GaminGEE

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GAMe-based tools to Foster an INtegrative model for early
Gender Equality Education

GUIDE FOR FAMILIES

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0. INTRODUCTION: DIVERSITY VALUES AND SELF-WORTH

Human rights are rights we have simply because we exist as human beings – they are not granted by any state. These universal rights are inherent to us all, regardless of nationality, sex↗, national or ethnic origin, colour, religion, language, or any other status. They range from the most fundamental – the right to life – to those that make life worth living, such as the rights to food, education, work, health, and liberty (United Nations, n.d., 1948).

Human rights are those basic standards, which are important for enabling people to live in safety and dignity. Human rights protect our lives and our bodies from harm, allowing us to live as free persons, and to carry out different activities – to express ourselves, to learn new information, to meet with friends and like-minded people, etc.

In most of the countries, human rights in their most basic form have been explained in the National Constitutions.

Rights of a child are human rights. When we speak about rights of a child, we mean the child's human rights. The Convention on the Rights of the Child (United Nations, 1989) lists internationally acknowledged rights of children. The aim of the adoption of the convention was to emphasize something that adults tend to forget – a child is a human with equal rights as a parent has. The Convention sees child as a subject of law or, to put in another way, as a holder of rights. This means that a child is an individual who↗ has human rights, and no one has owner's rights over the child, including parents. Child rights, as human rights, are rights which apply to every child, irrespective of age, gender↗, nationality, or other characteristics (Estonian Chancellor of Justice, n.d.).

The need for special rights for child is that children cannot always protect their rights and interests, so they need help and protection from adults. Children must be protected from mental and physical violence↗, injustice, negligence, abuse, sexual abuse, and other threats. Additionally, adults must ensure that children have what they need to live and establish suitable conditions for the development of children's skills and interests (United Nations, 1989). Due that it is recommended to create and adhere child protection policies at schools and other organisations working with kids.

Two of the key values that lie at the core of the idea of human rights are **human dignity and equality**. Human rights can be understood as defining those basic standards which are necessary for a life of dignity; and their universality is derived from the fact that in this respect, at least, all humans are equal. We should not, and cannot, discriminate between them. Article 1

of the Universal Declaration of Human Rights states: "All human beings are born free and equal in dignity and rights." Freedom from discrimination↗, set out in Article 2, is what ensures this equality (United Nations, 1948).

Many other values can be derived from two fundamental, for example (Council of Europe, n.d.):

- **Freedom**: because the human will be an important part of human dignity. To be forced to do something against our will demeans the human spirit.
- **Respect** for others: because a lack of respect for someone fails to appreciate their individuality and essential dignity.
- **Non-discrimination↗**: because equality in human dignity means we should not judge people's rights and opportunities based on their characteristics.
- **Tolerance**: because intolerance indicates a lack of respect for difference; and equality does not signify uniformity.
- **Justice**: because people equal in their humanity deserve fair treatment
- **Responsibility**: because respecting the rights of others entails responsibility for one's actions and exerting effort for the realisation of the rights of one and all.

Human rights are universal, they apply equally to all people everywhere in the world, and with no time limit. Every individual is entitled to enjoy their human rights without distinction of "race" or ethnic background, colour, sex↗, sexual orientation↗, disability, language, religion, political or other opinion, national or social origin, birth, or other status. We should note that the universality of human rights does not in any way threaten the rich diversity↗ of individuals or of different cultures (Council of Europe, n.d.).

Diversity↗ requires a world where everyone is equal, and equally deserving of respect. Human rights serve as minimum standards applying to all human beings.

The respect of diversity↗ lies in the understanding of human rights and the obligation to respect other's rights.

Diversity↗ is defined as differences in the values, attitudes, cultural perspective, beliefs, ethnic background, sexual orientation↗, gender identity↗, skills, knowledge and life experiences of each individual in any group of people (European Institute for Gender Equality↗, n.d.). Diversity↗ is a part of life everywhere in the world. Human beings differ from one another in their appearance, origin, interests and activities, life choices and abilities, but we all share the same human dignity. A democratic state treats people equally and takes into consideration the specificities of people. This means that social rules and norms must take into consideration our differences to ensure equal opportunities and inclusion for everybody.

As the human rights are value-based, the concept of diversity↗ denotes both a value attitude and a principle of increasing tolerance and respect for differences. It is an overarching principle that requires equal treatment, respect for rights and inclusion.

For children the learning of human rights and diversity↗ values starts from the birth and at home and has a lot to do with parental role models. The younger the children are, the more they imitate their parents' behaviour patterns and attitudes. In adolescence, perceptions can change and even conflict, but the primary role model remains with the parents.

As human's values are developed in childhood and adolescence, the parents and teachers have the responsibility to support the child's value development. Conscious dealing with the topic of values increases the value competence of all involved parties, helps to make sense of one's development needs, interests, and values, promotes responsible behaviour, opinion, and adequate self-esteem. However, schools that prioritize value education find that such an emphasis also results in an increase in students' interest in learning and better learning results. In addition, effective value education is expressed in the

general atmosphere of the school, relaxed and benevolent communication, respect for oneself and others, continuous self-improvement of school employees, effective cooperation between all parties of the school community, and mutual respect (Centre for Ethics, University of Tartu, 2014).

Humans as social beings, learn from the interaction with other people and create the picture of the world and about themselves. The healthy, secure relationship with parent(s) or carers, create a foundation for trust with the world and other people and the identity of child itself. Parents can support the development of a child's self-esteem and self-worth in many ways, for example by expressing their own positive feelings ("I care about you very much", "I am happy with you"), recognizing the child's efforts and achievements ("you can be proud of yourself because…"), helping the child learning about yourself through discussion ("what do you think?", "what did you feel?"), protecting your child from injustice (say that what happened was not the child's mistake/fault), sharing responsibility and trust (confirm that you have believe in your child, let your children help themselves). Researchers have concluded that if parents are attentive, open, and caring towards the child, they create a safe growth environment, which in turn helps to form a higher self-esteem of the child. A child grows confident and respects himself and others. In the future, they will be able to cope better with difficulties as well as unpleasant situations, have a positive attitude towards themselves, believe in their own abilities and be able to enjoy other people's progress. They are also able to stand up for themselves and their views and be ready to admit their mistakes (The National Institute for Health Development, 2019).

Role of holistic sexuality education

It is said that children's self-esteem and development can be supported with holistic sexuality education. As the learning of values starts very early, the sexual education starts early in childhood and progresses through adolescence and adulthood. For children and young people, it aims at supporting and protecting sexual development .

Traditionally, sexuality education has focused on the potential risks of sexuality , such as unintended pregnancy and Sexual Transmitted Infections (WHO (World Health Organisation) Regional Office for Europe and BZgA, 2010).

A holistic approach based on an understanding of sexuality as an area of human potential helps children and young people to develop essential skills to enable them to self-determine their sexuality and their relationships at the various developmental stages. Sexuality education is also part of a more general education, and thus affects the development of the child's personality. Its preventive nature not only contributes to the prevention of negative consequences linked to sexuality , but can also improve quality of life, health, and well-being. In this way, sexuality education contributes to health promotion in general.

Holistic sexual education gives children and young people unbiased, scientifically correct information on all aspects of sexuality and, at the same time, helps them to develop the skills to act upon this information (Part & Kull, 2018; Rutgers, 2015; WHO Regional Office for Europe and BZgA, 2010).

Children's sexuality education must be simple and age-appropriate, then it balances the oversexualized media messages. Children's sexuality education is learning about their own body parts, accepting their own and other bodies as valuable, recognizing different genders, learning to express their feelings, and perceiving and expressing their privacy. Knowledge and skills in this area help the child to set boundaries, express their wishes, experience the joy of safe physical intimacy, create friendships, protect their personal space, recognize (sexual) violence , seek help if necessary. Age-appropriate sexual education allows children understand their sexuality , treat themselves and others with tolerance, positiveness, and respect, create close relationships based on equality and consent, and take responsibility for their own and their partner's (sexual)

health. Adults play a very important role because their attitudes, behaviour and words shape children's sexuality↗ (Part & Kull, 2018; Rutgers, 2015).

Holistic sexuality↗ education has the principle, that it is based on a (sexual and reproductive) human rights approach and is firmly based on gender equality↗, self-determination, and the acceptance of diversity↗ (Part & Kull, 2018; Rutgers, 2015).

For example, the holistic sexual education is a self-assertion, that (Part & Kull, 2018; Rutgers, 2015):

- The child has the right to decide who↗ touches his body.
- They know the "swimwear rule" (nobody can touch, look at or talk about the parts of the body under the swimwear without the child's permission);
- Can say "NO"
- Understand and consider when the other child does not want to be touched.
- Know that the child has the right to safety and protection.
- Are aware that some people are not good and can be violent.

Not all parents and all families and all people who↗ work with children feel confident and do not talk to children about sexuality↗, but at the same time most want children to receive modern knowledge and skills on these topics. It is important that through modern and high-quality sexuality↗ education, all children and young people acquire the knowledge, skills and attitudes that support human dignity, which help to be healthy, to resist inappropriate or violent behaviour, to notice and resist (gender↗) inequality, to challenge limiting gender roles↗ and thereby avoid damage to mental and physical health. This gives the child the opportunity to grow into a person who↗ can create happy, long-term and mutually satisfying close relationships – and this is the cornerstone of today's active and functioning society (Sexual Health↗ Research Center of the University of Tartu, n.d.).

The violation of human and children's rights (e.g., discrimination↗, bullying↗ and violence↗) has a damaging effect on a child's development, depending on the of violation. The trauma has a "footprint" on children's lives.

Inclusive education and gender

Most countries have the policy of inclusive education. It goes along with the child's right for to quality education and learning.

Inclusivity, in its very definition, means to be open to everyone and not limited to certain people. Regarding gender↗, this means that services, establishments, schools, practitioners, government agencies, and other institutions are welcoming of all kids, regardless of their gender identity↗ or expression (Gender↗ Spectrum, n.d.).

Adults can help create gender↗ inclusive environments and communities, providing support, compassion and encouragement to all kids and teens, by teaching them that they matter, by sticking up for them, and by demonstrating support through actively opposing gender↗ discrimination↗ to create gender↗ inclusive spaces, all adults must take responsibility for the safety of all children, regardless of the clothes they wear, the toys they play with, or other gender↗ expressions. Moving from the notion of gender↗ as a binary concept to a more expansive understanding of the complex nature of the gender↗ spectrum only occurs with a concerted effort by all adult stakeholders and allies (Gender↗ Spectrum, n.d.).

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1. IDENTITY: SEXUAL DIVERSITY

- La diversidad sexual es mucho más compleja que solo categorías binarias, como hombre/mujer, heterosexual/gay, etc., es más un↗ espectro con diversas identidades, afectos y comportamientos.
- Hay tres dimensiones de la sexualidad: atracción sexual, comportamiento sexual e identidad sexual. Estos tres solo se superponen parcialmente.
- La sexualidad está relacionada pero es diferente del género. La orientación sexual es una parte importante de nuestra vida social, es mucho más que solo sexo.
- Las formas en que las personas experimentan y expresan la sexualidad y las relaciones están profundamente influenciadas por la cultura y las normas sociales.
- La sexualidad a menudo se discute solo desde un↗ punto de vista cisheteronormativo, lo que hace que todas las personas que no se identifican como cis↗ y/o heteronormativas queden fuera de la conversación.

1.1. INTRODUCCIÓN

La sexualidad es un↗ término aplicado a cómo las personas experimentan y se expresan como seres sexuales. La orientación sexual puede dividirse en, al menos, las siguientes tres dimensiones: la atracción sexual, el comportamiento sexual y la identidad sexual. La sexualidad como un↗ término más amplio también está relacionada con el número de variables relacionadas con la cultura y la salud sexual es una parte importante de la salud general de una persona (Pitoňák y Macháčková, 2022).

1.2. DESARROLLO DEL TEMA

1.2.1. Sexualidad

"La sexualidad es un↗ aspecto central del ser humano a lo largo de la vida y abarca el sexo, las identidades y roles de género, la orientación sexual, el erotismo, el placer, la intimidad y la reproducción. La sexualidad se experimenta y se expresa en pensamientos, fantasías, deseos, creencias, actitudes, valores, comportamientos, prácticas, roles y relaciones. Si bien la sexualidad puede incluir todas estas dimensiones, no todas ellas siempre se experimentan o expresan. La sexualidad está influenciada por la interacción de factores biológicos, psicológicos, sociales, económicos, políticos, culturales, éticos, legales, históricos, religiosos y espirituales" (OMS, 2006). Por lo tanto, es bueno normalizar hablar de sexualidad abiertamente, porque puede tener un↗ gran impacto en la vida de los jóvenes y su salud y bienestar general.

La sexualidad se puede experimentar y expresar de muchas maneras diferentes. Aquí hay algunos puntos que describen partes importantes de cualquier actividad sexual segura y saludable (Mujeres, ONU y UNICEF, 2018).

- Las personas involucradas en las actividades realizadas están allí **voluntariamente,** están informadas sobre lo que va a suceder y están **consintiendo** todas las actividades sugeridas.
- Las personas involucradas son conscientes y están en un↗ estado mental en el que pueden dar **su consentimiento** informado.
- Actividades que no son consideradas dañinas por ninguna de las partes involucradas en ellas (algunas actividades sexuales llamadas *kink*↗ pueden incluir prácticas como pegar, abofetear, etc., que siempre deben ser consensuadas y deseadas por todas las partes involucradas).
- Las personas involucradas son legalmente competentes para dar su consentimiento a actividades sexuales.

1.2.2. Orientación sexual

La orientación sexual se refiere a un↗ patrón duradero de atracción emocional, romántica y/o sexual hacia hombres, mujeres o ambos sexos (APA↗, 2008). La sexualidad tiene tres dimensiones principales: atracción sexual, comportamiento sexual e identidad sexual.

- **La atracción sexual** describe la dimensión psicológica interpersonal de la sexualidad, que se refiere a los sentimientos románticos y sexuales que tenemos por los demás. La atracción sexual puede estar relacionada con el sexo o el género de las personas que nos atraen. La atracción sexual ha sido el principal constructo que define la orientación sexual desde finales del siglo XIX (Sell, 1997).
- **El comportamiento sexual** es el comportamiento de un↗ individuo que puede, pero no tiene que, estar en línea con su orientación e identidad sexual. Algunos comportamientos sexuales pueden describirse como relacionados con un↗ determinado contexto y/o situación o como experimentales y no expresan estrictamente la identidad sexual de una persona. En una sociedad, donde ser gay o *queer*↗ está estigmatizado y hay una alta prevalencia de rechazo y discriminación, las personas pueden tener más dificultades para aceptar su identidad si no se ajusta a la norma.
- **La identidad de orientación sexual** depende del tipo de lenguaje, cultura y categorías sociales existentes (heterosexual, gay, lesbiana, bisexual, *queer*↗, etc.) que representan diferentes realidades con las cuales se pueden identificar las personas (Dillon et al., 2011; Morgan, 2013). Por lo tanto, un↗ proceso o acto de aceptación de dicha identidad de orientación sexual, o etiqueta de identidad sexual (Savin-Williams, 2011) representa un↗ reconocimiento consciente y/o internalización de la orientación sexual de uno/a (Dillon, Worthington y Moradi, 2011). Las categorías, nombres y etiquetas para las identidades de orientación sexual pueden ser muy útiles para los jóvenes mientras descubren cómo se sienten, lo que puede facilitar el proceso de "salir del armario". Dentro de cualquier cultura dada, puede haber muchas etiquetas de identidad de orientación sexual, como gay/lesbiana, bisexual, pansexual, demisexual y muchas más. La investigación contemporánea muestra que es relativamente común que las personas cambien las etiquetas con las que se identifican a lo largo de su vida.

Como puede verse en las tres dimensiones anteriores, éstas se superponen y están interrelacionadas, pero no son lo mismo. Tener esto en cuenta cuando se trabaja con adolescentes LGBTQ+↗ es beneficioso, ya que podrían estar explorando diferentes actividades sexuales (comportamientos) y pasando por el proceso de formación de su identidad de orientación sexual.

1.2.3. Asexualidad

Al definir la sexualidad podemos dividirla en dos dimensiones: **atracción sexual**, entendida como el aspecto **físico de la atracción,** y la **dimensión romántica**, vista como el aspecto más **psicosocial**. Por lo tanto, la **asexualidad** se puede definir como la falta de inclinaciones sexuales dirigidas hacia cualquier otra persona (no la falta de deseo sexual per se, las

personas asexuales pueden o no disfrutar, por ejemplo, de la masturbación). Esta falta de inclinaciones sexuales dirigidas hacia cualquier otra persona es de naturaleza duradera o implica una disposición u orientación duradera. Un↗ aspecto importante a considerar es la autoidentificación con la asexualidad, ya que algunas personas pueden experimentar falta de deseo sexual hacia los demás, pero no se consideran asexuales.

La asexualidad tampoco es el resultado del celibato o el miedo a la intimidad, es una identidad o etiqueta de orientación sexual. Ser asexual no significa que la persona nunca participe en actividades sexuales, puede tener relaciones sexuales si lo desea. Sin embargo, nadie debe ser forzado/a a tener contacto y/o actividades sexuales. La falta de deseo sexual hacia los demás tampoco implica falta de afecto romántico por los demás (Bogaert, 2015; Guz et al., 2022). Muchas personas asexuales quieren tener relaciones románticas con otras y pueden sentirse atraídas románticamente por varios géneros y, por lo tanto, ser consideradas, por ejemplo, lesbianas, gays o bisexuales (a veces se puede preferir el término birromántico) (Pitoňák y Macháčková, 2022). Por tanto, podemos usar los términos romántico asexual y arromántico asexual para aquellos que no sienten atracción romántica. Es importante tener en cuenta que existe una gran diversidad en cómo las personas experimentan su asexualidad (Antonsen et al., 2020). Al hablar con adolescentes sobre sexualidad, es importante no olvidar mencionar también la asexualidad y normalizar el discurso en torno a ella, porque en general la asexualidad está representada en el espacio público mucho menos que otras identidades sexuales, lo que puede llevar a sentimientos de inadecuación o exclusión en los jóvenes asexuales.

