consent issues and explores if consent was freely given or abusively obtained.

EVALUATION & CLOSE

AGONY AUNT'S PROBLEM PAGE

Dear Agony Aunt

My name is Sarah and I am 16. I was at a party last Friday night with my friend Jason. Jason asked to go with me; I said no, he's just a friend. Jason gave me drugs and we had a great time until I blacked out. I woke up naked in bed with Jason on Saturday morning. My friend Lucy said she saw Jason spike my drink. Lucy says Jason raped me, but how could he, I have no bruises. Jason made me tea before driving me home. I had a laugh and anyway, how can you be raped if you enjoy it? I always enjoy sex. Is Lucy mad?

Sarah

Dear Agony Aunt

My mother died from cancer 6 months ago. Since then I have been spending a lot of time with her best friend, Beth. One night I was having a drink with Beth and we ended up having sex. We have had sex several times since. I like spending time with her as she reminds me of Mum. Beth is 38, I am 16. Is there anything wrong with this relationship?

Darren

Dear Agony Aunt

Please help me; I don't know what to do. My Mammy has parties every weekend. Every time I have to have sex with someone, sometimes it's very sore and it makes me bleed. My mammy always cuddles me and tells me she loves me, she always makes me laugh. I really really really love my mammy. How can I make the sex stop?

Lee

Dear Agony Aunt

All my friends are posting naked pics on-line. I don't want to, but I think they will fall out with me if I don't. Then I will have no friends. I am really scared. What will I do?

Jamie

Dear Agony Aunt

Every evening and weekend I hang out in the local park with my friends. It's a laugh most of the time. Sam is the leader of the group, he's really funny and everyone likes him, he's a really good fighter as well. Last Saturday Sam txt us all to be in the park for 7pm. When we arrived he told us he had got a girl to give us all blowjobs. I nearly died, he was standing with Chloe, and she was off her head. There were 12 of us. Sam told us all to line up and get ready for action. I was really nervous; I did not want to stand in a line and wait for a blowjob. I had never had a blowjob before, but I couldn't stand the thought of everyone laughing at me or even beating me up. I stood and waited for it to be over. It was awful. I'm not sure Chloe had a good time either. The other boys were all laughing and saying how great it was and how great Sam was. I've just got a txt from Sam, 'same time next week boys'. What will I do? Have I done anything wrong?

Peter (15)

Dear Agony Aunt

I can never leave the house again!!!!!! I met Craig on line. We chatted for weeks. He made me feel really special. He asked me for a topless pic so I sent it. I went into school the next day and EVERYONE was laughing at me. Everyone had seen my pic. There was NO Craig it was girls in my class letting on to be him. I can't stop crying, I can never go back to school, I have been such a fool. My parents have seen the photo; they are so disappointed in me. My head hurts and I feel sick all the time. Is there anything I can do to make my life better?

Sue (14)

RESOURCES:

- Flipchart paper and pen markers

AIMS:

- To explore a young person's values and beliefs in relation to sex
- To encourage empathy and acceptance of the values and beliefs of others

OUTCOMES:

- Increased awareness of values and beliefs and how they impact on sex.
- Increased awareness of peer influences relating to having sex
- Enhanced knowledge of the social emotional and physical aspects of sex

RESOURCES:

- Short Film : The First Time

SESSION 5: SEXUAL HEALTH

ICEBREAKER: WHY DO PEOPLE HAVE SEX?

EXPLANATION

1. Divide young people into small groups and provide them with flip chart, coloured pens and ask them to write down the reasons why they think people may choose to have sex.
2. Prompt discussion through using soaps, media and culture etc. Encourage young people to fill the page with as many reasons as possible.
3. Once completed ask each group to circle the 'top 3 reasons' which they think are the most common reasons why a young person may choose to have sex. Acknowledge that not all young people will choose to have sex but if they did, what would be the most common reasons.
4. Once agreed each group feeds back what they have written down.

Please note: During feedback, some of the group answers may mention Rape or Sexual Assault—in this scenario it is important to acknowledge that this does happen but that in this exercise we are discussing Choice and remind participants that rape is where choice has been taken away from a person so therefore will not be discussed in this session.