1.2.4. Hipersexualidad (relaciaonda con la conducta sexual compulsiva y la homonegatividad internalizante)

La hipersexualidad se basa en fantasías sexuales recurrentes e intensivas, impulsos y comportamientos que son difíciles de controlar, generalmente presentes como respuesta a eventos estresantes. Su carácter y/o intensidad pueden causar angustia física y emocional a la persona. La hipersexualidad puede expresarse de muchas maneras diferentes, por ejemplo, mediante la masturbación compulsiva, el consumo excesivo de pornografía, el comportamiento sexual intensivo con otros adultos que consienten, etc. (Kaplan, 2010). Al definir la hipersexualidad se debe considerar el contexto social, ya que las normas de varias sociedades controlan y restringen la sexualidad de una persona.

Un↗ factor clave de vulnerabilidad para el comportamiento sexual compulsivo entre las personas LGBTQ+↗ es **el estrés de las minorías** y los procesos relacionados. Los procesos de estrés de las minorías distales (prejuicios y discriminación de los pares y las estructuras sociales) confieren riesgo de **estrés de las minorías proximales** (homogenetividad internalizada) y desregulación emocional, lo que puede conducir a un↗ comportamiento sexual compulsivo (Pachankis et al., 2015). Otros factores de vulnerabilidad para el comportamiento hipersexual para todos los jóvenes, independientemente de su orientación sexual e identidad de género, pueden ser el maltrato, el trauma y la depresión (Fontanesi, et al, 2021). Como la hipersexualidad puede ser causada por estos factores, considerarla en general mientras se habla de sexualidad podría ser beneficioso para todas las personas. Dado que la hipersexualidad compulsiva es perjudicial para las personas, se debe hacer una distinción entre la hipersexualidad compulsiva y la vida sexual sana y rica.

1.2.5. Célibe involuntario (*Incels*)

Los *incels*↗ son hombres jóvenes que carecen de actividad sexual a pesar de su deseo de estar en una relación sexual. El término se originó en grupos en línea en Reddit, donde los hombres discutían sobre las dificultades para buscar y tener éxito en las relaciones sexuales. Múltiples elementos centrales de la cultura *incel* son altamente misóginos y favorables a la violencia contra las mujeres. Las personas en estas comunidades se adhieren a una filosofía de "píldora roja" (refiriéndose a la película de Matrix, que simboliza el descubrimiento de cómo funciona realmente el mundo) que, en su opinión, es una

asunción de que vivimos bajo una ilusión feminista de extrema izquierda, y necesitamos tomar medidas para rebelarnos contra ella (O'Malley, Holt y Holt, 2020). El aumento de los grupos *incel* y, en general, de las ideas misóginas entre los niños pequeños indican que es un↗ tema que puede encontrarse en el aula y que debe ser abordado convenientemente. La mejor prevención es desafiar los estereotipos de género y establecer reglas claras sobre lo que sucede cuando aparecen el odio y la violencia.

Para más información véase el tema sobre identidad de género.

1.2.6. Heteronormatividad

La heteronormatividad es un↗ sistema normativo dentro del cual la heterosexualidad y/o la identidad cisgénero (la situación en la que el género determinado al nacer está de acuerdo con la autoidentificación de género de la persona; motivo por el que a veces se llama **cisheteronormatividad**) son considerados por la sociedad como los únicos resultados normales de la adolescencia, la socialización y el desarrollo de las relaciones durante la vida, y por lo tanto son automáticamente asumidos/esperados por todos (Pitoňák, 2017). Como resultado, otras formas de sexualidad y formas no conformes de identidades de género se consideran valoradas de manera desigual. Por lo tanto, la (Cis↗)heteronormatividad crea una base para la estigmatización, la discriminación y la exclusión de las personas no heterosexuales y transgénero o intersexuales.

Puede leer más sobre heteronormatividad en el tema 1.2 y en el tema 2.3.

1.2.7. Teoría *Queer*

La teoría *queer*↗ es un↗ campo diverso de pensamiento que comenzó a considerarse como tal en la década de los 90. Una teoría influyente y no unificada que está relacionada con la teorización del género, la sexualidad y las identidades que están fuera de las expectativas cisheteronormativas. Como enfoque, generalmente cuestiona y problematiza categorizaciones binarias relacionadas con el sexo, el género y la sexualidad, como las categorías hombre/mujer, masculino/femenino, heterosexual/gay y presenta preguntas relacionadas con las relaciones de poder que están influenciadas por ellas. La teoría *queer*↗ afirma que estas categorías binarias ayudan a reforzar las diferencias y las estructuras jerárquicas (por ejemplo, el hombre es considerado superior y la mujer inferior) y llama a transgredir la comprensión convencional de estas al tiempo que crea un↗ espacio abierto para diversas identidades, encarnaciones y discursos (Barber y Hidalgo, 2017; Jagose, 1996).

− 1.3. SITUACIONES DE DISCRIMINACIÓN RELACIONADAS CON EL TEMA −

- Las cirugías no consensuadas de niños nacidos con variaciones intersexuales todavía se están llevando a cabo. A los progenitores de los recién nacidos a menudo se les dice que la cirugía es necesaria para el desarrollo saludable del niño/a, pero la motivación que existe detrás es a menudo solo la de poder ajustarse a lo que se considera un↗ cuerpo de niño o niña de aspecto "normal".
- Avergonzar a las personas asexuales, tratando de convencerlas para que tengan relaciones sexuales.
- Acoso sexual.
- Personas que no aceptan la asexualidad como una etiqueta de identidad sexual válida.
- Cuestionar la identidad sexual de alguien: "eres lesbiana solo porque no experimentaste sexo con hombres".
- Percibir a las personas no heterosexuales como si su identidad sexual fuera el principal rasgo definitorio de la personalidad (sobresexualización) e ignorar que son personas con personalidades complejas e intereses diversos.
- Contextualizar la no heterosexualidad solo dentro de las infecciones de transmisión sexual y el "lenguaje de riesgo".
- Silenciar o considerar tabú las discusiones sobre relaciones no heteronormativas o *queer*↗ y prácticas sexuales.

- Suposición dañina de que el sexo asignado tiene que alinearse con la identidad de género, y **confundir a las personas** trans/no binarias. Fijación general en el sexo asignado y no estar por la labor de aceptar la identidad de género de las personas.
- Salir con una persona *queer*↗, especialmente en ciudades más pequeñas, puede resultar un↗ poco más difícil, puesto que puede abarcar experiencias de coqueteo con alguien que es cishetero que se ofende y reacciona agresivamente.
- Comentarios o ataques en la calle/en el aula hacia personas *queer*↗ debido a su apariencia, o debido a una expresión de género no/heteronormativa (p.e., elección de ropa, maquillaje, accesorios, etc.).
- No permitir el matrimonio igualitario para parejas del mismo sexo.
- Expectativas cisheteronormativas para las relaciones, la apariencia (expresión de género), los roles de género y otros (descritos con más detalle en el tema de educación sexual cisheteronormativa).
- Presentar como amigo/a a alguien que es tu pareja del mismo sexo o de género diverso a pesar de la relación previa existente entre ambos.
- No respetar el espacio privado de los niños y adolescentes, entrometerse en su espacio personal violando así sus límites y privacidad, lo que puede conducir a comportamientos inadaptados en el futuro.

1.4. BUENAS PRÁCTICAS

Evite confundir la sexualidad con el mero sexo o el comportamiento sexual. La sexualidad representa múltiples dimensiones de experiencias humanas. Especialmente para los estudiantes de 12 años o menos, puede ser útil hablar sobre las relaciones y las citas, así como sobre su diversidad (una chica que quiere salir con otra chica, dos hombres que inician una familia…), para poner énfasis en el aspecto relacional de la sexualidad, que es para muchas personas la parte clave.

Si su hijo/a es intersexual se recomienda a los progenitores que hablen abiertamente con él/ella sobre su condición intersexual y que se preparen para responder a sus preguntas. También se recomienda que acompañe a su hijo/a a la hora de comunicar su condición de intersexual a otros miembros de la familia o de la escuela.

Los progenitores de niños intersexuales se pueden encontrar en una situación complicada con respecto a decidir sobre la idoneidad de cirugías tempranas para sus hijos. La Organización Internacional Intersexo de Europa (OII) ofrece mucho apoyo e información que puede resultar de utilidad.

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Articles

1.1. COMING OUT TO: A BEST FRIEND, PARENTS, CLASSMATES, COLLEAGUES

- There are many different reasons why LGBTQ+↗ people may or may not want to disclose their sexual or gender↗ identities.
- Coming out↗ can be seen as having three milestones:
  - People realizing their sexuality↗ (or asexuality↗) might not be straight.
  - Giving their experiences a name or label (gay, LGBTQ+↗, etc.).
  - Coming out↗ to significant others.
- People need to make coming out↗ because we live in society, where it is expected to be cisgender↗ and heterosexual – it is considered the norm (described by term cisheteronormative).

1.1.1. INTRODUCTION

Since the early 1970s, researchers focusing on healthy development of sexual minorities and the ways in which they assume sexual orientation↗ identities or ascribe themselves by identity labels such as gay, lesbian, and later also bisexual etc. introduced a concept of **coming out↗** models. Coming out↗ models were proposed to chart a progress of overcoming various but – sexual minority specific – challenges, typically during their adolescence and young adulthood (Cass, 1984; Troiden, 1979). These early "coming out↗" models typically assumed that sexual identity would develop in stages, starting with early childhood self-awareness, early recognition of same-sex↗ desire during adolescence, sexual exploration during adulthood, self-acceptance, self-identification, and disclosure as gay/lesbian (and in later models, also as bisexual or others), and eventually leading to incorporation of same-sex↗ sexual identity in young/emerging adulthood (Cass, 1984; Troiden, 1979). These early coming out↗ models have become criticized for their methodological inaccuracy, lack of sensitivity to the surrounding cultural context, and for expectations of linearity of the process. They were also criticized for perpetuating a somewhat stereotypical narrative that was later nicknamed as a narrative of "struggle and success". Despite this, some aspects of the original models may be considered useful today (Cohler & Hammack 2007). Although we give much more attention to variability of contextual factors that influence one's sexual identity development, some factors may be considered as shared and conceptualized as milestones within the process of coming out↗.

These milestones typically begin when people realize they might not be straight (for example, by acknowledging their attraction to people of the same- or multiple- sex↗/gender↗); (ii) later they name or label these experiences (for example, by using the terms gay or LGBTQ+↗ in their understandings of self); and (iii) finally reach a point when they first disclose their

identity, that is – come out, to significant others. This third milestone is oftentimes regarded as outer or external coming out ↗ , and there are multiple groups to which one may or may not want to disclose themselves.

This very "necessity" of coming out ↗ is in fact determined by the fact that we live in a world where culture and most of the social interactions are cis ↗ - and heteronormative. Cisheteronormativity ↗ is inasmuch normalized that it often became unremarkable or naturalized for straight people leaving them in a **privileged position** in which they do not have to come out to others about their sexuality ↗ , compared to all other groups with healthy non-cisgender ↗ distinctiveness and minority sexual orientations. Consequently, most people tend to assume, that others are cisgender ↗ and heterosexual. Perhaps in an ideal world, everyone would be open minded and would not automatically assume heterosexuality and cisgender ↗ status of others. In that kind of world LGBTQ+ ↗ people wouldn't need to come out. Nowadays, coming outs especially of people who ↗ are publicly visible (tv hosts, artists, politicians, headteachers etc.) are especially important because they create a more open and welcoming atmosphere for young LGBTQ+ ↗ people and therefore making their coming out ↗ possibly a little bit easier.

An inclusive environment significantly reduces the stress associated with coming out ↗ . It is undoubtedly easier to come out in an environment where LGBTQ+ ↗ topics are commonly discussed, where there is no prejudice ↗ , where there is safety and trust. Coming out ↗ , on the other hand, can be made very difficult by any xenophobia or tabooing of LGBTQ+ ↗ topics. The inclusivity of the environment could be raised by LGBTQ+ ↗ people in position of power – for example openly LGBTQ+ ↗ teacher at schools.

1.1.2. DEVELOPMENT OF THE TOPIC

Attraction that forms the basis for adult sexual orientation ↗ emerge from middle childhood to early adolescence. These feelings can emerge without any prior sexual experience. Every coming out ↗ is different due to personal characteristics and also due to the context the person is growing up in (APA ↗ , 2008).

- **Coming out in general**
  - Coming out ↗ is not a single event, but a never-ending process.
  - Coming out ↗ could be extremely stressful, especially in a homo/transphobic environment.
  - Trust is crucial for a safe coming out ↗ .

- **Coming out to a best friend**
  - For many LGBTQ+ ↗ youth, their best friend is the first person to come out.
  - Common advice is to come out to a close friend or other trusted person first.

- **Coming out to parents**
  - Many young queer ↗ people fear the reaction of their parents the most due to religion, cultural or societal norms that can turn this conversation into a taboo topic. It is important to consider that in some countries, LGBTQ+ ↗ people cannot even come out as their sexual orientation ↗ could be seen as a crime and punished with prison, isolation and in some extreme cases, death sentence.

- **Coming out to classmates**
  - Coming out ↗ at school can be very stressful as schools are still places where LGBTQ+ ↗ people encounter homo/bi and transphobic and other discriminatory reactions very often (FRA, 2019).
  - School should be a safe space for LGBTQ+ ↗ students to come out without fear of negative outcomes. The choice of sharing or not sharing this sensitive information always belongs to each and every student and the school should

respect their decision and offer tools and support to make the process easier.

- The school environment is essential for safe coming out ↗. School shouldn't be cisheteronormative and LGBTQ+ ↗ topics should be present during classes. You could start by using gender ↗ inclusive/neutral language in class, by offering access to age-appropriate informative resources or by expressing your availability and intention of support.

- **Stigma by association / courtesy stigma**

  - **Courtesy stigma** ↗ is a tendency for a person to be stigmatized because of their closeness or association with stigmatized person. It can be experienced by friends and family of LGBTQ+ ↗ people. That can lead people who ↗ have negative attitudes towards LGBTQ+ ↗ people to also avoid their friends and family, or to think these acquaintances are LGBTQ+ ↗ too, or that they possess stereotyped personality traits associated to be gay/lesbian/trans, etc. This can be motivated by keeping the negative attitude towards LGBTQ+ ↗ people consistent and avoid cognitive dissonance (Sigelman et al., 1991). Other expression of the associated stigma can be **public stigma** ↗ – when the family members are stigmatized because they are being blamed for their loved one's LGBTQ+ ↗ identity (LaSala, 2010).

- **Coming out in terms of disclosure**

  - Not coming out ↗ to some in terms of concealment and passing as straight or cis ↗ person.
  - The difference between concealment and disclosure.
  - Multiple motivations of people not being out or authentic in different environments.

To come out, or not to come out? That is the question many LGBTQ+ ↗ people have to constantly consider. Why may some people choose not to come out in order to pass as straight/cis ↗ ? The coming out ↗ strategies are different in each situation/context.

Sometimes LGBTQ+ ↗ people just don't consider coming out ↗ as necessary and they just don't mind if people around will or will not know that they are LGBTQ+ ↗ . Especially it they are passing as straight or cis ↗ person it could be just easier to not explain other details about their sexuality ↗ or gender identity ↗ .

Concealment could be also a part of life strategy to stay safe. Especially for those, who ↗ are growing up in a homo/transphobic environment. Therefore, the strategies to support closeted LGBTQ+ ↗ youth should not always lead to coming out ↗ without considering all possibilities. Safety of the person should always be in first place.

The most important rule is that the coming out ↗ should always be in the hands of the person it relates to. Nobody has the right to make "coming out ↗ " for someone else without their agreement (to spread the information about someone's gender identity ↗ or/and sexual orientation ↗ without the person's knowledge and approvement). Every LGBTQ+ ↗ person has the right to decide about their coming out ↗ (and it's time and form) voluntarily and independently.

− 1.1.3. SITUATIONS OF DISCRIMINATION RELATED TO THE TOPIC −

What can be some points that LGBTQ+ ↗ people might consider when coming out ↗ ?

- Misunderstanding and non-acceptance by parents and/or siblings.
- Rejection by closest friends.
- Being ridiculed and treated with hostility in peer groups.
- Negative depiction of LGBTQ+ ↗ persons in the media (on- and offline) and in the public space.
- Limitations in studies and professional paths.
- Social isolation.
- Being outed by others – online and offline.

- Being dismissed/not taken seriously when coming out ↗ , hearing reactions like "You'll know after you get proper sexual experiences".

Coming out ↗ is dangerous for many LGBTQ+ ↗ people. They face various kinds of discrimination ↗ , which affects their conditions and decision of coming out ↗ .

Read more in:

→ 4. Violence ↗

→ 7. European laws (legal practice). ↗

→ 9. Environment influences ↗

→ 11. Microaggressions ↗

Taboo

If LGBTQ+ ↗ sexualities and identities are not discussed in a certain environment, it is likely that the majority is not familiar with the vocabulary to describe queer ↗ topics. In such an environment, coming out ↗ might require a lot of explaining and energy, which can complicate the situation. LGBTQ+ ↗ youth also cannot be sure if their family, friends, or teachers will accept their coming out ↗ well or if it will be unacceptable to them which is really stressful and can lead to hiding of one's identity.

Trivialization

Sometimes parents and teachers tend to downplay or trivialize the queer ↗ identity of teenagers. Phrases like "you'll grow out of it" or "how can you be so confident at your age" can be very hurtful. Caregivers should provide children with safe space to let them explore themselves. If children grow up in the homo/transphobic environment, they will internalize this negative attitude and pathologizing view. This can backfire on themselves (if they are LGBTQ+ ↗) or on others in the form of homo/transphobic violence ↗ .

1.1.4. BEST PRACTICES

1.1.4.1. Creating a safe space and alliances

How to create a safe space and be an ally which makes it easier for people to safely come out (Macháčková & Pavlica, 2020):

- By being respectful, open, and non-judgmental, you can create a space which is positive and open for everyone to be themselves.
- Educate yourself in LGBTQ+↗ area and potentially also others (for this, reach out for support you need from LGBTQ+↗ organization for example);
- Reflect on your own values and biases regarding sexual orientation↗ and gender identity↗ and how they influence your behaviour, how your education, environment and position in society shape your views of LGBTQ+↗ people.
- Include LGBTQ+↗ people and topics in your curriculum or talking (examples in literature, famous personas, inviting LGBTQ+↗ organization).
- Use inclusive language which is not harmful (for example say gay instead of homosexual – this term is outdated and has pathologizing connotation; respect people's identity and pronouns – you can always ask if you're not sure).
- Avoid laughing at homophobic jokes and avoid making assumptions about sexual orientation↗ of people based on their appearance.
- Address homophobic jokes and remarks and set a positive example with your behaviour as an ally.

1.1.4.2. Supporting safe coming out

If you are the person to whom an LGBTQ+↗ person comes out, it is important what your reaction will be. This applies both if you are in a professional relationship at the time, and also in the case of a personal relationship. How you could process and support someone when they confide in you and disclose that they are LGBTQ+↗ (Smetáčková, 2020):

- Listen to them. It takes a lot of courage and trust to come out.
- Avoid blaming, insulting, or attacking.
- If you are surprised, tell it sensitively. You have the right to do that. You can ask for time to absorb the news.
- Be honest and open about how you feel. Do not act theatrics but try to communicate objectively and respectfully. It is not only what we say that matters, but also how we say it.
- Talk about what the message means for your relationship. Reassure them that your relationship does not change, or in what sense it does.
- Ask about what interests you. Do not be afraid to talk about it, but do not interrogate. Do your research first if you do not have any information on the topic as LGBTQ+↗ people do not owe you education on the topic. They might be doing it every time they come out to someone.
- Respect the confidentiality of the conversation. Everything that is said should remain only between you. If you are convinced that someone else should receive the information, it is necessary to agree on this and obtain permission from the person who↗ came out.

1.1.4.3. Education as prevention

- Talk to your children about relationships and sexuality↗ and include LGBTQ+↗ examples in these discussions. You don't have to be an expert for LGBTQ+↗ topics. Just avoid stereotypical thinking about gender↗ and sexuality↗, involve speaking about same sex↗/gender↗ love and families, support possibilities for the child to express themselves freely regardless of gender stereotypes↗ and give examples of non-stereotypical figures, which can be inspiring. Be open-minded and listen to your children. Let these discussions be part of your family quality time.

1.1.4.4. Other resources

- How to work with coming out↗ topic as a teacher – activities and facilitators instructions (page 31-39): https://www.fhi360.org/resource/gender-sexuality-and-sexual-orientation-training-manual

- What to consider: Gender, Sexuality and Sexual Orientation: Training Manual (2019)

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1.2. CISHETERONORMATIVE SEX EDUCATION

- There is a lack of inclusive sex↗ education in schools.

- Where sexuality↗ education does take place, it is very often Cisheteronormative, thereby excluding LGBTQ+↗ youth.
- Due to the workings of stigma and minority stress↗, the mental health of LGBTQ+↗ youth is significantly more at risk than that of their cisgender↗ and heterosexual peers. Therefore, it is important to create a safe space and inclusive environment for everyone.
- The school plays a valuable role in providing a safe environment for the education of all pupils.

1.2.1. INTRODUCTION

Formal sex↗ education in general reaches children too late and insufficiently. Teachers are often not trained to deliver respectful and inclusive sex↗ education. In most cases, they had not gone through any sex↗ education themselves. The support and training sex↗ educators usually receive is centred on a Cisheteronormative perspective and does often not include diversity↗ in terms of sexuality↗ and gender↗ identities. Therefore, there is a need for inclusive tools and training programs.

When taking a critical look at the available sex↗ education and prevention of homophobia↗, transphobia↗ and other types of discrimination↗, there are a few reasons that could help us see the bigger image and some of the reasons for the status quo:

- Teachers are not sufficiently educated on the LGBTQ+↗ topics.
- School counsellors and psychologist often lack time or resources to introduce these topics into education.
- Some school curriculums choose to prioritise other subjects more than education for preventing discrimination↗.
- For various purposes, such as cultural or religious reasons, some parents do not want their or even other children to receive sex↗ education at schools.
- Adults may be embarrassed to talk about sex↗ themselves, they may feel unsure or unprepared to teach about topics such as consent, gender identity↗ and sexual diversity↗ since they receive no or very little training on these topics and no or very little up to date information.
- Schools may prefer to invite external lecturers, but they might not be sure how to check the quality of the programs beforehand to have truly knowledgeable and professional lecturers.
- In some contexts, there may be no official methodological documents that include prevention of discrimination↗ when it comes to gender↗, sex↗ and relationship diversity↗.
- Excluding of LGBTQ+↗ experience from education curriculum does not mean neutral attitude towards LGBTQ+↗ topics, but it validates cisheteronormative stereotypes, which leads to increase of minority stress↗ towards LGBTQ+↗ youth.

When you notice signs of homo- /bi- / trans- negativity ("-phobia") among the students, you should treat it like any other form of prejudice↗ or xenophobia (e.g., racism). You should contact the school counselling centre and develop an individual plan to work with the student. Never let homonegative or transnegative remarks or attacks go unnoticed. The first thing you can do when you notice something inappropriate is to say that such things should not be said in school, because school is a place for everyone without distinction. You can also say that you personally find such things inappropriate and don't like to hear them in the classroom. If you can, discuss later (when there are maybe bit less emotions involved) with students why they say such things and what do they mean.

You can start by addressing homo- / bi- / trans- negative language both among teachers and students:

- "That's so gay", "faggot"
- "Bisexual people just can't make their mind up"
- Referring to trans person as "tranny", or claiming they're not "a real girl/boy"
- Misgendering deliberately trans or nonbinary people

Then as mentioning above, you can use your curriculum to involve information about LGBTQ+↗ people, else you can change your school policy accordingly and promote information together with this change to raise awareness. More useful tips can be found in Stonewall Handbook.

1.2.2. DEVELOPMENT OF THE TOPIC

1.2.2.1. Cisheteronormativity is harmful for everyone

Cisheteronormativity↗ refers to a normative system within which the heterosexuality and/or cisgender identity↗ (the condition under which gender↗ assigned at birth is consistent with the gender↗ self-identification of that person) are considered by society to be the only normal outcomes of adolescence, socialisation and the development of life relationships, and are therefore automatically assumed/expected of all (Pitoňák, 2017). As a result of cisheteronormativity↗, the range of other diverse forms of sexuality↗ and gender↗ identities are of unequal value. In this way, Cisheteronormativity↗ determines stigmatization, discrimination↗ and exclusion of LGBTQ+↗ people.

Consequently, growing up in a society that automatically assumes that all its members are **cisgender**↗ and **heterosexual** can be difficult for LGBTQ+↗ youth, but it is important to consider that this mentality is affecting everyone, not only LGBTQ+↗ people themselves. It is also important to mention that heteronormativity↗ is not equivalent to heterosexuality. Media representation and cultural norms reinforce these expectations on a daily basis through the representation and perpetuation of stereotypes and Cisheteronormative behaviours, images and subliminal messages. This environment can bring uncomfortable feelings of shame and inappropriateness for people who↗ do not identify with this or do not fit in this category. Warner pointed out that no amount of legislation for LGBTQ+↗ adults can remove this hardship for many children who↗ have been forced by society to belong to roles defined by Cisheteronormativity↗ (Warner, 2000).

As mentioned before, Cisheteronormativity↗ is harmful also for **cisgender**↗ and heterosexual people. It's related to harmful patterns such as toxic masculinity↗, misogyny and even **gender stereotypes**↗. **Toxic masculinity**↗ describes harmful exaggerated masculine norms which promote toxic behaviour such as violence↗, sexism↗, and dominance over women, and they among others negatively also affects men themselves, for example in the form of higher prevalence of mental health problems (Waling, 2019).

These Cisheteronormative norms about how "ideal" family should look like, how "ideal" gender expression↗ should look like, how "ideal" sexuality↗ of a person should look like etc. are enforced through promise of safety and belonging but also through exclusion and pathologizing of other variants (McNeill, 2013). It also leads to gender↗ pay gap or even to gender↗ -based, sexual, and domestic violence↗.

1.2.2.2. Do not trivialize existence of LGBTQ+ youth

It is also extremely harmful if a part of society trivializes the **queer**↗ experience and labels it as a trendy lifestyle. LGBTQ+↗ people are losing their freedom of expression to live their authentic lives and have to always consider what part of their true selves is appropriate for society and what is "too much" and they should hide it.

In The Invention of Heterosexuality Jonathan Ned Katz deconstructs the idea that people have always been heterosexual and that LGBTQ+↗ people are something "new" in society. He explains that sexuality↗ is a complex axis of difference that takes many forms in different cultures – historically and geographically. He points out that heterosexuality as we know it today took shape in the last couple of centuries. The dichotomy of heterosexual and homosexual is a concept created

mainly in the 20th century (Katz, 2007). Many cultures in which gender↗ diverse and gender↗ nonconforming persons were visible were diminished by westernization, colonialism, and systemic inequity (APA↗, 2015).

1.2.2.3. What is normal?

Normality is a social construct, it may have power to affect everything that does not fit into it related norms, to be perceived weird or dismissed. Many people are conforming to the norms without even thinking about them. For example, a person might unthinkingly ask a person perceived as a woman about her boyfriend, assuming both her gender identity↗ and **sexual**/romantic **orientation**. This is an example of naturalization of cisheteronormativity↗. Questioning the norms and realizing how they affect our values and everyday lives can be beneficial (Norm Critism Toolkit).

It could also be harmful to compare the amount of visibility of LGBTQ+↗ people throughout various historical periods. LGBTQ+↗ terminology is relatively new. But so is the concept of romantic love as we know it today. Therefore, it is not possible to compare and quantify the forms of sexuality↗ across history. But even we don't know exactly how many non-heterosexual and transgender people lived in the past, it is certain that such people always existed, and they were, are and will be a part of society (Rupp, 2001).

1.2.2.4. Are schools a safe space for LGBTQ+ youth?

"Even in societies where sexual diversity↗ seems to be generally accepted, schools in particular are still identified as one of the most homophobic (i. e. homonegative) social spaces. Homophobic language is commonplace in many schools and in many countries the term 'gay' is used by students (in both primary and secondary school settings) as an insult. For example, a UK study reported that 95% of secondary school teachers and three-quarters of primary school teachers had heard the phrases 'that's so gay' or 'you're so gay' used in this derogatory way. The same study also reported that 90% of secondary teachers and more than 40% of primary school teachers described homophobic bullying↗, name-calling or harassment in their schools, irrespective of their sexual orientation↗, and secondary school teachers identified homophobic bullying↗ as the second most frequent form of bullying↗ (after abuse relating to weight) (Dankmeije 2012, p. 6).

"In a US study, 57% of respondents reported that homophobic comments were made by school staff. […] More than half of a sample of transgender young people reported being physically attacked, 74% reported sexual harassment at school and 90% said they felt unsafe at school because of their gender↗. These findings are reflected in similar studies in other countries, including Australia and the United Kingdom" (Dankmeije, 2012, p. 7).

Similarly results of a recent study conducted in Czechia show that on average only five out of 10 boys and eight out of 10 girls would be okay with having a gay classmate (Pitoňák & Spilková 2016). However, it is important to consider that this study only present part of the problem as it is using the gender↗ binary and considering only sexuality↗ and not gender↗ or relationship diversity↗.

Schools can play an active role in promoting respect, diversity↗ and inclusion and therefore creating an atmosphere where everyone feels accepted, everyone can focus and learn new stuff. Teachers can mention gender identity↗ and sexual orientation↗ diversity↗ in their classes and make LGBTQ+↗ children feel seen. Teachers can also discuss topics of gender stereotypes↗, personal boundaries, communication, and respect for each other. They also play important role model – by the way they speak, and they behave and take stance to LGBTQ+↗ rights and people, then they set positive example for others. The same goes for reactions to homophobic jokes and remarks.

− 1.2.3. SITUATIONS OF DISCRIMINATION RELATED TO THE TOPIC −

Lack of acceptance and affirmation from the site of school stuff and ignorance or undervaluing of the intentions and motivations of LGBTQ+↗ students may have serious consequences especially for trans students. Example of this situation may be a circumstance in which a trans student reaches out to their teacher or other school staff (e.g., school psychologist) and inform them about their self-identification and pronouns, The school does not acknowledge them and rather continues misgendering the student, through following their parents' wishes rather than their own. This situation may be particularly traumatizing for the trans student because their identity is being dismissed and it can also set a precedent for how other trans students might be treated in the school, which could lead to a lot of negative outcomes (mental health of LGBTQ+↗ youth, block coming out↗ , fear o to ask for help when needed, isolation and dismissal of sexuality↗ /gender↗ /relationship diversity↗ etc.).

Similarly, a coming out↗ of a queer↗ student within a classroom environment may incite discrimination↗ from the site of classmates. School staff is responsible for making the classroom environment a safe space for all students, including LGBTQ+↗ students.

Everyday microaggressions↗ taking the form of seemingly inoffensive jokes or statements are, in fact, deepening the cisheteronormative perspective and perpetuating specific social norms, behaviours and attitudes. This environment fosters discrimination↗ and discrimination↗ constitutes the backbone for the further and deeper normalization of the cisheteronormativity↗ .

Another example of cisheteronormative sex↗ education if when LGBTQ+↗ issues or more often only issues discussed with obsolete terminology such as "homosexuality" o if LGBTQ+↗ issues are contextualized only in context of the risk of **Sexually Transmitted Infections** (STIs↗) and **Sexually Transmitted Diseases** (STDs↗) transmission, specifically human immunodeficiency virus (HIV↗). Teachers and parents should avoid conflating the topics.

All students would benefit from learning about safer sex↗ practices that go beyond the Cisheteronormative information or condom use. Teachers or other school staff should for example offer information about topics such as anal hygiene or the use of PrEP↗ (Pre-Exposure Prophylaxis: medicine people at risk for HIV↗ can take to prevent the transmission), or PEP↗ (Post-Exposure Prophylaxis: medicine that may be used to prevent HIV↗ infection within 72 hours after exposure) when asked about and avoid stigmatizing these practices.

Parents tend to ask their children about their potential partners: "Hey, son, when will you finally find a girlfriend?" We should not assume that everyone 1) is cisgender↗ and heterosexual or 2) want to be a relationship at all. This kind of comment is one of the microaggressions↗ that LGBTQ+↗ people face every day and that contributes to the maintaining of a cisheteronormative perspective.

For more examples, follow this link to sexual diversity topic.

1.2.4. BEST PRACTICES

One of the ways to avoid cisheteronormative patterns in your behaviour is to use inclusive or neutral language. What does it mean? (See Table 1)

Instead of:	Try:
Ladies and gentlemen	Esteemed guests/people/folks
Boys and girls	Students
Men and women	Everyone
Brothers and sisters	Siblings

Table 1. Examples of Inclusive or neutral language

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2. IDENTITY: GENDER DIVERSITY

Articles

2.1. GENDER IDENTITY

- Person's gender↗ is a complex interrelationship between three dimensions: body, identity, and social expression.
- Our gender↗ system has been non-binary since the beginning of time.
- Transgender children can know in early childhood that the gender↗ assigned by birth does not match their gender identity↗.
- A teacher can contribute to the creation of a safe and inclusive school environment if, for example, they talk about the diversity↗ of gender↗ identities in their lessons.

2.1.1. INTRODUCTION

Exploring and finding your identity, including your gender identity↗, can be a difficult journey that may include one's low self-esteem, questioning, searching, fears, and losses, but also joy, discovering themselves and a sense of belonging. Part of a person's identity is the desire to belong to other people, but this desire can be an obstacle from painlessly defining, accepting, and disclosing their gender identity↗. Therefore, it is important that when educating and bringing up young people, we also need to focus on issues of gender↗ diversity↗.

Sharing science-based information is one way to support young people on their journey. In addition, addressing this subject gives a clear signal to young people that different gender↗ identities and gender↗ expressions are part of the normal diversity↗ of society, which allows the young person to grow into a safe and happy adult. In today's world, where, for example, sex↗ education and LGBTQ+↗ issues have often turned into a politicized topics, it is especially important to talk to young people about these issues openly, boldly and using a science-based approach. In addition, numerous information about gender↗ identities is available in social media and in different progressive series, so the younger generation can sometimes be informed about gender↗ even more diversely than their parents or educators.

## 2.1.2. DEVELOPMENT OF THE TOPIC

Although a person's biological sex↗ includes anatomy (breasts, vagina, penis, testicles), physiology (functioning of the hormonal system, menstrual cycle, sperm production) and genetics (chromosome types) (WHO↗, n.d.), at birth a new-born's sex↗ is assigned as either male or female (some countries offer a third option) mostly based on the baby's genitals. And we presume the child's gender identity↗ based on that (Gender↗ Spectrum, 2019).

But a person's gender↗ is a complex interrelationship between three dimensions: body, identity, and expression (Gender↗ Spectrum, 2019), so therefore, often the sex↗ assigned at birth may match a person's gender identity↗, but other times it may not.

2.1.2.1. Assigned sex

Assigned sex↗ is a term that typically concerns legal sex↗ category derived from medical examination of a new-born child following the birth. Assignment is usually based on the appearance of external genitalia of the child. Yet, sex↗ is a more complex characteristic consisting not only of external genitalia, but also of internal genitalia, chromosomes, and hormonal functioning. When the sex↗ characteristics as stated above are ambiguous, the child can be considered intersex↗ (Pitoňák & Macháčková,2022).