5. Facilitator may use the top 3 reasons to create some discussion and debate. It is important to acknowledge that everyone is an individual and therefore will have differing opinions on this topic.
6. It is important to be mindful of different values and reasons when we approach sexual relationships as expectancy of what comes after sex may be different to the other individual involved.

SHORT FILM: *THE FIRST TIME*

WATCH 'THE FIRST TIME'

QUESTIONS TO CONSIDER:

- 1) Did Jonny really want to have sex?
- 2) Why do you think Jonny and Emma had sex?
- 3) Can you get an STI the first time you have sex?
- 4) Where is your nearest sexual health clinic?

RESOURCES:

- STI myths and Facts (p.25)
- Add page/Sheet Instruction
- Prepare 2 sheets A4 paper: True/False

AIMS:

- To increase the awareness of Sexually Transmitted Infections (STIs) amongst young people
- To educate about signs and symptoms and treatment of STIs and how to seek help

OUTCOMES:

- Increased knowledge of local services available for sexual health check-ups
- Enhanced understanding of the transmission of STIs
- An increased understanding of safer sex

STIs: *TRUE OR FALSE*

EXPLANATION

1. Invite group to stand together in the centre of the room
2. Facilitator lays out True and False cards at opposite sides of the room.
3. Facilitator reads out statements to the group. Young people are asked to stand at the True or False card to express their opinion.
4. Facilitator asks young people to explain why they have adopted that stance.
5. After young people have answered, the facilitator will provide the correct answer and explanation from the Fact Sheet
6. At the end of this session the facilitator should highlight the local services available for any young person or friend who may want to get further information or a check-up. Signpost young people to appropriate websites such as www.brook.org.uk, www.nhs.co.uk/Livewell
7. Leaflets are also available for further reading and information as pdf versions from <http://www.fpa.org.uk/resources/downloads>

ANSWERS AND FACILITATOR NOTES:

You can get a sexual health check-up without needing an intimate examination

Answer: TRUE. You are able to get a sexual health check-up without needing to be examined. This involves a blood test for HIV, Syphilis and Hepatitis and a urine sample for boys or a self-taken swab for girls which both test for Chlamydia and Gonorrhoea. If the person has symptoms a clinic will recommend an examination but it is always the patient's choice and if they have no symptoms then no examination needs to be carried out.

If you had Chlamydia you would know

Answer: FALSE. Chlamydia is the most common Sexually Transmitted Infection (STI) in young people under 25 years old. **Most of the time someone who has Chlamydia will have no signs or symptoms.** Chlamydia is easily treatable and cleared with antibiotics.

If a person does get symptoms for any STI these are the most common ones to look out for:

In women and men:

- pain when you pass urine (pee)
- itching, burning or tingling around the genitals
- blisters, sores, spots or lumps around the genitals or anus

In women:

- yellow or green vaginal discharge
- discharge that smells
- bleeding between periods or after sex
- pain during sex
- lower abdominal pain

In men:

- discharge from the penis
- irritation of the urethra (the tube where urine comes out)

These symptoms don't necessarily mean that you have an STI, but it's worth seeing a doctor so you can find out what's causing the symptoms and treat it.

If you get Chlamydia you should always tell your sexual partner(s)

Answer: True and False (depending on value base) It is important that any recent sexual partners (usually from the last 6 months) should also be tested and treated.

This statement is to help explore attitudes and beliefs as this could generate healthy debate about roles and responsibilities in sexual relationships and confidentiality etc. Sexual Health clinics offer the opportunity for partners to be notified where the Health Advisor from the clinic can contact any partners anonymously and keep the patient's information confidential.

You can get an STI from only having oral sex

Answer: TRUE. Most STIs can be passed on through oral sex. Oral sex is when the mouth comes in to contact with a partner's genitals. The cold sore virus can be easily transmitted onto the genitals through oral sex and this can then develop as Herpes. Other STIs such as Chlamydia, Gonorrhoea, Syphilis and HIV can be transmitted through oral sex.

If you go to a sexual health clinic they will always write to your GP or parents

Answer: FALSE. Anyone can refer themselves to a sexual health clinic for a check-up and the nurse or doctor will discuss confidentiality with the person when they attend a clinic. They will always endeavour to act in the best interests of the patient and confidentiality is always respected and afforded to every individual who attends a clinic. The nurse or doctor will encourage and support a young person to talk to their parents/guardian about this. If the nurse or doctor has concerns about the young person's welfare and safety then they may need to break that confidentiality and this is the only time when that would be happen. This would be to exercise their duty of care towards the young person and get the appropriate help and support for them. If the nurse or doctor deems the young person competent and not at risk, then no information is required to be shared with their GP/ Parent/ Guardian if this is not the young person's wish.

All STIs can be cured

Answer: FALSE. Not all STIs can be cured however all STIs can be managed. Bacterial infections such as Chlamydia, Gonorrhoea and Syphilis can be treated with specific antibiotics. Viral STIs such as HIV and Herpes remain with the person for life but can be managed with treatment. The most important message is that it is much better for the individual to know so that they can get the right support, help and treatment.

Women taking the pill are protected from STIs

Answer: FALSE. The hormonal contraceptive pill does not protect women against STIs. Barrier contraception, such as Male or Female condoms are the only type of contraception options which offer protections against STIs.

Using condoms can help prevent you catching an STI

Answer: TRUE. Condoms offer good protection from preventing the onward transmission of STIs. **Condoms must be used consistently and correctly to be effective.** (Please refer to the condom quiz activity for further info.)

Safer sex is about choosing your partners carefully. Delaying sexual intercourse and encouraging discussion about negotiating safer sex with potential partners will also help improve sexual health. Encouraging individuals to attend for a sexual health check-up is important. This should be considered if:

- they have never had a sexual health check up before
- they have a new sexual partner or relationship (since their last check-up)
- they have had recent unprotected sex (condom omission or failure).

If someone has no signs or symptoms a check-up, two weeks after sexual exposure, will be reliable for Chlamydia and Gonorrhoea. It is advised to have a HIV test at least 4 weeks after sexual exposure. If they are very anxious regarding their partner or have signs or symptoms they should attend a clinic as soon as possible.

ACTIVITY: *CONDOM QUIZ*

FACILITATOR NOTES:

Using a light hearted but informative quiz participants are introduced to the Condom Quiz and invited to participate as much or as little as they feel comfortable.

Participants are made aware that the quiz is intended to be light hearted but not offensive and will be used for the purposes of educating young people about condom use. Remind young people that it is good to ask questions and that no question is too silly, stupid or wrong to ask. Remind the group that different people will have different levels of knowledge about this topic but that this is an informal exercise and not a test.

RESOURCES:

- Copy of Condom Quiz p.26
- Safer Sex leaflets and websites: <http://www.nhs.uk/Livewell/Sexandyoungpeople/Pages/Sex-and-young-people-hub.aspx>
- Information about local Sexual Health Clinics, Young people's services and where young people can access condom provision locally may be appropriate.

EXPLANATION

1. Facilitator reads out question and possible answers
2. Young people are invited to answer via a show of hands or shout out (facilitator will decide a best method suitable to group)
3. The facilitator will relay the correct answer and explanation to the group. Discussion should be encouraged.

ANSWERS:

1/ C. In a cool, dry, dark place

A condom should be stored safely and free from possible ripping, tearing, damage.

2/ A. The use by date

C. The size

Condoms can go out of date. They may appear ok but it is important to check the date as otherwise the condom may not be safe to use. The correct size of condom is important, there are different sizes available. Different sizes are on account of the width or girth of the penis rather than length.

3/ C. Before penetration

D. Before genital contact

A condom should always be used before any type of genital contact, including full intercourse. There are flavoured condoms available to promote safer oral sex.

AIMS:

- To educate young people about the correct usage of condoms
- To promote safer sex messages
- To empower young people to make safer choices about their sexual health
- To know when it is appropriate to seek help and services

OUTCOMES:

- Enhanced understanding of correct condom usage
- Increased awareness of the consequences relating to poor or omitted condom use
- Knowledge of available services

4/ A. 1

Condoms can only be used once and therefore an individual should make sure they have enough and know where they are available. Condoms may be bought in supermarkets and chemists. Condoms are free and available at Sexual Health Clinics, Family Planning Clinics, Sexual Reproductive Health Clinics, Brook Clinics and most Youth Health Advice / FE College Clinics.