Intersex↗ (DSD↗ = differences in **sexual development**↗) is a term that describes a combination of sex↗ characteristics which do not fit typical binary categories such as male or female (see Figure 1). There are many different ways to be intersex↗. Intersex↗ people can have different hormone levels than the average man/woman, they can have unusual combination of chromosomes and genitalia (for example XY chromosomes and a vulva) or other combination of sex↗ characteristics (chromosomes, genitalia, hormones) (Cools et al., 2018). Babies who↗ are born intersex↗ are often subject of "corrective" aesthetic surgeries in order to more fit one of the binary sex↗ categories. It is recommended that any surgeries which are purely aesthetic should not be performed until the intersex↗ person is able to consent to it (Barker, 2017).
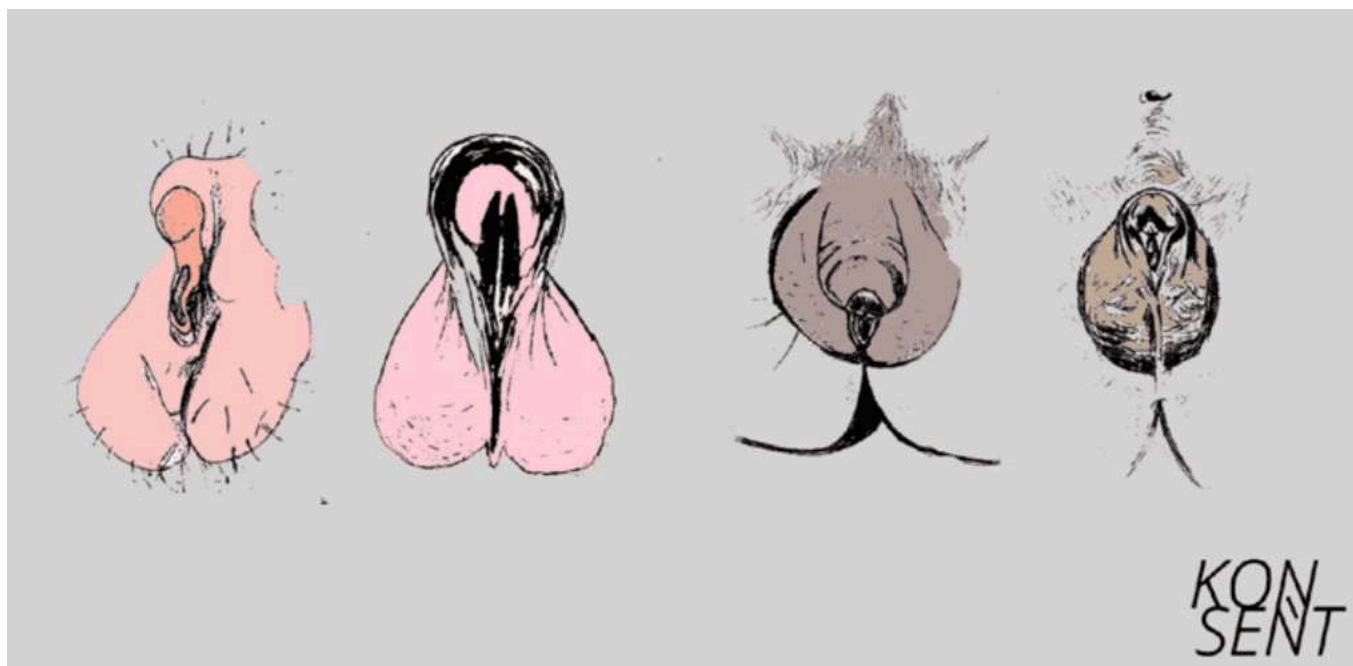
Figure 1. Combination of sex characteristics
Source: attachment of the lesson "Sexuality Myths and Sex Lessons for Education on Respectful Relationships" (originally in Czech: "Mýty o pohlavních orgánech a sexu Lekce sexuální nauky pro vzdělávání o respektujících vztazích". Dagmar Krišová, Johana Nejedlová, Konsent, z.s., 2021

2.1.2.2. Gender identity

Gender identity↗ is the inner personal perception of one's identity, related to social and cultural definitions of gender↗. The gender identity↗ of a person can be congruent with their sex↗ assigned at birth (cisgender↗) or differ from it in various ways. For most people, gender identity↗ is congruent with their assigned sex↗; for trans, nonbinary and other gender↗ diverse individuals, gender identity↗ differs in varying degrees from sex↗ assigned at birth (APA↗, 2015).

2.1.2.3. Development of Gender Identity

At the beginning the first years of a child's life, they become a part of a gender↗ -typical way of behaviour, which demonstrates itself as the attribution of the corresponding social gender↗ . Even if children aren't yet able to speak and don't establish connections with objects and actions of the surrounding world, behaviours corresponding to their gender↗ are assigned to them. For example, parents express excitement when a child has done something that matches their gender↗ and react in the opposite way when a child has behaved in a way that is appropriate for a child of the opposite sex↗ . Such negative and positive reactions are creating connections and will settle in the future. That may lead to that girls start paying more attention to their female role models and boys to the male role models, even though they don't yet have any knowledge or experience how to identify themselves or others on the basis of gender↗ . From the time children begin to understand speech, they also begin to understand that there is a lot of gender↗ labelling around. During their growth, as a result of social-cognitive processing, children begin to define themselves as boys or girls, which is the impetus for acquiring gender↗ -appropriate behaviour and gender↗ -related characteristics (Marecek et al., 2004).

2.1.2.4. The Identity of a Trans Child

The preceding paragraph describes a situation that might be applied to most children but is not applicable to those whose gender↗ assigned at birth and gender identity↗ don't match. Various research findings indicate that a lot of trans people's questions and conflicts regarding their gender identity↗ have emerged in early childhood (Patterson & D'Augelli, 2013). Since Kessler and McKenna (1978) concluded during their research that gender identity↗ begins to be understood at the age of three or four, and within a few years it is understood that it is permanent, it can be determined that contradictions regarding children's gender↗ perception arise at the same time as the surrounding world begins to attribute their social gender↗ to the corresponding biological gender↗ . When the social gender↗ happens to be different from the biological sex↗ , it causes confusion in children (Patterson & D'Augelli, 2013). Similar findings can also be noted in the studies of Gagne et al. (1997), Devor (2004) and Budge et al. (2013) – respondents of all studies already felt in early childhood that the gender↗ assigned at birth caused them discomfort and they felt that they didn't fit in with others.

University of Washington study, largest of its kind published findings showing that no matter how long a trans child has been considered and treated as cis↗ child, their gender identity↗ is as strong as it is in cisgender↗ children. Researchers found this similarity surprising, because trans children in the research were treated as cis↗ children and cis↗ children weren't treated as trans children (Eckart, 2019). Understanding these findings could help adults better support children during their development, gender identity↗ and social transitions.

2.1.2.5. Binary and non-binary gender systems

According to the binary gender↗ system, people are divided into two – male and female, and this is due to the sex↗ assigned to them at birth. According to the non-binary gender↗ system, person's gender↗ is a complex interrelationship between three dimensions: body, identity, and expression (Gender↗ Spectrum, 2019) all of which are separate and at times may not coincide. Adding to that the spectrum of gender identity↗ is considered wider than just a man – woman.

Although in today's western culture, we still tend to see gender↗ as a binary system, when in fact the gender↗ system has always been non-binary. Various anthropological and historical studies show this, and even today in many ancient cultures, the non-binary gender↗ system continues to be a functioning appearance (United Nations Free and Equal, 2014). For example, Native Americans have always had *two-spirit* people, India has Hijras (the hijra community in India prefer to call themselves "kinnar"); or Māhū, from Hawaii or Tahiti.

The non-binary approach to the gender↗ system allows transgender and intersex↗ people to express themselves according to their identity and is inclusive and respectful towards them.

2.1.2.6. Diversity Gender Identities

- **Cisgender**↗ : A person whose gender identity↗ is aligned with the sex↗ they were assigned at birth, describes people who↗ are not transgender. "**Cis**↗ -" is a Latin prefix meaning "on the same side as" and is therefore an antonym of "trans-". Commonly used by younger people and transgender people (GLAAD, n.d.).
- **Transgender person (trans person)**↗ : A person whose gender identity↗ is different from the sex↗ they were assigned at birth. A person who↗ is trans may also use other terms, in addition to trans, to describe their gender↗ more specifically. Being trans does not depend upon physical appearance or medical procedures – a person can call themself trans the moment they realize that their gender identity↗ is different than the sex↗ they were assigned at birth (GLAAD, n.d.).
- **Non-binary Gender Identity**↗ : Some people don't fit into the categories of "man" or "woman," or "male" or "female." For example, some people identify with more than one gender↗ , or a gender↗ that is neither male nor female. Some people don't identify with any gender↗ . Some people have a fluctuating gender identity↗ . Non-binary identities fall under the transgender umbrella (GLAAD, n.d.). Other terms besides non-binary can be genderqueer, agender, bigender, and more. None of these terms mean exactly the same thing – but common understanding is that it's the experience of gender↗ that is not explicitly male or female (National Centre for Transgender Equality, 2018).

Different gender↗ labels can mean different things to people, that means if a person discloses their gender identity↗ to you, you could ask them to explain what that means to them. In that case, it will be easier for you to be supportive as a teacher or parent.

− 2.1.3. SITUATIONS OF DISCRIMINATION RELATED TO THE TOPIC −

A transgender boy asks the school staff to use his chosen name and the pronouns he/his in the future.

Most teachers try to use the young person's requested name and pronoun, but there is still one teacher in the school who↗ continues to disregard the child's self-determination and uses his old name (deadnaming) and calls him a girl (misgendering) when addressing him. The child repeatedly draws the teacher's attention to the use of the wrong name and gender↗ , but the teacher continues his activity.

This situation is discriminatory, inaccurate, and misleading towards the student and depending on the laws adopted can be in violation of the child's rights of privacy and self-determination and expression. In such a situation, it is recommended that parents contact the school management for assistance. It is important to explain to the management that using the child's preferred name and gender↗ is a life-saving approach for trans children.

In case of discrimination↗ , the parents/school must always ask the child what kind of support they would need in order to feel safe after such a situation.

If the child cannot say for themself what would help them feel safe and included, it is recommended to ask for advice from an LGBTQ+↗ organization with experience in the field of education. They can give advice or refer you to the necessary expert.

2.1.4. BEST PRACTICES

In order to avoid discomfort and confusion arising from a child's own diversity↗, parents are advised to act according to their children's own gender↗ perception and to allow children to start the transition to their cognitive gender↗ at an early age. Especially since it has been proven that attempts to adjust transgender children to their sex↗ assigned at birth can cause them to experience symptoms of depression or even lead to permanent psychological damage. In addition, allowing them to express their perceived gender↗ in public helps them to adapt to their own gender↗ in society better as they grow up and thereby avoid discomfort and negative feelings (Patterson & D'Augelli, 2013).

To make trans children feel good about themselves, one must first ask them what they need to feel good about themselves. At this point, the parent should not worry that supporting children starts with medical intervention, because the first steps are still small but have a great impact on them.

- Help them adopt a name that is more compatible with their gender identity↗.
- Sometimes the child and the parents choose a new name together, for example the name that the parents would have given the child if it had been of a different gender↗. Sometimes the child wants to choose a new name himself. Sometimes the family wants to celebrate the name and gender identity↗ together because it helps them to adapt to the new situation and accept it with joy. There are no right or wrong actions here, choose what is best for your family and child.
- Start using words referring to their gender identity↗ such as sister, brother, she, he, they, etc.
- Next, you can think together about the child's gender↗ self-expression, whether there is something they want to change clothes, make-up, etc.
- If the child wants other family members (aunts, uncles, etc.) to know their correct gender identity↗, then you can discuss together how and when to tell them.
- If the child wants the school/kindergarten/club, etc. to know their correct gender identity↗, you can discuss together how and when to tell them.

If your child has told you their gender identity↗, which does not match the gender↗ assigned to them at birth, then it can mean that the parent can experience the beginning of a new journey. That may include fear, guilt, loss, joy, finding, etc. While supporting your child, do not forget to seek support yourself.

What if my child is not trans? It is often the parents' fear that their child will make the wrong decision. At this point, it is good to read more about trans issues, meet the parents of transgender children, or meet the trans counsellors to understand when and how children realize they are trans. In addition, the most important thing is to listen to your child, because their feeling could never be wrong, but what exactly is they story behind that feeling, you can safely discover together with your child. As a parent, you don't have to know all the answers, but you must be able to listen, trust and support them and direct them to the necessary information or specialist. At the same time, don't let your own fears and worries be an obstacle for your child's journey.

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2.2. GENDER EXPRESSION

- A person's gender↗ self-expression may not always reflect their gender identity↗ because of not feeling comfortable / fear of discrimination↗ .
- Social gender↗ can be variable in time and space; therefore, it cannot be the norm. There is no right or wrong gender expression↗ .
- Every school has students who↗ are transgender, non-binary or have different gender↗ self-expressions. This is the reason that schools should take that into account when setting requirements for accessibility and self-expression such as clothing, etc.

2.2.1. INTRODUCTION

When a person enters a room, one of the first things we notice about them is how they look, and their gender↗ is often determined based on that. We often think about it so quickly that we may not even acknowledge it. Due to societal influences, we have come to understand that certain forms of self-expression are related to a certain gender↗ , for example, women wear dresses. However, the world of gender expression↗ is just as diverse and exciting, and perceptions of alleged binary have changed a lot over time.

2.2.2. DEVELOPMENT OF THE TOPIC

2.2.2.1. Gender

Gender↗ is socially created set of expectations, behaviours, and activities that are associated to men and women based on their sex↗ . Any particular set of gender roles↗ ' social expectations are influenced by a variety of socioeconomic, political, and cultural contexts as well as other elements including race, ethnicity, class, sexual orientation↗ , and age. The roles that women and men play in human society are learned, diverse, and ever-changing (Council of Europe, n.d.).

Since the moment of our birth, we are socialized. Our family, school, workplace, media, new information technologies, and popular culture all have a significant impact on how we develop, grow, and learn about how to behave in accordance with the society we live in. For individuals to contribute to a group of people effectively, socialization is a crucial process. However, not all of the messages we are exposed to as part of our socialization can be viewed as being advantageous to either ourselves or society. Children may be unable to fully develop their talents and interests due to gender↗ socialization. Often unrealistic and conflicting expectations can lead to internal conflicts and psychological problems, and failure to meet these expectations can lead to some form of punishment from others (Council of Europe, n.d.).

2.2.2.2. Gender expression

Gender expression↗ may be the expression of an individual's gender identity↗, including the use of name, pronouns, clothing, haircut, behaviour, voice, or body characteristics.

It is important to stress that the way somebody expresses their gender↗ does not always precept the gender↗ they identify with. Lot of people try to hide or suppress their gender expression↗ out of fear of negative responses or discrimination↗, both of which can have a major harmful consequence on their mental health. In fact, many transgender mental health issues arise from the worry or negative reactions of their gender expression↗ (O'Neill, 2021).

As society has a well-established understanding of what a man or woman should look like, this pressure can create obstacles for young people (as well as adults) on the journey of understanding their identity and finding their comfortable place in society.

2.2.2.3. Different gender expressions

- **Androgyne**↗ : someone who↗ has a gender↗ presentation or identity that's gender↗-neutral, androgynous, or has both masculine and feminine characteristics.
- **Cross-dressing**↗ : the name for the act of a person wearing clothing usually associated with a different gender↗. Cross-dressing is not synonymous with being transgender.
- **Butch**↗ : the term traditionally, in lesbian culture, refers to a woman who↗ presents herself in a more masculine manner, challenging traditional gender roles↗ and expressions. The concept of butch↗ gained recognition in American underground lesbian bars in the 1940s and 1950s, where it was part of a dynamic with "femme" women that both reflected and subverted traditional binary society's gender norms↗. Being butch↗ isn't solely defined by clothing and appearance. It can also include adopting masculine roles and pursuing careers that were traditionally associated with men.

These are just a few examples of different gender↗ expressions. Some of the gender↗ expressions, especially when the gender expression↗ does not match the sex↗ assigned at birth, can also fall under the umbrella term trans. Whether or not a person places themselves under the term trans is a personal decision.

Different gender identity↗ or expression labels can mean different things to people, that means if a person discloses their gender identity↗ or expression to you, you could ask them to explain what that means to them. In that case, it will be easier for you to be supportive as a teacher or parent.

2.2.2.4. Gender Expression in time and cultures

Gender expression↗ changes over time because it is related to society's understanding of masculinity and femininity. Just as society changes over time and space, so do perceptions of men, women, masculinity, femininity, and gender↗ in general.

As a good example, we can look back to the history of the colours pink and blue, which are also often associated with gender↗ – girls wear pink clothes and boys wear blue. However, these colours have not always been this way. At the beginning of the 20th century, some stores began suggesting "sex↗-appropriate" colours, when originally pink for the boys, and blue for the girls, because the pink, being a more decided and stronger colour, is more suitable for the boy, while blue, which is more delicate and daintier, is prettier for the girl." In the 1940s, children were dressed in sex↗-specific clothing – boys and girls were dressed like miniature men and women. Pink became the girls' colour, blue the boys' (Grannan, 2016).

However, if we look at gender↗ self-expression through different cultural spaces, we see that there are also different understandings of what makes a person masculine or feminine. In many cultural spaces, for example, a skirt is only a woman's clothing, but there are cultural spaces where men also wear a skirt, for example, Scottish men wear a skirt (kilt) on a festive day, or a policeman wears a skirt (sulu) in Fiji.

Although social gender↗ and its parts (gender roles↗, self-expression, etc.) are changing in time and space, people and society still collide, because someone's gender expression↗ is not, as it were, right or appropriate. At the same time, we as a society should not judge people based on their gender expression↗, because what is masculine or feminine today may not be so in a hundred years.

2.2.3. BEST PRACTICES

If you want your child to feel free to express their gender↗ however, they want, then you should encourage them to experiment with their gender expression↗. This freedom helps them find their true selves and thus grow into happy adults. You can set an example by offering to explore the gender expression↗ possibilities together – research, discuss, play.

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2.3. CISNORMATIVITY

- Kvůli cisnormativitě společnosti čelí transgender děti a mládež celé řadě překážek, obtíží a nespravedlností.
- Nerovnosti ve vzdělávání vyplývající z identity trans studujících ovlivňují jejich emocionální a psychické zdraví a jejich schopnost aktivně se vzdělávat.
- Změnou perspektivy a vnímáním lidí jako rozmanitých lidských bytostí mohou (nejen) vyučující pozitivně ovlivnit to, jak dítě chápe svět a jak komunikuje se svým okolím.

2.3.1. ÚVOD

Postupem času se vytvořil názor, že heterosexuální a cisgender↗ lidé jsou „normou" a všechny ostatní projevy genderu a sexuality↗ jsou vnímány jako „jiné". Utvrzují to zavedené společenské zvyky, politické diskuze i mediální vyjadřování. Přitom svět kolem nás je plný rozmanitosti a tyto „normy" zkrátka neodrážejí realitu.