5/ B. Making sure they are put on the right way round

Correct condom use is essential as if used incorrectly they may come off or split during sex.

6/ C. KY Jelly

KY Jelly is a water based lubricant and is therefore the correct and safest type of lube to use. The oils present in other lubricants can cause damage to the condom.

7/ D. Put it in a bin

8/ C. Get emergency contraception

- D. Get a check-up at a clinic if you're worried about infection
- E. Talk to a caring/ responsible adult

c. If a heterosexual couple have had unprotected vaginal sex or a failed condom use then the female may want to avail of emergency hormonal contraception (the morning after pill) and can be accessed up to 72 hours after having sex. This prevents a pregnancy from taking place and is important if the young person is not on a normal contraceptive or has had a missed pill or episode of illness recently. Emergency hormonal contraception is available for free from Sexual Health Clinics, family planning clinics, Brook Clinics and some Youth Health Advice clinics and GPs. It can be bought over the counter at most pharmacies. There is an emergency hormonal contraceptive pill available up to 5 days after having sex but not all services may have this in stock. An IUD (intrauterine device) may also be fitted as a form of emergency contraception—this can be arranged through the service you attend.

d. If the young person develops symptoms they should contact their local sexual health clinic to book a check-up. If the young person has no signs or symptoms then they should wait for 2 weeks after having unprotected sex before they have a sexual health check-up.

RESOURCES:

- A4 print outs of pregnancy quiz (p.27)
- Prepare two sheets A4 paper: True/False

AIMS:

- Dispel myths around how a woman can or can't get pregnant
- Educate young person about conception and how to prevent a pregnancy
- Promote discussion and awareness of contraception

OUTCOME:

- The young person will know the importance of contraception in preventing an unwanted pregnancy

PREGNANCY TRUE/ FALSE QUIZ

EXPLANATION

1. Ask for two volunteers to hold up a 'True' sign at one end of the room and another volunteer to hold the 'False' sign at the opposite end. (This may be some of the quiet/shy members of the group who may not be comfortable about discussing sexual health)
2. Randomly distribute the True/False statements amongst group members and then ask the participants to read their statement, decide whether it is true or false and then stand at the respective end of the room.
3. Take a short time to feedback and be aware of certain myths that may be believed or talked about amongst the group.
4. If there is not enough time to cover all the myths and facts, pick out the most relevant and topical statements.

ANSWERS:

1. False , 2. False , 3. False , 4. False , 5. False , 6. False , 7. True , 8. False , 9. False , 10. False , 11. False

SESSION 5:

STIs TRUE OR FALSE?



YOU CAN GET A SEXUAL HEALTH CHECK-UP WITHOUT NEEDING AN INTIMATE EXAMINATION

IF YOU HAD CHLAMYDIA YOU WOULD KNOW

IF YOU GET CHLAMYDIA YOU SHOULD ALWAYS TELL YOUR SEXUAL PARTNERS

YOU CAN'T GET AN STI FROM ONLY HAVING ORAL SEX

IF YOU GO TO A SEXUAL HEALTH CLINIC THEY WILL ALWAYS WRITE TO YOUR GP OR PARENTS

ALL STIs CAN BE CURED

WOMEN TAKING THE PILL ARE PROTECTED FROM STIs

USING CONDOMS CAN HELP PREVENT YOU CATCHING AN STI

SESSION 5:
CONDOM QUIZ

1. WHERE SHOULD CONDOMS BE KEPT?

- a) In your back pocket b) In the fridge c) In a cool, dry, dark place d) Beside the bed

2. WHAT SHOULD YOU CHECK FOR ON A PACKET OF CONDOMS?

- a) The use by date b) The flavour c) The size d) The price

3. WHEN SHOULD YOU PUT A CONDOM ON?

- a) When you go to bed b) Just before you come c) Before penetration d) Before genital contact

4. HOW MANY TIMES SHOULD YOU USE A CONDOM?

- a) 1 b) 2 c) Up to 5 d) Until it splits

5. WHAT MAKES USING A CONDOM SAFER?

- a) Using two at a time b) Put on the right way round c) Saying a prayer d) Tying them onto your penis

6. WHAT SORT OF LUBRICANT CAN YOU USE WITH THE LATEX CONDOMS?

- a) Vaseline b) Baby oil c) KY Jelly d) Engine oil

7. WHAT SHOULD YOU DO WITH A CONDOM AFTER SEX?

- a) Flush it down a toilet b) Wash it out and keep it for next time c) Shove it under your partner's pillow d) Put it in a bin

8. WHAT SHOULD YOU DO IF YOUR CONDOM SPLITS DURING SEX?

- a) Nothing- there's no point in worrying b) Panic c) Get emergency contraception
d) Get a check-up at a clinic if you're worried about infection e) Talk to a caring/ responsible adult

SESSION 5:
**PREGNANCY QUIZ
TRUE OR FALSE?**



1. WHEN A GIRL STARTS HER PERIODS IT MEANS SHE IS READY TO HAVE SEX

2. A WOMAN MAY GET PREGNANT IF SHE SWALLOWS A MAN'S SPERM

3. A WOMAN CAN'T GET PREGNANT IF SHE HAS SEX DURING HER PERIOD

4. THE 'PILL' CAN PROTECT YOU FROM SOME SEXUALLY TRANSMITTED INFECTIONS

5. A WOMAN WON'T GET PREGNANT IF SHE HAS SEX WHEN SHE IS DRUNK
OR HER PARTNER IS DRUNK

6. A WOMAN WON'T GET PREGNANT THE FIRST TIME SHE HAS SEX

7. A MAN'S SPERM CAN REMAIN ALIVE INSIDE A WOMAN FOR UP TO 5 DAYS

8. IF A MAN WITHDRAWS HIS PENIS FROM A WOMAN'S VAGINA BEFORE HE EJACULATES
(COMES) THE WOMAN CAN'T GET PREGNANT

9. YOU CAN USE CLINGFILM AS A CONDOM

10. A WOMAN IS VERY UNLIKELY TO GET PREGNANT IF SHE HAS SEX STANDING UP

11. CONDOMS ARE NOT VERY EFFECTIVE IN PREVENTING PREGNANCY

FACILITATOR NOTES:

The facilitator should be mindful to avoid scaring young people but promote the benefits of having accurate information to make informed choices. The facilitator should not provide false reassurance but, where there are concerns, they should signpost on to Sexual Health Clinics. The facilitator should emphasise the importance of getting a check-up and that **all STIs can be managed**.

SESSION 6: THE REAL STORY?

ICEBREAKER: ONE AT A TIME

Young people are asked to line up at one side of the room and hold hands. They are advised that they are not allowed to speak. They are then instructed that everyone has to move across to the other side of the room. One young person can only move at a time, if more than one moves or if anyone speaks everyone must return to the start position. Facilitator must decide a time to complete the task.

Task can be successfully completed if young people take a step in sequential order, beginning at one end of the line and moving down. This needs to be communicated through non-verbal means by the young people.

RESOURCES:

- Sexual Network Map (p.30)
- Local Service information of clinics & relevant websites

AIMS:

- To improve knowledge and awareness of how STIs are transmitted
- To promote safer sex awareness
- To provide information of where and when to seek help from Sexual Health Services

OUTCOMES:

- Increased knowledge of the transmission of STIs and safer sex.
- Knowledge of local services and when to attend for a check up
- An enhanced understanding of the importance of choosing partners carefully to protect your sexual health.

WHO HAVE YOU HAD SEX WITH?