2.3.2. ROZVOJ TÉMATU

2.3.2.1. Cisnormativita

Slovo cisnormativita bylo poprvé použito v roce 2000. Jedná se o kombinaci předpony cis↗ -, jako ve slově cisgender↗ , a přípony -normativita, jako doplněk k heteronormativitě. Termín cisnormativita byl vytvořen k popisu sociokulturních předpokladů a očekávání, že všichni lidé jsou cisgender↗ (Bauer et al., 2009). Ačkoli je cisnormativita zřídkakdy záměrná, je často vnímána jako zraňující a urážlivá pro trans* komunitu.

Cisnormativitu lze chápat jako systém přesvědčení, na němž je založena transfobie, která je popisována jako „iracionální strach nebo nenávist vůči trans lidem." (Israel & Tarver, 1997).

2.3.2.2. Transnegativita and Transfóbie

Transnegativita je soubor chování, předsudečných kognitivních návyků a negativních emočních reakcí týkajících se trans osob. Termín transnegativita by se dal definovat jako „jakýkoliv předsudečný postoj, diskriminační nebo viktimizující chování, ať už otevřeně, nebo skrytě zaměřené vůči člověku na základě (domnělé) transgender identity." (McDermott et al., 2018).

Transfobie je strach, nenávist, nedůvěra nebo odpor vůči transgender lidem. Lidem, kteří jsou čteni jako transgender nebo jejichž genderové vyjadřování neodpovídá tradičním genderovým rolím. (Chrisler & McCreary, 2010). Může se projevovat v mnoha podobách, jako negativní postoje, averze a předsudky vůči transgender osobám, iracionální strach a nepochopení, hanlivé výrazy a nadávky, šikana, násilí atd. (Egale, 2019).

Vedle dlouhodobě používaného termínu „transfobie" je nově zaveden termín „cissexismus". Ten lze chápat jako formu útlaku a diskriminace ze strany těch, kteří se bojí, nevěří nebo nemají rádi lidi, kteří jsou genderově nekonformní (Zambon, 2021). Lékařský časopis *Medical News Today* popisuje, že lidé, kteří zažívají cissexismus, častěji zažívají deprese, úzkosti, posttraumatický stres a celkové psychické potíže. Tento jev může také ovlivnit samotné fyzické zdraví, protože tito lidé mají horší přístup ke zdravotní péči, zažívají násilí a zneužívání ze strany lékařského personálu. Dále mohou také pociťovat i přímé zdravotní následky, jako je vysoký krevní tlak, mrtvice, cukrovka atd.

2.3.2.3. Nespravedlnost ve vzdělávání

Je známo, že transgender děti a dospívající se ve škole potýkají s celou řadou překážek, obtíží a nespravedlností. Školní prostředí je totiž velmi cisnormativní. Jedná se o normalizovaný předpoklad, že každý se identifikuje se svým zapsaným pohlavím a že genderová identita je stanovena při narození a nemění se (Simmons & White, 2014). Cisgender↗ studující jsou školní institucionalizovanou cisnormativitou privilegováni a odlišné genderové projevy nebývají vítány (Miller, 2016).

Školní politika není nastavena na explicitní podporu trans lidí, kteří na školách ani v učebních materiálech nemají žádnou reprezentaci. Celkově cisnormativní klima školy podporuje vznik transfobní šikany a dalších projevů násilí vůči trans lidem včetně předsudečného násilí ze strany vyučujících. To vše negativně ovlivňuje nejen vzdělání, ale i životy trans studujících. (Mcbride et al., 2020) Studie ukazují, že nerovnosti ve vzdělávání, nespravedlnosti vyplývající z trans* identity studujících ovlivňují jejich emocionální a psychické zdraví a schopnost vzdělávat se (Meyer et al., 2016).

Trans studující jsou příliš často nuceni k tomu, aby sami přinášeli do škol diskuze o trans tematice a snažili se bojovat o to, aby zbytek školy přijal jejich identitu, což je o to těžší, jelikož nejsou školy často dostatečně připraveny a vybaveny na přijetí trans studujících (Ullman, 2016). V jiných případech rodiče a opatrovníci často přebírají významnou roli při prosazování inkluze ve škole. Není ale správné, pokud trans dospívající nemají podporu rodiny, aby veškeré břímě prosazování tohoto tématu ve škole leželo na bedrech trans osob (Neary, 2019).

Každé dítě si zaslouží, aby se cítilo autenticky viděno a slyšeno a aby bylo v péči vnímavých dospělých, kteří mu chtějí pomoci cítit se bezpečně a vnímat sounáležitost se spolužáky a spolužačkami ve třídě. To vyžaduje, aby školy vytvářely prostředí, ve kterém se trans děti a mládež budou cítit vítány takové, jaké jsou ve vší (nejen) genderové rozmanitosti (Steele & Nicholson, 2020).

2.3.2.4. Dopady na mládež

Kvůli cisnormativitě je někdy pro lidi obtížné pochopit, že existuje více genderových identit a sebevyjádření, která jsou součástí rozmanitosti společnosti. To není žádná „fáze nebo výstřelek, který se nedá vyléčit, který rozděluje společnost a dává špatný příklad dětem". Takové nepochopení může také vést ke strachu nebo dokonce ke hněvu vůči trans lidem.

Nesprávné vnímání genderu může u dospívajících vyvolat potíže a nejistotu při definování vlastní identity. Tyto vnější negativní faktory pak mohou vést k rizikovému chování, stresu, depresi nebo sebevraždě. Proto je nesmírně důležité, aby každý mladý člověk dostal informace o genderu.

Pro dítě, které není heterosexuální nebo cisgender↗, může mít prostředí, kde se necítí být zastoupeno nebo kde se cítí být nevítáno či dokonce nenáviděno, destruktivní účinky. Negativní prostředí může mít vliv na duševní zdraví, schopnost učení, sebevědomí a pocit vlastní hodnoty. Děti vyrůstají v prostředí, kde se kluci a holky rozdělují na tělocvik nebo na rodinnou výchovu. Zde se navíc často učí, že neexistuje jiná forma rodiny, než je matka + otec + děti. Změnou perspektivy a vnímáním lidí jako rozmanitých lidských bytostí mohou vyučující i ostatní dospělí pozitivně ovlivnit to, jak dítě chápe svět a jak komunikuje se svým okolím. Doufejme, že výsledkem budou lidé, kteří přijímají a berou ohled na všechny lidi bez ohledu na jejich identitu (LGBTQ+↗ Primary Hub, n.d.).

2.3.3. PŘÍKLADY DOBRÉ PRAXE

Malé změny mají velké dopady:

- Poslouchejte studující. Ptejte se a konverzujte s nimi, místo abyste si vytvářeli domněnky.
- Berte v potaz, že dítě nemusí být heterosexuální a/nebo cisgender↗, a nepředpokládejte, že rodiče dítěte jsou heterosexuální a cisgender↗.
- Buďte aktivním spojencem a buďte připraveni to vyjádřit, vzdělávejte se.
- Dejte žactvu návod, jak se může vzdělávat v LGBTQ+↗ tematice.
- Pokládejte si stejně náročné otázky týkající se genderu a sexuality↗, jaké pokládáte dětem.
- Používejte genderově neutrální jazyk.
- Vytvořte inkluzivní učební plán, do kterého budou zahrnuta témata týkající se genderové rozmanitosti a různých sexuálních orientací.

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2.4. GENDER EQUALITY

- **Gender equality** (equality between women and men): refers to the equal rights, responsibilities and opportunities of women and men and girls and boys (masculinities and femininities).
- Gender equality in society is not directly related to identity issues, but efforts are made to reduce the negative impact of gender inequality and the myths and stereotypes that maintain it on the development of individuals.
- Breaking down gender stereotypes from a young age helps to stop negative consequences of inequality and discrimination as it can support children to grow into adults who are not limited by expectations based on their gender.
- Since gender roles, responsibilities and identities are socially learned, they can also be changed through education.
- When talking about gender equality, it should be kept in mind that rigid gender norms negatively affect people with diverse identities, who often come into contact with violence, shaming and discrimination. It is therefore more inclusive and appropriate to use the term "gender equality" rather than "equality of men and women".

2.4.1. INTRODUCTION

Gender equality in society is not directly related to identity issues, but efforts are made to reduce the negative impact of gender inequality and the myths and stereotypes that maintain it on the development of individuals.

Gender education is a necessary part of curricula at all levels of the education system, which would enable both girls and boys, women and men in their diversity to understand how constructions of masculinities and femininities and models for assigning social roles – which shape our societies – influence their lives, relationships, life choices, career trajectories, etc (Council of Europe, 2007).

2.4.2. DEVELOPMENT OF THE SUB-TOPIC

2.4.2.1. Gender

Gender is a social and cultural construct, which distinguishes differences in the attributes of men and women, girls, and boys, and accordingly refers to the roles and responsibilities of men and women. Gender-based roles and other attributes, therefore, change over time and vary with different cultural contexts. The concept of gender includes the expectations held about the characteristics, aptitudes and likely behaviours of both women and men (femininity and masculinity). This concept is useful in analysing how commonly shared practices legitimize discrepancies between sexes (UNICEF, 2017).

EIGE↗ defines gender↗ that refers to the social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys, as well as the relations between women and those between men. These attributes, opportunities and relationships are socially constructed and are learned through socialization processes. They are context/time-specific and changeable. Gender↗ determines what is expected, allowed, and valued in a woman or a man in each context. In most societies there are differences and inequalities between women and men in responsibilities assigned, activities undertaken, access to and control over resources, as well as decision-making opportunities. Gender↗ is part of the broader socio-cultural context. Other important criteria for socio-cultural analysis include class, race, poverty level, ethnic group and age (European Institute for Gender Equality↗, n.d.-a).

2.4.2.2. What is gender equality?

Gender equality (equality between women and men) refers to the equal rights, responsibilities and opportunities of women and men and girls and boys. Equality does not mean that women and men will become the same but that women's and men's rights, responsibilities and opportunities will not depend on whether they are born male or female. Gender equality↗ implies that the interests, needs and priorities of both women and men are taken into consideration, recognizing the diversity↗ of different groups of women and men. Gender equality↗ is not a women's issue but should concern and fully engage men as well as women. Equality between women and men is seen both as a human rights issue and as a precondition for, and indicator of, sustainable people-centred development (European Institute for Gender Equality↗, n.d.-a).

Progress towards achieving gender equality↗ is measured by looking at the representation of men and of women in a range of roles on the base of data of sex↗ -disaggregated indicators of economic, cultural, and social spheres. Legislatives currently do not take non-binary people into account, as most countries at EU level do not acknowledge non-binary gender↗ identities.

The European Institute for Gender Equality↗ (EIGE↗) EU Gender Equality↗ Index (European Institute for Gender Equality↗, n.d.-b) provides an easily interpretable measure of gender equality↗ in the EU across 6 key policy domains – work, money, knowledge, time, power and health, and two satellite domains (violence↗ and intersecting inequalities). A number of international comparative gender equality↗ indices also exist showing differences in the situations of women and men, offering a way to compare achievements of countries.

The statistical data provided by sex↗ make it possible to highlight differences in the lives of women and men, girls, and boys. When analysing the causes of inequality on the basis of statistical (factual) differences between women and men, different social norms, rules, gender roles↗, attitudes, stereotypical expectations, which apply to women and men must be considered. However, the statistics do not include information about trans and non-binary people. The concept of sex↗ is biological while gender↗ is the cultural or social interpretation of sex↗ (Cole, 2019).

In every society, the expectations of gender norms↗ and roles are different, i.e., what is expected, what is allowed and valued for women and what is expected, what is allowed and valued for men are different.

Equality does not mean that women and men will become the same but that women's and men's rights, responsibilities and opportunities will not depend on whether they are born female or male. The opposite concept of gender equality↗ is inequality.

Gender inequality↗ refers to situations where legal, social, and cultural situation in which sex↗ and/or gender↗ determine different rights and opportunities for women and men, which are reflected in their unequal access to or enjoyment of rights,

as well as the assumption of stereotyped social and cultural roles. These affect their status in all areas of life in society, whether public or private, in the family or the labour market, in economic or political life, in power and decision-making, as well as in social gender↗ relations. In virtually all societies, women are in an inferior position to men (European Institute for Gender Equality↗ , n.d.-c).

Differences in women's and men's behaviour, social roles, rights, duties, responsibilities, and opportunities do not result from immutable biological-physiological differences but are socially constructed – so it can be said that both individuals and all societal institutions, processes, practices, symbols, and other factors produce and maintain gender↗ differences and often gender inequality↗ .

The opposing differences between girls and boys are not innate and predetermined, but these differences and inequalities are created by different worlds of experience. For example, boys are given more freedom in behaviour and self-expression; girls' progress is explained by their diligence and boys by their talent; girls' failure is interpreted as lack of talent, while boys' failure to perform or poor performance may be attributed to laziness. Boys are more likely to be associated with stereotypical characteristics such as activity, thirst for success, aggressiveness, noisiness, etc. Girls, on the other hand, are seen as obedient, affectionate, sensitive, and more obedient to teachers' orders. These expectations are also perceived by the children, who↗ behave according to them (Haridus ja sugu, n.d.).

For example, the ways in which teachers speak to male and female students plays a role in how girls and boys learn to view each other. The inferior position of women in society is often reflected through language. Sexist language is the language which is outright sexist such as '*Man up*' or telling a boy or girl that they run, cry or throw '*like a girl'* but often it is more subtle and sometimes even well-intentioned such as complimenting girls on their appearance or emphasising 'putting a brave face on it' for boys – yet can be just as damaging in the context of gendered messaging (Gestetner, 2015)

For example, '*Boys will be boys'* might be spoken or it might be an unspoken opinion, informing expectations of 'boys' as a group. This expression is used to excuse, justify, or anticipate rough or disruptive behaviour from boys. It's never used when a boy has been helpful or kind. Its effects are harmful and unfair, suggesting that boys can't help bad behaviour, suppressing the individuality of the many boys who↗ are not behaving in this way and anticipating that 'girls' (again, as a group) will be better behaved (Gestetner, 2015).

Gender socialisation↗ is a process by which individuals (especially children and adolescents) develop, refine and learn to 'do' gender↗ through internalizing *gender norms*↗ and *roles* as they interact with key agents of socialization, such as their family, schools, peer groups and mass media, social networks, and other social institutions (Hoominfar, 2019). During this process girls and boys are actively involved in constructing their own gendered identities and are affected by gender stereotypes and traditional gendered expectations (Vinney, 2019).

Gender norms↗ are standards and expectations to which women and men generally conform ideas about how girls and boys, women and men should be and act (UN↗ Department of Economic and Social Affairs Statistics Division, 2016). Internalised early in life, gender norms↗ can establish a life cycle of gender socialisation↗ and stereotyping. Gender norms and stereotypes encourage or force girls and boys to act in certain ways. Kids believe gender stereotypes↗ by age 10 and have internalized the myth that girls are vulnerable and boys are strong and independent (Luscombe, 2017).

Gender socialisation↗ may limit boys and girls in exploring their talents and interests to their full potential. Some unrealistic and contradicting expectations can cause internal conflicts, psychological problems. For example, young girls being overly concerned with feminine beauty and body image↗ may have eating disorders or boys, who↗ are under the pressure to

appear 'manly' and strong among peers, may motivate a violent behaviour and they grow up with far less emotional awareness than girls.

Gender stereotypes↗ are assumptions about what men and women are usually like, or how women and men should behave to be 'right'. Stereotypes are largely unconscious "self-evident", deeply embedded in culture. Gender stereotypes↗ contribute to the perpetuation of inequalities between women and men.

Stereotypes are mostly based on an assumption that all men/boys will be the same and like the same things, and all women/girls will be the same and like the same things. This can lead to children being restricted in the interests, skills, and behaviours they develop.

Gender stereotypes↗ are often seen in assumptions about personality traits (e.g., women emotional and men rational), behaviours (e.g., girls helpful and boys boisterous), preferences, occupations and jobs and physical appearance.

2.4.2.3. how to set learning objectives

To support child's development, they need to understand:

- The differences between sex↗ and gender↗ and be able to use examples to explain the differences between the concepts and the changing meanings of being a man and being a woman in time and culture (how gender norms↗ have changed throughout history).
- The role of prejudices, cultural gender norms↗ and traditional gender roles↗ in shaping the behavioural practices of people of different genders (e.g., gender roles↗ and gender norms↗ influence people's lives).
- The impact of different environmental expectations on the choices, opportunities and responsibilities of girls and boys and can critically assess these factors, reflecting messages that men and women are expected to act differently and that stereotypes about gender↗ can lead to bias and inequality,
- And values equality and the principles of equal treatment of girls and boys, women, and men.
- That achieving gender equality↗ is a development goal for all countries and know which areas are concerned by gender equality .

2.4.2.4. Gender Equality and Transgender People

When talking about gender equality↗, it should be kept in mind that rigid gender norms↗ negatively affect people with diverse identities, who↗ often come into contact with violence↗, shaming and discrimination↗. Gender↗ discrimination↗ can intersect with other factors of discrimination↗ such as ethnicity, socioeconomic status, disability, age, geographic location, gender identity↗ and sexual orientation↗.

When defining the concept of "gender↗", the European Court of Justice has applied a broad concept of "gender↗" in the interpretation of the corresponding sources of European law (Ellis, 2005), taking into account, in addition to biological differences, social, psychological, and cultural aspects that affect a person's belonging to one or the other gender↗. As a result, the court has found (*K.B. v National Health Service Pensions Agency and Secretary of State for Health*, 2004; *P v S and Cornwall County Council. Equal treatment for men and women—Dismissal of a transsexual*, 1996) that less favourable treatment due to being transgender is also gender↗ discrimination↗.

2.4.4. BEST PRACTICES

2.4.4.1. Videos for self-education on the topics covered

- Gender Equality ↗ Explained by Children

https://www.youtube.com/watch?v=hLr2GNRnmXM

- Gender ↗ Socialization

https://www.youtube.com/watch?v=8QWfCrNHKYA

- Gender stereotypes ↗ and education

https://www.youtube.com/watch?v=nrZ21nD9I-0&t=6s

- Gender ↗ Stereotyping

https://www.youtube.com/watch?v=L1m3XR4Y7T8

- Sex ↗ and Gender ↗

https://www.youtube.com/watch?v=msqi1qEPjc0

- Problems with Gender ↗ Socialization

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

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2.5. SOCIAL CATEGORIZATION

- Social categorization↗ is the process by which people categorize themselves and others into differentiated groups.
- Gender↗ differences by themselves are not a problem, but they become problematic for teaching when they involve gender↗ polarisation and gender↗ stereotyping.
- Gender stereotypes↗ also overlook people who↗ do not fall into the category of male or female.