EXPLANATION

1. Ask the young people to make up 2 fictional characters or celebrities in a relationship. The couple may be heterosexual or a same sex relationship — facilitator has the responsibility to ensure diversity is reflected. Label the names on the sexual network map couple (bottom of diagram).
2. The young people are then invited to create a story based on the two fictional characters which concludes with the couple having unprotected sex.
3. Facilitator suggests that one of the couple has tested positive for Chlamydia
4. The facilitator should then ask the group to provide an explanation for this. For example: cheating, open relationship etc.
5. This is an opportunity for the facilitator to pull out common attitudes and beliefs about people who have STIs and an opportunity to educate and dispel myths.
6. In this scenario the individual may only have had one or two partners before and these partners had no symptoms. However now we have learnt that Chlamydia does not usually have any signs or symptoms and therefore can be innocently and unknowingly passed on to sexual partners. This story helps to dispel some of the myths about STIs: that they only occur within an unfaithful relationship or that an individual who has an STI must have had several partners.
7. Acknowledging a partner may have a sexual history before entering into a new relationship is helpful to consider when choosing a new partner or thinking about having sex.
8. The sexual network map is a helpful and effective tool to build a picture and contextualise the importance of Safer Sex and getting a sexual health check-up.

RESOURCES:

- Short Film : The Whole Story

AIM:

- To consolidate prior learning

OUTCOMES:

- Increased understanding of CSE & sexual health
- Increased ability to make safer choices
- Increased knowledge of existing services

SHORT FILM: *THE WHOLE STORY*

A FINAL REVIEW OF ALL 3 SECTIONS OF *SAFE CHOICES*

WATCH 'THE WHOLE STORY'

Lee (the story teller) was at a party where;

- Claire exchanged sex for pills and money
- Her close friend, Jonny, felt pressured into having sex for the first time (without a condom)
- She met a boy who went on to groom and sexually exploit her.

QUESTIONS TO CONSIDER:

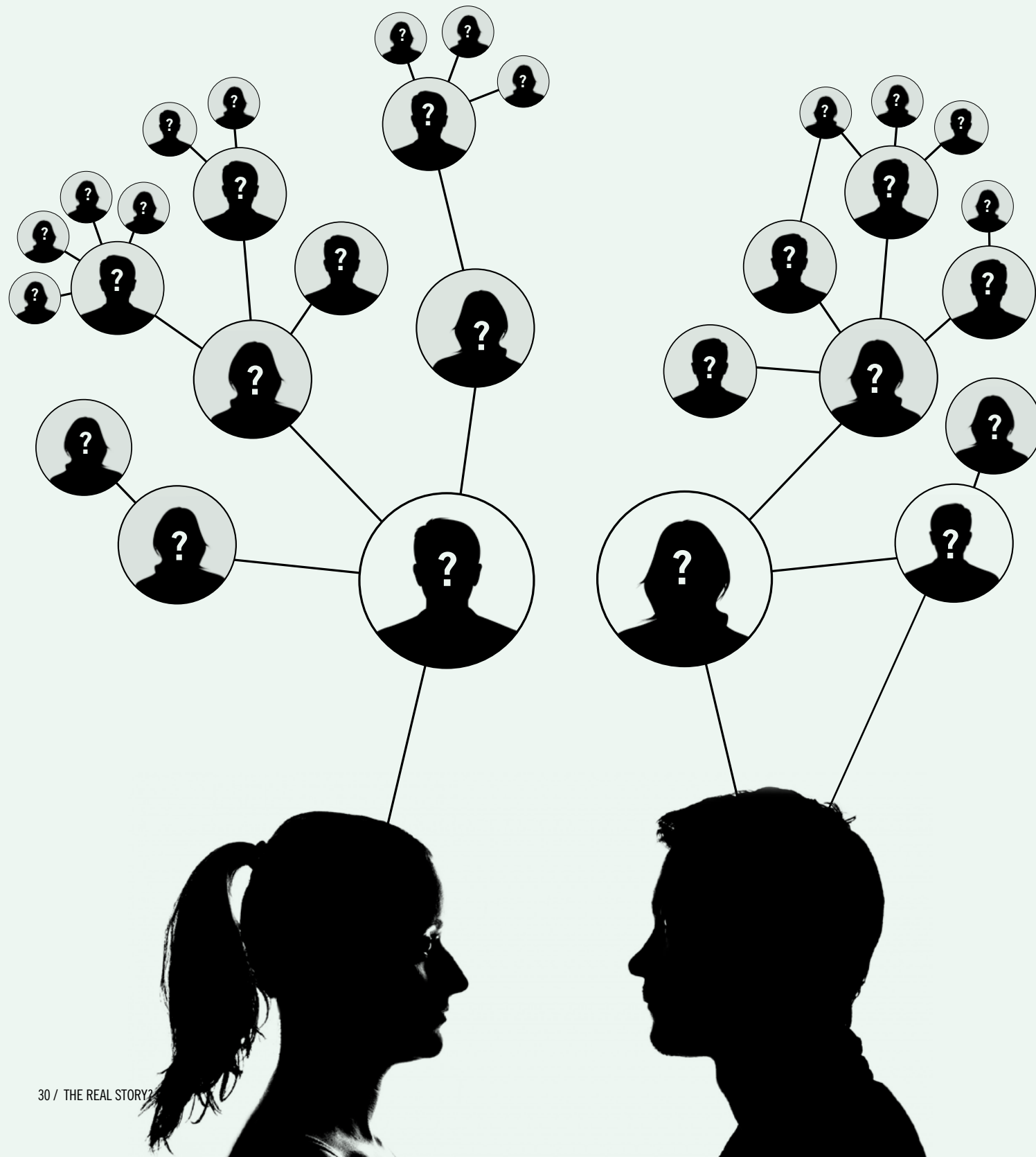
- 1) What was really going on for Claire? Did she really want to have sex with loads of people?
- 2) Was 'Crazy Claire' really having a good time?
- 3) Did Jonny really want to have sex?
- 4) Does peer pressure really influence the decision to have sex?
- 5) Do you think Lee really consented to have sex with all her boyfriends' mates?
- 6) Why does Lee keep going back to Paul? Does she really want to be with him?