2.5.1. INTRODUCTION

Social categorization↗ is the process by which people categorize themselves and others into differentiated groups. Categorization simplifies perception and cognition related to the social world by detecting inherent similarity relationships or by imposing structure on it (or both). The main adaptive function of social categorization↗ is that it permits and constrains otherwise chaotic inductive inferences. People attribute group features to individuals (stereotyping) and they—less strongly —generalize individual features to the group. The strength of these two kinds of inductive inferences depends on a priori assumptions about the homogeneity of the group. To the extent that social categories rest on detected patterns of feature similarity, their coherence is a matter of family resemblance.

Family resemblance categories comprise members of varying typicality, they have fuzzy boundaries (and thus tend to overlap), and the features they contain tend to be correlated with one another. Some social categories are 'thin,' however, as their coherence rests solely on arbitrary or socially constructed labels. Both types of categories (family resemblance and social construction) give rise to two common, and socially problematic, biases: (a) ingroup favouritism and (b) perceptions of outgroup homogeneity (Krueger, 2001).

2.5.2. DEVELOPMENT OF THE SUB-TOPIC

Most of the gender↗ differences are not biologically or genetically determined but rather socially constructed. Gender↗ differences by themselves are not a problem, but they become problematic for teaching when they involve gender↗ polarisation and gender↗ stereotyping. More ambitious and meaningful aims would be that, once in school, girls and boys experience quality learning and teaching, and that equality in schooling is linked with positive changes towards equality in broader society (Kütt & Papp, 2022).

Teachers generally believe that they treat all children fairly and equally at school. The studies, however, show that this is not always the case and teachers treat students differently based on the students' gender↗ . They contribute to the social construction of gender↗ by their expectations of and interactions with girls and boys, classroom practices, choice of educational materials, etc. which help reinforce or break gender stereotypes↗ . "The most common goal of gender equality↗ policies in primary education is to challenge traditional gender roles↗ and stereotypes" (Kütt & Papp, 2022).

2.5.2.1. Gender stereotypes

A gender↗ stereotype↗ is a generalised view or preconception about attributes or characteristics that are or ought to be possessed by women and men or the roles that are or should be performed by men and women. Gender stereotypes↗ have descriptive components, which are beliefs about what men and women typically do. However, they also contain strong prescriptive components or beliefs about what men and women should do. Female stereotypical roles include being emotional, caring and in need of protection. Male stereotypical roles include being rational, career driven and strong. These assumptions can be negative (e.g., women are irrational, men are insensitive) or seemingly benign (e.g., women are nurturing, men are leaders) (Kütt & Papp, 2022).

Gender stereotypes↗ also overlook people who↗ do not fall into the category of male or female.

It is natural that stereotyping helps each person to quickly orient themselves in the information that is obtained from the environment. At the level of the individual, categorization is spoken of as a cognitive process, which is mostly based on stereotyping. This can lead to prohibited discrimination↗ , i.e., unequal treatment of a person because they are attributed some characteristics that characterize the prejudices or stereotypes of a group. Discrimination↗ can be both direct and indirect, but its detection is mostly a matter for the courts. Discrimination↗ on some basis is still perceived by a specific person, who↗ can then legally protect their right not to be discriminated against someone else.

Several processes in society can be indirectly discriminatory, which place persons in a certain category at a disadvantage as a group.

− 2.5.3. SITUATIONS OF DISCRIMINATION RELATED TO THE SUB-TOPIC −

There are problems, if people do not see the person behind the stereotypes. There are people who↗ are different from somebody's constructed gender↗ role and these people are more likely discriminated, because of being different.

2.5.4. BEST PRACTICES

- Social Identity Theory – Categorization, Identification, Comparison – VIDEO
- Social Categorization↗ – VIDEO
- Gender Stereotypes↗ – VIDEO
- Gender Stereotypes↗ (Girl toys vs boy toys: The experiment – BBC Stories) – VIDEO

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2.6. RAPID ONSET GENDER DISPHORIA

A Term with no Scientific Background Created on US Websites

In 2016, the term ROGD↗ (**Rapid Onset Gender Dysphoria**↗) began to spread on the Internet, which refers to the allegation that due to social influence, young people who↗ have reached their teen years (mostly girls) are not happy about their gender↗. Because it is said to happen suddenly and simultaneously in small groups, it was called a "syndrome" (Serano, 2019).

Before 2016, nobody was talking on the Internet of possible "socially contagious" behaviour and (in the future) so-called ROGD↗. In 2016, these terms brought up three US websites which are critical of transgender people and trans issues. The same websites often refer to each other and share stories and opinions of alleged researchers about how children are being influenced in social media to become transgender. These websites then made up the term ROGD↗ and from there started presenting it as a factual medical syndrome. The information was quickly picked up and spread by conservative and extremist media publications and practitioners who↗ do not support gender↗ diversity↗ (Serano, 2019).

There is no ROGD↗

In 2016, researcher Lisa Littman began researching the topic, and in 2018 she published her study, in which she also describes ROGD↗ as a syndrome. She hypothesized a "potential new subcategory" of gender↗ dysphoria in the ROGD↗ concept – the distressful feeling that one's gender↗ and assigned sex↗ do not match. Littman's theory stated that young people with ROGD↗ experience symptoms of gender↗ dysphoria and self-identify (mainly online) as transgender due to peer influence, rather than dealing with their issues.

One of the problems with the research was that Littman tried to validate that there have not been transgender children in society and it's a new topic. But Jules Gill-Peterson (Kesslen, 2022), associate professor of history at Johns Hopkins University and author of "The History of the Transgender Child", asserted that while the issue of transgender children has only recently begun to be discussed in the mainstream media, trans children have existed defining themselves based on their gender identity↗ without medical or legal intervention long before the occurrence of actions related to the transition.

The Littman research article was accepted into a peer-reviewed scientific journal, which immediately received widespread criticism. A week after the article was published, the scientific journal acknowledged that they had to issue an apology for publishing the work and a revised version of the article, stressing that Littman's work was "descriptive, exploratory" and had not been clinically validated (Littman, 2019). It asserts that Littman is not entitled to state that ROGD↗ is a disease, disorder or medical condition based on her work. It appears that she did not check the validity of the hypothesis, but rather looked for evidence to prove her hypothesis.

In 2021, the Journal of Paediatrics published a comprehensive study that found no evidence of ROGD↗ (Bauer et al., 2022). More than 60 psychological organizations, including the American Psychological Association, called for the term to be abolished (Coalition for the Advancement & Application of Psychological Science, n.d.).

A Dangerous Narrative

The "contagion narrative" has long gone hand in hand with gender↗ and more broadly with LGBTQ+↗ issues. The contagion narrative has helped to create a series of new harmful narratives – "LGBTQ+↗ as the result of brainwashing, LGBTQ+↗ as a phase, LGBTQ+↗ as a desire to be like others", etc.

It is dangerous to spread the narrative of contagion because it prevents people from discovering their identity honestly and openly and makes it difficult to talk about LGBTQ+↗ issues in education. In addition, the desire of such narratives is also to separate and imprison the LGBTQ+↗ community from each other, which makes it more difficult for them to support each other.

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1. Not to be confused with the gender↗ transition process of trans people. RODG is not about trans persons or their journeys. ↑

3. SEXUAL HEALTH

- Sexual health↗ is related to both physical and mental health and overall well-being of a person, and can be experienced differently by people of various sexualities and gender↗ identities. Sexual health↗ is also vastly influenced by various cultural norms, for example of those about masculinity and femininity and how they supposedly relate to sexuality↗.
- Sexual health↗ does not equal absence of sexual diseases, it is far more complex and also encompasses emotions and psychological well-being, including stress factors and societal norms towards sexuality↗.
- To achieve sexual health↗, fulfilment of certain human rights is also needed (health and reproductive rights↗).
- Prevention of STDs↗, STIs↗ and mainly HIV↗ are an important part of discussion about sexual health↗, yet they shouldn't be the only one, because of all the other factors such as body image↗, pleasure, risk behaviour and mental health.
- Prevention of HIV↗ and STIs↗ is most effective when discussed openly with specific types of protection, their usage and accessibility (condom, dental dam etc.). It is recommended to also include other types of prevention and protection specifically from HIV↗ infection as PrEP↗ and PEP↗.
- Introducing the concept of U=U↗ (undetectable = untransmittable), which can be achieved by people living with HIV↗ when receiving successful antiretroviral (ART↗) treatment. That allows people to live their lives fully and it prevents the virus from spreading, it is part of TasP↗ (Treatment as Prevention) strategy.
- Recognizing that social, historical, racial, and cultural factors are important when analysing statements such as "men having sex↗ with men have higher rates of HIV↗ infections", to avoid stigmatizing and decontextualizing.
- Associating or mentioning LGBTQ+↗ identities only in the context of STDs↗, STIs↗ and HIV↗ is highly stigmatizing.

3.1. INTRODUCTION

Our sexuality↗, well-being, and physical health are closely intertwined. Most of us do not even give it a second thought, especially if we're in good health. On the other side, we may experience difficulties and issues related to our physical and

mental health, many of which may have a significant impact on our sexual life.

To properly prevent or address these issues, we first need to educate ourselves about them. Here are some questions that can be a good start:

- What are our attitudes and feelings about our bodies, how are these influenced by culture and media and how does this influence our sexual lives?
- How does body image↗ impact our sexual lives?
- How and why are alcohol and drugs involved in human sexual lives?
- How can specific diseases influence our sexual lives physically and emotionally?
- Do LGBTQ+↗ people face specific challenges in terms of their sexual health↗?

Sexual health↗ is rather a complex state of well-being and encompasses more than just the absence of STIs↗ or diseases STDs↗. According to WHO↗ (n.d.), **talking about sexual health↗ requires a positive and respectful approach**, in which it is possible to have sexual interactions and pleasurable experiences which are safe and free of coercion, discrimination↗ and violence↗. To achieve sexual health↗, **fulfilment of certain human rights** is also needed (health and reproductive rights↗). Sexual health↗ can be also influenced by mental health and communication, for example in stating one's boundaries, capability of asking and giving informed consent or agreeing on contraception methods. The physical aspects of sexual health↗ are connected to states such as STIs↗, RTIs (reproductive tract infections) health status.

Other definitions of sexual health↗ can include considerations of (1) the role of sexuality↗ and relationships (either romantic and/or sexual) in our healthy lives; and (2) the role of positive experiences of individuals and their partners.

Knowing and understanding our bodies and being at ease with them is necessary for good health. Knowing how different human bodies work is also essential to sexual health↗. It is recommended to teach children and youth about reproduction, hygiene, diseases, and prevention/protection options. But it is equally important: to know your own body and boundaries and to be able to understand what bodies of other people can experience and discuss and respect their boundaries.

Some challenges to sexual health↗ may also interfere with various cultural norms including the masculinity and femininity representation. For example, masculinity norms may motivate men to disregard their pain and suffer in silence, whereas sexual health↗ of people of all genders requires them to be honest, knowledgeable, and responsible about their bodies and be mindful about its relationship with their sexuality↗.

3.2. DEVELOPMENT OF THE TOPIC

3.2.1. Sexual health and desire

Differential desire, how much desire is "normal"?

Sexual desire can be affected by many factors, and it is absolutely normal that it changes over time. Here are a few factors that can influence our sexual desire:

- Physical and psychological causes in people of all genders, role of stress and relationships.
- Health problems such as diabetes and alcohol misuse can cause erectile problems.
- Prescription drugs can affect sexual responsiveness.
- Multiple psychological factors, have multiple individual influences, including:

- Fatigue and stress, sexual anxieties, excessive need to please a partner.

- Internal conflict caused by religious teachings, guilt, internalized homophobia↗ can contribute to dissatisfaction, as can relationship conflicts.

Anxiety and distress may also lead to potential erectile and orgasmic problems and premature ejaculation. Another form of changed sexual desire which can be harmful to the person is **Hypersexuality**↗ .

As stated above, sexual health↗ is intertwined with many other health-related areas and factors. We will now explore some of them.

3.2.2. Behaviours that increase vulnerability to disease (or "risk behaviours")

- **Substance use**

Alcohol and drugs are commonly normatively perceived as enhancers or as ice-breakers, but the reality is often very different. Some people use alcohol to give themselves permission to be sexual, however, alcohol or drug use may lead to risky sexual situations, have inhibitive effects, or increase the risk of acquiring sexually transmitted infections. The latter can happen as a person under the influence of drugs or alcohol cannot always be fully aware of their needs and may change their sexual health↗ boundaries, omit conversations on contraception and/or safer practices.

- **Chemsex**↗

Chemsex↗ can be defined as engaging in sexual activities under the influence of specific recreational drugs, commonly to sustain, enhance, prolong, disinhibit, or facilitate the experience (Drysdale, 2021) or the use of drugs specifically for or during sex↗ (Maxwell, Shahmanesh, & Gafos, 2019). The drugs usually included are various illegal stimulants which can be collectively called **fourchems**↗ (Uholyeva & Pitoňák 2022).

Alcohol, cannabis, and poppers are usually excluded from definitions of chemsex↗ . It is typically substances like crystal methamphetamine, mephedrone (or other powerful stimulants), g-hydroxybutyrate (GHB)/γ-butyrolakton (GBL) or ketamine – collectively known as fourchems↗ that are most typically associated with sexualised drug use. Chemsex↗ practices increases number of sexual partners and is typically associate with higher vulnerability to disease. Chemsex↗ may increase the risk of acquiring HIV↗ or other STI and is more typical among men who↗ have sex↗ with men (MSM↗), but may or may not identify as gay, bisexual, heterosexual, etc. Participation in chemsex↗ peaks between mid-thirties to early forties but is evident at all ages (Maxwell, Shahmanesh, & Gafos, 2019; Blomquist et al., 2020). The use of digital technologies and sexual dating apps significantly contributes to the spread of chemsex↗ culture (Drysdale et al., 2020). Psychosocial interventions are effective, but they need to address both drug and sexual-related harms (Knight et al., 2019).

Talking about substance use and abuse is a valuable factor in having conversations about sexual health↗ and consent as it is important to teach that everybody reacts differently to drugs/alcohol and how it might change the perception of reality. While consuming alcohol and/or drugs it might be harder to stay safe both physically (prevention of STIs↗ transmissions and avoiding sexual violence↗) and mentally (being able to consent, keep boundaries, engage only in preferred activities), etc.

3.2.3. Sexually Transmitted Infections (STIs) and Sexually Transmitted Diseases (STDs)

Firstly, it is important to acknowledge the difference between STIs↗ and STDs↗ . STIs↗ are infections that can be passed through sexual contact of two people, when mucous secretions, blood, saliva, semen and rubbing of skin are included in the practices. When untreated, some STIs↗ can turn into STDs↗ . For example, you can have a sexually transmitted infection in your body without having any symptoms and you can pass it through unprotected sexual contact. This infection might then

develop physical symptoms into the person to whom it was passed, turning it thus into an STD. The most common STIs↗ are: chlamydia, gonorrhoea, trichomoniasis, genital warts, genital herpes, pubic lice, syphilis. The most common STDs↗ are hepatitis B & C, syphilis, and HIV↗ .

One STI that goes mostly undetected and that roughly 75% of sexually active people will have at some point in their life is the human papilloma virus (HPV), according to the Centre for Disease Control and Prevention (2021). This happens because HPV can be transmitted through protected sex↗ too. However, according to the same centre mentioned above, 9/10 times it will go undetected, and your body will eliminate it within two years. Several vaccinations are available that can protect against certain strains of the HPV. Untested and untreated, some strains of HPV carry a high risk of developing cervical cancer (in female bodies) and genital warts (in both male and female bodies).

As it was mentioned above, many times people who↗ have an STIs↗ , may not show any symptoms, which makes it easier to pass it on to another person. The easiest way to prevent this from happening is to **get tested regularly and to have conversations around sexual health↗ status with partners** you are sexually active with. If the infection is symptomatic, it can become visible through: pain when peeing, unusual discharge from the vagina, penis or anus, skin changes around genitalia and anus, rash, and others (NHS – National Health Service, 2021). The most reliable way to prevent getting an STI is to use protection, such as condom for vaginal, oral, and anal sex↗ at all times.

However, some infections such as HIV↗ may be present in the body of the infected individual and yet be invisible to testing, which is called **diagnostic window↗** . For example, HIV↗ may be invisible to testing for 4-12 weeks after the contact whereas individuals may already be infectious. If there is a suspicion of potential risky sexual contact – it is then most safe to wait, abstain from new sexual contacts and get tested after this period.

This is why it is important to acknowledge that STIs↗ and STDs↗ are part of your life if you are sexually active. STIs↗ are not something to be afraid of but rather something that you should be informed about so everyone can care for themselves, prevent, and treat them and have a satisfying sexually healthy life. Getting tested and talking about the subject with partners are two practices that can help anyone achieve that. Another one could be talking to the doctor or regularly informing and educating oneself instead of perpetuating fear, misinformation or myths related to sexual health↗ .

Young people can be especially vulnerable to STIs↗ and STDs↗ because they are sexually active and they also have higher tendency for behaviours that may make them more vulnerable due to their psychosocial and neurological development (Berenbaum, Beltz & Corley, 2015; Hazen, Schlozman & Beresin, 2008). This can happen out of lack of knowledge or the perpetuation of myths and misinformation around sexual health↗ , which are consequences of making sexual and reproductive health↗ a taboo subject.

- **The Human Immunodeficiency Virus (HIV↗)**

HIV↗ is one of the most stigmatized STIs↗ being fuelled by misinformation and the spread of fear instead of education. If untreated or undetected, the virus can develop into a life-threatening disease known as **Acquired Immunodeficiency Syndrome (AIDS↗)**. However, when detected and treated by antiretroviral treatment (ART↗), the virus can become untrasmittable and the person can lead a happy and fulfilling life. HIV↗ has become particularly widespread among MSM↗ , who↗ are regarded this way by epidemiologist who↗ understand that MSM↗ may identify variously (gay, bisexual, heterosexual, etc.). The reasons for why MSM↗ are particularly more vulnerable to HIV↗ are complex and they are most efficiently described in terms of so-called HIV↗ **syndemic** – a **syn**ergistic influence of multiple epi**demics**, including frequent

simultaneous infections or health conditions (e.g., with other STIs↗ such as syphilis), but also other behavioural factors and societal conditions (Pitoňák, 2018). The syndemic factors include:

- *Biological factors:*

  - Unprotected anal intercourse (UAI↗) being a more common sexual practice among this group and, at the same time, UAI being a practice with higher chance of HIV↗ transmission (Patel, et. al., 2014) approximately having 20 times higher chance of transmission compared to vaginal intercourse (Baggaley, White, & Boily, 2010). Yet it is important to recognize that as anal intercourse is gaining popularity among couples of various genders it is an important factor to be mentioned when informing about HIV↗ prevention and transmission in general.
  - MSM↗ being a group with higher prevalence of HIV↗ infection then automatically generating a higher risk for an individual man having sex↗ with men to be infected when engaging sexually.

- *Social and cultural factors:*

  - Societal stigmatization of non-heterosexual people and **minority stress**↗ which cause non-heterosexual people having higher prevalence of mental health issues.
  - Stigmatization also systemically disadvantages gays and lesbians, for example, in terms of their relationship-seeking practices (e.g., are their chances of meeting their partners or seeking their partners equal in cisheteronormative societies?) or via access to preventative tools such as PrEP↗ or PEP↗ (e.g., these may be difficult to access, expensive to pay for) or impact their socioeconomical status.
  - Stigmatization of HIV↗/AIDS↗ in general – information about the virus being shared with intention to cause fear and moralize against people, which may lead to less open communication and concealment behaviours and lower willingness to get tested (e.g., due to fear of shame etc.).

- **U = U**

An important factor to be mentioned when talking about HIV↗ is a principle based on a concept of treatment as prevention (TasP↗) which postulates that ART↗ is an effective form of treatment, limiting the virus's presence in the bloodstream and other bodily fluids to the extent which makes it practically Undetectable. What is more important that despite the fact that modern technologies can detect even very low number of HIV↗ particles in the body, the so called undetectable viral loads have been scientifically proven to effectively block the transmission chances to zero (0) and that is why it is equated with the word untransmittable. The meaning of this abbreviation is Undetectable = Untransmittable (Leahy, 2018). There is robust scientific evidence to demonstrate the validity of U=U↗ concept, and it has become a tool for destigmatization. U=U↗ is valuable in prevention of further transmission of the virus because it lowers the stigma of living with HIV↗ and also of learning more about it. Achieving and maintaining undetectable viral load depends on consistently taking the antiretroviral medication as prescribed (Eisinger, Dieffenbach, & Fauci, 2019).

- **Pre-exposure prophylaxis (PrEP↗)**

Pre-exposure prophylaxis is medicine (a type of ART↗ therapy) that is taken by individuals who↗ are not HIV↗ positive in order to protect them against getting HIV↗ from sexual contact or injection drug use. PrEP↗ is typically taken by those individuals who↗ would otherwise be more vulnerable to HIV↗ infection without it and where traditional methods such as use of condoms may not represent a reliable-enough option (e.g., individuals may be aware of that they cannot or do not want to use condoms in all situations, such as situations of substance use). PrEP↗ is typically a prescribed drug, but in some countries, it may be easily accessible. The use of PrEP↗ is however always advisable under periodical check-ups. PrEP↗ can stop HIV↗ from taking hold and spreading throughout the body with very high efficacy (Desai et al., 2017).

However, it does not offer protection from other STIs↗ . Accessibility of PrEP↗ is limited for some groups of people for example due to its price or process of getting it.

- **Barrier protection**

Barrier protections are instruments that reduce the risk of transmission of STIs↗ or STDs↗ .

The most well-known and used one is the condom for penises. However, there are other protection methods such as the vaginal condom (for insertion into the vagina. See Figure 2) or the dental dam (it covers the vulva or anus, so it is useful for oral sex↗ . See Figure 3). Unfortunately, these types of barrier protection are not as widely available, but you can definitely buy some in most sex↗ -shops. You can read more about protection methods in the topics related to European Laws, under sexual and reproductive health.
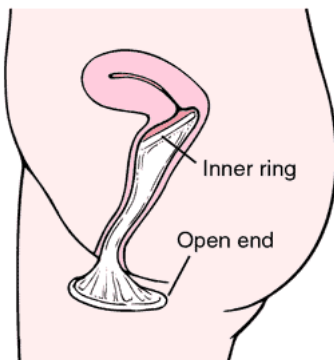
Figure 2. Vaginal condom

Figure 3. Dental dam

Some of the most common reasons why people have unprotected sex↗ is lack of information about the form of spreading of STIs↗ and STDs↗ . It often happens that one of the partners refuses to use a condom for various reasons, which can make it difficult to communicate one's own need for safety during sex↗ . What you can do in these situations is talking to your partner about your own needs, boundaries and preferred protection methods and find a common solution that would make everyone involved feel safe. Couples sometimes consensually opt for not using condoms (for instance visit testing frequently, have stable relationships, use other contraceptives, etc.), but it always must be a result of shared decision.

- **Types of contraceptive methods to prevent unintended pregnancy** (NHS, 2021):

- **Hormonal pills:** pills containing hormones, most of them contain a combination of oestrogen and progesterone and can be used by people with a uterus as it prevents the release of the egg. The prescription is usually to take 1 pill a day (around the same hour every day) for 21 days a month. In the next 7 days when no pill is taken the bleeding should occur. After those 7 days starts another 21 days of taking pills every day. **The pill can have a lot of side effects** and also can interact with other medication, so it should be consulted properly with a gynaecologist and GP. Side effects can vary but the most common are increased risk of having vein thrombosis, acne, headaches, bloating, and fatigue, and mood

swings (Teal & Edelman, 2021). Lot of people report also changes in the way they experience stuff, like different energy levels, loss of sexual libido and changes regarding the period. **Taking pills should be always thought through while weighting the pros and cons carefully**. If used correctly, the pill can have 99% of efficiency in preventing a pregnancy. Other types of hormonal pills are pills with progestogen, which are taken every day without a break. The other rules of usage (taking the pill around the same time a day) are the same and the efficiency is similar. The efficiency of hormonal pills might be affected when having stomach problems, vomiting or diarrhoea.

- **Condoms:** there are two types of condoms, which are a) external condoms to be placed on the erected penis and b) internal condoms, that are inserted inside of the vagina or anus. **Both types of condoms, if used properly, prevent unwanted pregnancy as well as transmission of most STI.** Condoms are the safest and most efficient method to keep you safe from the transmission of STIs↗ through penetrative sex↗.

- **External condoms** are usually made out of latex, but can be also found from different materials in case of allergy to latex. Lubricants can be used with condoms, but should be water-based so they don't affect the function of the condom. Condoms can be used only once. When you have sex↗ again it is needed to use a new one. Condoms should be ideally stored in not too hot and sunny places, avoiding sharp objects, and used before expiration date. When unpacking a condom, it is good to be careful when opening it so it does not get pierced or damaged in other ways. Then, place it on top of the erected penis and roll it down to its base, making sure it holds good. You can check once in a while if the condom holds on well. Be careful to hold the condom from the base when pulling the penis out of the vagina/anus to avoid possible slipping., Condoms are 98% effective.

- **Vaginal condoms** work on the same principle as external condoms by creating a barrier on the inside so that the semen cannot reach the egg and cause a pregnancy. The condom should be inserted into the vagina before sex↗, making sure the penis does not touch it before. When opening the condom, be careful to not use your teeth or sharp object in order to avoid risk of tearing it. Place the smaller ring inside of the vagina and the bigger ring of the condom at the opening of the vagina. One of the risks when using a female condom is that the penis can slide in between the condom and the side of the vagina, or if the condom gets pushed too deep there is a possibility that it could get stuck into the vagina. Vaginal condoms are 95% effective.

- An **IUD**↗ which is a small object placed into the uterus, can be either hormonal or non-hormonal. It has to be fitted in only by a gynaecologist. Each type of IUD↗ has different specifics and can have its protective function against unwanted pregnancy for up to 5 years. This can be a convenient form of contraception for some people since it requires low effort and is highly effective in preventing pregnancy (99%). Yet some people might experience increased pain and heavy bleeding during periods when having intrauterine devices. IUD↗ does not protect from STIs↗ and STDs↗.

- **Contraceptive patch**↗: a sticky patch, looking similar to a plaster, which is releasing hormones to one's body through the skin. It contains the same hormones as the pills (progesterone and oestrogen) and it is made to be used by people with a uterus. Use the patch as instructed on the package. One patch should be worn for approximately one week and then switched for a new one. Patches are also used in the cycle of 4 weeks, 3 weeks with patch (each week a new one) and one week patch free. It should be resistant to water and sweat so no restrictions in regime are needed. The possible side effects can be similar as with hormonal pills, including heightened blood pressure.

- **Contraceptive diaphragm or cap**↗ is a silicone cap which is inserted into the vagina before sex↗. The cap covers the cervix and creates a barrier so that the sperm cannot enter the uterus and fertilize the egg. The cap has to stay inserted for at least 6 hours after sexual contact to be efficient, and it is recommended to be used together with spermicide gel making circa 94% of efficiency in preventing a pregnancy. The caps are of various sizes so it can take some time to find the right size and to learn how to use it properly. One cap can be used repeatedly for proximately 1-2 years.

- **Vasectomy**↗ is a surgical procedure for people with testicles to cut or seal the tube with sperm and therefore prevent pregnancy. Vasectomies can be reversed again with surgical reconnection of the tubes, yet the procedure of the reverse surgery is not guaranteed to work, especially the longer it took since the vasectomy↗ was done. First few weeks (8-12) after the procedure other contraceptive methods should be used because there might still be sperm in the tubes. After

vasectomy↗, there will be ejaculation, but the semen won't carry sperm. Some people can have problems with painful testicles after this procedure.

- **Female sterilization:** for people with uterus it means blocking or sealing the fallopian tubes to prevent the eggs reaching the sperm and becoming fertilized. Most tubal ligation procedures cannot be reversed. If reversal is attempted, it requires major surgery and isn't always effective.

Vaginal ring↗ is a soft plastic ring which is placed into the vagina, and which releases oestrogen and progesterone to prevent pregnancy. Ring works for one month, when placed correctly inside of the vagina. If the ring comes out, it can be washed with warm water and placed inside again. It is more than 99% effective.

3.2.4. Sexual health and our body

Sexual health↗ is also dependent on how we relate to our own body – to our **body image↗** -> You can read more about it in the topic on sexual maturation. Body image↗ of a person can be greatly influenced when some forms of eating disorders are present, or the distorted body image↗ can enhance restrictive dieting, extreme training, or other dietary behaviours. Both body image↗ and eating disorders are vastly influenced by social media (Hogan & Strasburger, 2008). Negative body image↗ can also lead to desire for body modifications such as having a lean figure, getting a tattoo, piercing or other decorative attribute, but it can be also expressed through clothing, with usage of anti-aging products or undergoing plastic surgeries, (Antonova et al., 2019; Song, & Kim, 2005).

- Sex↗ should not hurt

Pain signals that something is wrong. It can be caused by insufficient lubrication or perhaps stress. When sex↗ hurts (and it is not a part of consensual BDSM↗ practice), we should stop or slow down. If the cause is stress or fear, which is very common especially when having sex↗ for the first time or with a new person, it is important to communicate this with your partner and do things that calm and relax the muscles. If the cause is insufficient lubrication, it is possible to use a lubricating gel. This is especially necessary during anal sex↗. Pain during sex↗ can also have more serious causes such as **vaginismus, endometriosis, or phimosis**. In such cases, it is important to contact an expert – gynaecologist or urologist.

- **Breast cancer**

Even though breast cancer among teenagers is extremely rare, the risk for adolescents and young adults is getting higher, so it might be good to mention preventive self-examination or sources of information for future use (mammogram and health insurance coverage), talk about the most common symptoms like new lump(s) in the breast or underarm, change of shape and size of the breast, swelling and other, self-examination is ideal to do once a month.

- How to self-examine (more precise instructions can be find here)

- Best time to self-examine is 1-2 weeks after period
- Visually check your breasts in front of the mirror while standing, both with your hands down and above your head to see any possible changes
- Then when laying down flat on your back, with light pressure in your two or three fingers go around the breast tissue with circular motion, both on the surface and bit deeper and notice any lumps or hardness.

- **Testicular cancer**

It affects young people from 15 years old so it is important to inform teenagers about it. The typical symptoms are painless swelling or lump in one of the testicles, any change in shape or texture of the testicles, change of firmness of testicle. Best preventive measure is also self-examination, preferably done once a month.

- How to self-examine (more precise instructions can be find here):

- Hold the top of one testicle between your thumb and point finger and hold the bottom with your other hand.

- Gently roll the testicle with a light grip feeling for hard lumps or bumps.

- **Genital mutilation**

Usually, female genital mutilation↗ can be defined as procedure of removing healthy external genitalia from girls/women for socio-cultural reasons in countries outside of Europe, often without their approval or full understanding of the consequences of the procedures. The genital mutilation can in worst cases lead even to sudden death. Other immediate effects can be severe bleeding, intensive pain, infection, injuries of neighbouring organs, urine retention and a huge shock. Long term effects can be forming of cysts, formation of abscess, long lasting infections, and many others. There it has also huge negative impact on pleasure and sexual life of the people who↗ undergone this intervention (WHO↗, 1998). Psychological effects are commonly occurring after such procedure, mainly Post-Traumatic Stress Disorder (PTSD↗) and affective disorders, yet this area needs more research since the majority was focusing only on physical effects. Involving information about genital mutilation can be part of discussion about cultural/beauty standards in different cultures and how they harm healthy bodies (Mulongo, Hollins, & McAndrew ,2014).

-> You can read more about these topics in sexual maturation section

3.2.5. Mental health topics

Mental health problems in sexual minorities and gender↗ diverse people first need to be put in context of historical (however at some places still prevalent) pathologizing and medicalizing of "homosexuality" or "transsexualism" which introduced persisting forms of stigma that may complicate even the contemporary affirmative and destigmatizing conversations regarding mental health and well-being of LGBTQ+↗ youth and adults. Up until the publication of tenth edition of International Classification of Diseases in 1990, "homosexuality" could have been pathologized *per se*, whereas it was only in 2019 when obsolete and stigmatizing "transsexualism" was substituted by "gender↗ incongruence" that allows for depathologizing of normal human gender↗ diversity↗.

However, despite this recent depathologization, which clearly shows that there is nothing ill or wrong about being LGBTQ+↗ person, research on well-being and mental health among LGBTQ+↗ people continue to prove that life in a world that upholds various cisheteronormative forms of marginalizing, discrimination↗ and stigma constitutes additional challenges that may cause additional psychological distress and lead to health disparities. These additional challenges are often encapsulated within a term **minority stress**↗ (including stigma, discrimination↗, family disapproval, social rejection, violence↗ and other forms of victimization and marginalization), For example, international research demonstrates that the likelihood of sexual assault, dating violence↗, and bullying↗ is much higher among LGBTQ+↗ students compared to their heterosexual peers (Pitoňák, 2017; Plöderl, & Tremblay, 2015). As a consequence of this minority stress↗, international research continues to substantiate that LGBTQ+↗ individuals face additional and significant distress that may translate into severalfold higher levels of anxiety or depression, severalfold higher suicidal ideation and attempts of suicide, more frequent substance use, as well as higher rate of missing school, for example, due to their safety concerns. In addition, fear of discrimination↗ within their families and health care system, causes many LGBTQ+↗ people to avoid seeking appropriate care.

The importance of awareness about mental health impacts of stigma, marginalizing and discrimination↗, however, do not end with knowing their ill-effects. We also need to be aware of strategies that may help diminish their effects. For example, schools may introduce policies that embrace diversity↗ and inclusion within the school environment and make sure that this

policy is clearly heard by all (e.g., including potential bullies). Research has, for example proven that students in those schools that introduced such policies had lower suicidality compared to those in schools without such policies (Hatzenbuhler, 2011).

-> You can read more in the topic Identity: Sexual diversity.

− 3.3. SITUATIONS OF DISCRIMINATION RELATED TO THE TOPIC −

Many stereotypes and prejudicial misconceptions may be hurtful, including:

- Expectations of men being always ready for sex↗.
- Gay men cannot form stable and caring relationships and are only interested in casual sex↗.
- Well behaved girls are not interested in sex↗.

Is the lecture and information about HIV↗ always linked to the debate about LGBTQ+↗ people? This is an example of the stigmatization of LGBTQ+↗ people, especially the gay community.

- Gay and queer↗ LGBTQ+↗ people being associated automatically with higher rates of STDs↗
- Stigma around medication, such as PrEP↗ – e.g., treating people who↗ want to use it as people who↗ want to be irresponsible in their sexual behaviours.
- Shaming people for living a rich sexual life.

3.4. BEST PRACTICES

3.4.1. Tips regarding sexual health in general

Recognize and accept that individuals experience different rates of physical, emotional, sexual and social development.

You do not have to worry about telling your kids something you think they are not old enough for. If they ask you then it is a good time to answer their questions truthfully and in an age appropriate way.

Remember that sexual health↗ does not equal absence of disease, it is far more complex as it also encompasses emotions and psychological well-being, including stress factors and societal norms towards sexuality↗. Speak about range of various

behaviours within sexual expression and give information about what sexually healthy actions and choices can mean.

When speaking about sexual health↗, include definition of and discussion about peer influence and how it can affect one's sexual behaviour↗ and how societal gender norms↗ influence it too. Practice decision making about own boundaries and sexual health↗ and how making rational decisions may look like. Activity on practicing assertive communication, refusal and negotiation can be performed too (Women, U. N., & UNICEF, 2018).

It is recommended to start with discussing our body health in general – how we can take care of our sexual health↗ and highlight positive sides of it – we can feel pleasure, etc.

3.4.3. Tips regarding mental health

Allow students to explore and understand the importance of their needs, rights and how these affect their well-being. State what mental health means and describe some factors which can lead to poor mental health. Include discussing possible ways to prevent and support mental health of oneself and others, while also discussing psychosocial support and mental health care and how to get it (FHI360 Open Doors Project, 2019).