SIGNPOSTING:

Young people should be made aware of Agencies that can offer support & advice. (p.31)

EVALUATION & CLOSE

SESSION 6:
SEXUAL NETWORK MAP



CSE RESOURCES & SERVICES

Barnardo's Safe Choices NI

230b Belmont Rd, Belfast,
BT4 2AW. Phone: 028 9065 8511
www.barnardos.org.uk/nisafechoices.htm

South Eastern Health & Social Care Trust

Youth Health Advice Service
Health Development, Lisburn Health Centre
Linenhall Street, Lisburn, BT28 1LU
Phone: 028 9250 1373
<http://www.setrust.hscni.net/healthyliving/2427.htm>

'Sick Party' CSE DVD:

<http://basistraining.org.uk/sick-party-dvd/>

The Rowan, Regional Sexual Assault Referral Centre:

<http://therowan.net/>

NI Sexual Health Clinics Map:

http://www.belfasttrust.hscni.net/pdf/GUM_Sexual_Health_Clinics_Northern_Ireland.pdf

FPA Sexual Health information leaflets:

<http://www.fpa.org.uk/resources/downloads>

NHS Choices Website:

<http://www.nhs.uk/Livewell/Sexandyoungpeople/Pages/Sex-and-young-people-hub.aspx>

BASHH 'Spotting the Signs' Proforma:

<http://www.fsrh.org/pdfs/SpottingTheSignsNationalProforma.pdf>

SBNI:

<http://www.safeguardingni.org/resources>

NSPCC:

<http://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/child-sexual-exploitation/>

Brook & ARK: Sexual Risks among young people:

<http://web-previews.com/brook3/>

NEXUS NI:

<http://www.nexusni.org/>

Sex, Relationships + The Internet

www.thinkuknow.co.uk/14_plus/

CEOP Child Exploitation + Online Protection Centre

www.ceop.police.uk

Childline

0800 1111

Lifeline

0808 800 8000

Independent Inquiry into Child Sexual Exploitation (CSE) in Northern Ireland: CSE Inquiry Report:

<http://www.rgia.org.uk/cseinquiry/>

www.barnardos.org.uk/nisafechoices
www.setrust.hscni.net/healthyliving/2427.htm

SAFE CHOICES NI

230b Belmont Rd
Belfast, BT4 2AW
028 9065 8511

SOUTH EASTERN HEALTH & SOCIAL CARE TRUST

Youth Health Advice Service
Health Development, Lisburn Health Centre
Linenhall Street, Lisburn, BT28 1LU
028 9250 1373



**studio
stereo**