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4. VIOLENCE

Violence↗ has probably always been part of the human experience. Its impact can be seen, in various forms, in all parts of the world. Each year, more than a million people lose their lives, and many more suffer non-fatal injuries, because of self-inflicted, interpersonal, or collective violence↗ . Overall, violence↗ is among the leading causes of death worldwide for people aged 15–44 years (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002).

Violence↗ is a serious violation of human rights, that limits people's right to life, liberty, security, dignity, mental and physical integrity, and non-discrimination↗ . The WHO↗ (Krug et al., 2002) defines violence↗ as: "the intentional use of physical force

or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation".

Violence↗ can be based on a person's race, nationality, religion, marital status, sexual orientation↗, financial status, age, and gender↗. If the violence↗ goes towards some unchangeable characteristics, then its considered hate-crime.

Violence is a major public health problem. It affects billions of peoples' lives each year, through death, injury, and detrimental impacts on neurological, cardiovascular, immune, and other biological systems. Unsafe sex↗, harmful alcohol and drug use and smoking are more frequent among victims, among whom they contribute to lifelong ill health and premature mortality. Individuals maltreated in childhood are more likely to be involved in interpersonal violence↗ as they grow up, and to attempt suicide (WHO↗, 2022).

Typology of violence

The typology proposed here divides violence↗ into three broad categories according to characteristics of those committing the violent act (Butchart, Phinney, Check, & Villaveces, 2004; Krug et al., 2002):

- **Self-directed violence**↗: it refers to violence↗ in which the perpetrator and the victim are the same individual and is subdivided into self-abuse and suicide.
- **Interpersonal violence**↗: it refers to violence↗ between individuals and is subdivided into two subcategories:
  - Family and intimate partner violence↗: it includes child maltreatment↗, intimate partner violence↗, and elder abuse.
  - Community violence↗: it is broken down into acquaintance and stranger violence↗ and includes youth violence↗, assault by strangers, violence↗ related to property crimes, and violence↗ in workplaces and other institutions.
- **Collective violence**↗: it refers to violence↗ committed by larger groups of individuals and can be subdivided into social, political, and economic violence↗.

The nature of violent acts

The nature of violent acts can be (Krug et al., 2002; Soo, Kalmus, & Ainsaar, 2015):

- **Physical:** intentional use of physical force against another person that can cause physical pain, injury or even death, as well as psychological damage. Physical violence↗ is the most easily recognized form of violence↗ because the victim often has visible physical injuries.
- **Sexual:** against an adult is any conduct of sexual content through which another person is controlled, manipulated, or humiliated. The causes of sexual violence↗ in a relationship lie in long-held patriarchal notions, according to which being married or in a relationship means mandatory submission to the partner's sexual desires (see topic 4.4 for more information).
- **Psychological:** a continuous verbal or non-verbal attack that damages another person emotionally and lowers his sense of self-worth. It is intentionally hurting another person, treating them as worthless, inadequate, unloved, and needed.

Despite the fact that violence↗ has always been present, the world does not have to accept it as an inevitable part of the human condition. As long as there has been violence↗, there have also been systems – religious, philosophical, legal, and communal – which have grown up to prevent or limit it. None has been completely successful, but all have made their contribution to this defining mark of civilization (Krug et al., 2002)

Why individuals behave violently?

According to WHO↗ (Butchart et al., 2004; Krug et al., 2002), no single factor explains the motives why some individuals behave violently toward others or why violence↗ is more prevalent in some communities than in others. Violence↗ is the result of the complex interplay of individual, interpersonal, social, cultural, and environmental factors. Understanding how these factors are related to violence↗ is one of the important steps in the public health approach to preventing violence↗.
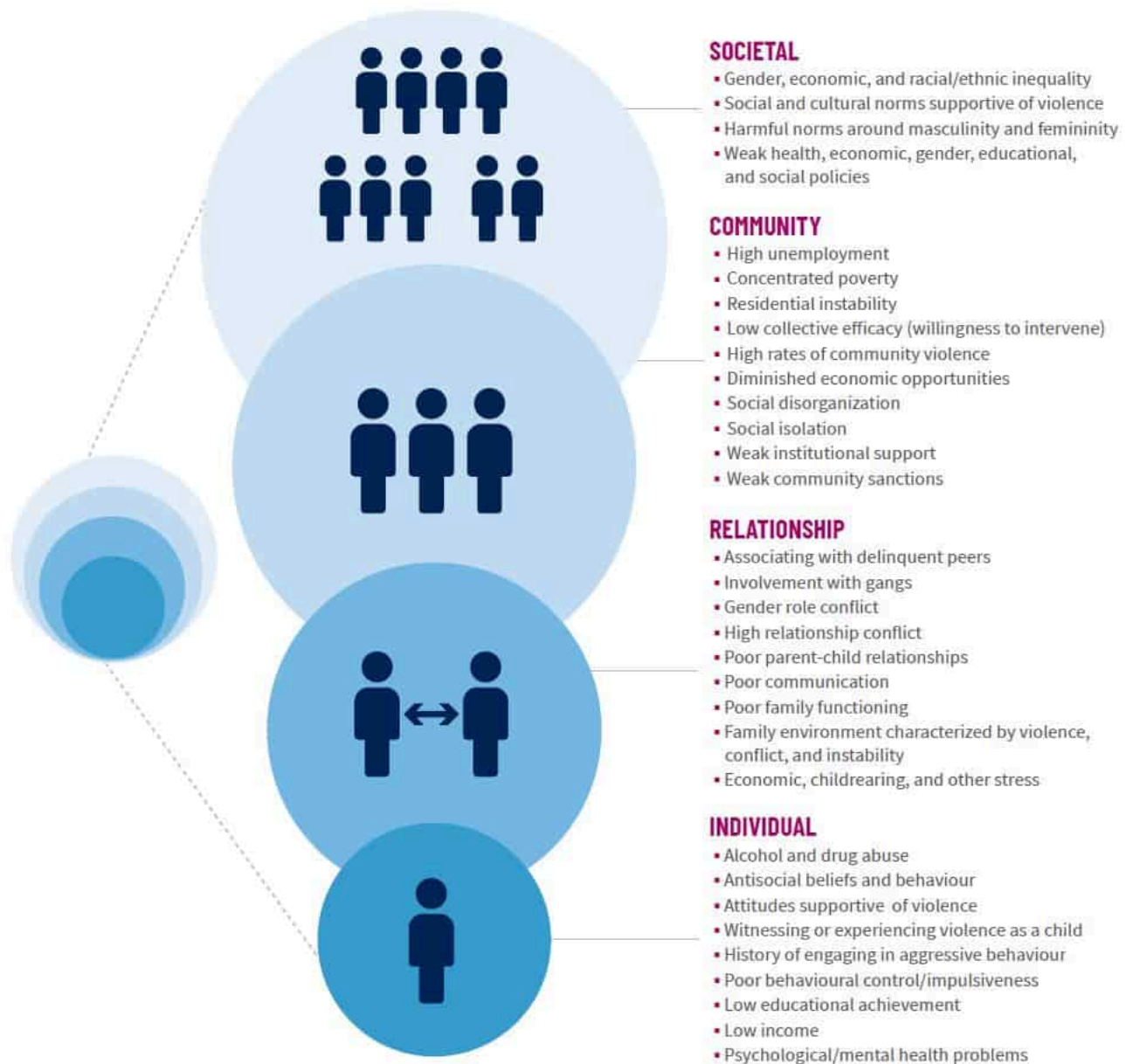
To understand why some subpopulations are at greater risk of violence↗, it is important to look across the levels of the **social ecology** (see Figure 4 in WHO↗ approach (WHO↗, 2022)). The social ecological model encourages reflection on risk and protective factors at the **individual, relationship, community, and societal levels**, each of which influences and is influenced by the others.

- **Individual level:** personal history and biological factors influence how individuals behave and their likelihood of becoming a victim or a perpetrator of violence↗. Among these factors are being a victim of child maltreatment↗, psychological or personality disorders, alcohol and/or substance abuse, and a history of behaving aggressively or having experienced abuse.
- **Personal relationships** such as those with family, friends, intimate partners, and peers may also influence the risks of becoming a victim or perpetrator of violence↗. For example, a poor relationship with a parent and having violent friends may influence whether a young person engages in or becomes a victim of violence↗.
- **Community contexts** in which social relationships occur (such as schools, neighbourhoods, and workplaces) also influence the likelihood of violence↗. Risk factors here may include the level of unemployment, population density and mobility, and the existence of a local drug or gun trade.
- **Societal factors** influence whether violence↗ is encouraged or inhibited. These include economic and social policies that maintain socioeconomic inequalities between people, the availability of weapons, and social and cultural norms such as those relating to male dominance over females, parental dominance over children, and cultural norms that endorse violence↗ as an acceptable method to resolve conflicts (Butchart et al., 2004).

One of the guide's objectives is to provide educators and families effective resources to raise awareness of values applied to sex↗ and affections, such as gender equality↗. In this guide we have focused on interpersonal violence↗ and to be more exact on the violence↗ that is based on the discrimination↗ over the sex↗ or gender↗ and as said in the so-called Istanbul Convention "historically unequal power relations between women and men, which have led to domination over, and discrimination↗ against, women by men" (Council of Europe, 2011) and also bullying↗ as act of discrimination↗, because of

the diversities.

SOCIETAL
- Gender, economic, and racial/ethnic inequality
- Social and cultural norms supportive of violence
- Harmful norms around masculinity and femininity
- Weak health, economic, gender, educational, and social policies

COMMUNITY
- High unemployment
- Concentrated poverty
- Residential instability
- Low collective efficacy (willingness to intervene)
- High rates of community violence
- Diminished economic opportunities
- Social disorganization
- Social isolation
- Weak institutional support
- Weak community sanctions

RELATIONSHIP
- Associating with delinquent peers
- Involvement with gangs
- Gender role conflict
- High relationship conflict
- Poor parent-child relationships
- Poor communication
- Poor family functioning
- Family environment characterized by violence, conflict, and instability
- Economic, childrearing, and other stress

INDIVIDUAL
- Alcohol and drug abuse
- Antisocial beliefs and behaviour
- Attitudes supportive of violence
- Witnessing or experiencing violence as a child
- History of engaging in aggressive behaviour
- Poor behavioural control/impulsiveness
- Low educational achievement
- Low income
- Psychological/mental health problems

Figure 4. Social ecological model for understanding and preventing violence (WHO, 2022)

Violence against children

In the Convention on Rights of the Child (United Nations, 1989) is said, that we all have a responsibility to protect children from violence↗ – the "Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence↗, injury or abuse, neglect or negligent treatment, maltreatment↗ or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who↗ has the care of the child."

WHO↗ states a key fact for violence↗ against children (WHO↗, n.d.-a):

- Violence↗ against children includes all forms of violence↗ against people under 18 years old, whether perpetrated by parents or other caregivers, peers, romantic partners, or strangers.
- Globally, it is estimated that up to 1 billion children aged 2–17 years, have experienced physical, sexual, or emotional violence↗ or neglect in the past year).
- Experiencing violence↗ in childhood impacts lifelong health and well-being.

- Target 16.2 of the 2030 Agenda for Sustainable Development is to "end abuse, exploitation, trafficking and all forms of violence↗ against, and torture of, children".
- Evidence from around the world shows that violence↗ against children can be prevented.

The types of violence↗ against children are like the types of the violence↗ against or between adults, but children, by reason of their physical and mental immaturity, are in the higher risk of abuse (Krug et al., 2002; WHO↗, n.d.-a):

- **Maltreatment↗** (including violent punishment): involves physical, sexual, and psychological/emotional violence↗; and neglect of infants, children and adolescents by parents, caregivers, and other authority figures, most often in the home but also in settings such as schools and orphanages.
- **Bullying↗** (including cyber-bullying↗): is unwanted aggressive behaviour by another child or group of children who↗ are neither siblings nor in a romantic relationship with the victim. It involves repeated physical, psychological, or social harm, and often takes place in schools and other settings where children gather, and online.
- **Youth violence↗**: it is concentrated among children and young adults aged 10–29 years. It occurs most often in community settings between acquaintances and strangers, includes bullying↗ and physical assault with or without weapons (such as guns and knives), and may involve gang violence↗.
- **Intimate partner violence↗** (or domestic violence↗): involves physical, sexual, and emotional violence↗ by an intimate partner or ex-partner. Although males can also be victims, intimate partner violence↗ disproportionately affects females. It commonly occurs against girls within child marriages and early/forced marriages. Among romantically involved but unmarried adolescents it is sometimes called "dating violence↗".
- **Sexual violence↗**: it includes non-consensual completed or attempted sexual contact and acts of a sexual nature not involving contact (such as voyeurism or sexual harassment, cybergrooming, stalking, doxing, revenge porn); acts of sexual trafficking committed against someone who↗ is unable to consent or refuse; and online exploitation.
- **Emotional or psychological violence↗**: it includes restricting a child's movements, denigration, ridicule, threats and intimidation, discrimination↗, rejection, and other non-physical forms of hostile treatment.

When directed against girls or boys because of their biological sex↗ or gender identity↗, any of these types of violence↗ can also constitute gender↗-based violence↗.

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Articles

4.1. BULLYING

- Bullying↗ is a group phenomenon. Bullying↗ occurs within and around a group where several participants have roles of varying visibility (victim, bully, observers, defender).
- Bullying↗ is systematic. The activities repeat or are part of a pattern, taking place during a longer period.
- Bullying↗ is intentional. The activities are consciously arranged in a way that makes the victim feel bad. They are not isolated cases that occur spontaneously.
- Bullying↗ involves unequal positions of power. A prerequisite for bullying↗ is a situation where power relations are not balanced.
- Bullying↗ can be visible or hidden. On the one hand, bullying↗ can include teasing or physical violence↗. On the other hand, it can occur in a more concealed manner, e.g., by ignoring or excluding someone and by spreading rumours about them. This makes bullying↗ more difficult to discover.
- Bullying↗ occurs in a social situation where the child or the youth is incapable of leaving. A social situation is for example kindergarten or school where the child is forced to be present or a leisure activity that the child feels is compulsory.

4.1.1. INTRODUCTION

A person needs good friends and companions by their side and desires to belong in a social network in order to develop their identity, grow, feel secure and make sense of their personal life. It is crucial for everyone to have a person close to them with whom they can share their joys, who↗ can comfort them in times of trouble and who↗ can make us feel valued. In communities, people learn how to get along with one another and it is precisely among peers that people acquire the social skills necessary for a successful life. Nothing is worse than social exclusion and unwanted loneliness at home, school, a hobby group or in society in general (Knoop et al., 2017).

When a person begins to doubt where they belong or whether they even belong anywhere, it may cause uncomfortable feelings because their own existence is perceived to be threatened. Children's sense of belonging may come under pressure if a community's positive contribution is undefined or if the groups they belong to are rather intolerant. Imbalance can be felt when disrupting changes begin to unfold in the formerly stable life, for example when a good teacher gets sick or leaves work. New children joining the class can also disrupt the balance.

One possibility to alleviate unpleasant feelings could be to find a new way to create security, such as creating a new social circle, where bullying↗ someone emerges as the primary goal. In other words, bullying↗ can be interpreted as a symptom of fear of loneliness and as a way to create a new social circle when there are no positive activities to share as a common interest (Rabøl Hansen, 2016).

4.1.2. DEVELOPMENT OF THE TOPIC

4.1.2.1. The definition of bullying

To prevent and successfully intervene in bullying↗, one needs to have a clear definition of bullying↗. This is difficult, however, because an exact definition that could describe bullying↗ has not been agreed upon to this day. Starting with early research on bullying↗, Norwegian researcher Dan Olweus has conducted bullying↗-related research for many years. His definition of bullying↗ is fundamental to the topic to this day. In 1978, Olweus defined bullying↗ as the recurring use of mental and physical violence↗ against a person, both alone and as a group. He later expanded on the definition by adding that the victim is usually a person who↗ is either physically or mentally weaker and that the behaviour exhibited towards the victim causes them long-term stress (Olweus, 2013). Other researchers also confirm that bullying↗ is a recurring and systemic activity, and that bullying↗ behaviour can only be recognized when the characteristics occur frequently (Pellegrini, 2002; Smith, Madsen, & Moody, 1999).

The public image of bullying↗ has been changing over the last years. Researchers no longer investigate it as an isolated problem, but as a social, cultural and relationship phenomenon. Years ago, both teachers and parents were accustomed to treating bullying↗ as a problem related to the characteristics of an individual, explaining the situation with claims such as: 'They also stink a lot', 'They are very sensitive' and 'If you saw their father, you would understand why'. Today, explanations such as these should be cause for alarm. Bullying↗ cannot be justified.

Due to a large amount of research, we are currently able to claim that bullying↗ is a group phenomenon and an instance of social dynamics that is strongly linked to context. This is in contrast to our previous understanding of bullying↗ that focused on an individual's characteristics and not the context, a view represented by Norwegian researcher Dan Olweus for example. Attention must therefore be paid to all parties and to the way they spend time together. To better contain bullying↗, attention must be drawn to the behavioural culture and to the way children communicate to each other, not to individual children (Kofoed & Søndergaard, 2009). This approach is also supported by research conducted in Australia, the results of which demonstrate group dynamics and values must be focused on to efficiently contain bullying↗. Bystanders and observers must be encouraged to take active part in stopping bullying↗ (McGrath & Noble, 2006).

In conclusion, we currently define bullying↗ in the following manner: **bullying↗ is the systematic and intentional injuring or ignoring of a person in a group situation in which the person is obligated to take part and in which it is for some reason difficult for them to defend themselves.** Let us examine for a moment the characteristics of bullying↗ and describe them in more detail.

Bullying↗ is a **group phenomenon.** Bullying↗ occurs within and around a group where several participants have roles of varying visibility (victim, bully, observers, defender).

Bullying↗ is **systematic.** The activities repeat or are part of a pattern, taking place during a longer period.

Bullying↗ is **intentional.** The activities are consciously arranged in a way that makes the victim feel bad. They are not isolated cases that occur spontaneously.

Bullying↗ involves **unequal positions of power.** A prerequisite for bullying↗ is a situation where power relations are not balanced.

Bullying↗ can be **visible or hidden.** On the one hand, bullying↗ can include teasing or physical violence↗ . On the other hand, it can occur in a more concealed manner, e.g., by ignoring or excluding someone and by spreading rumours about them. This makes bullying↗ more difficult to discover.

Bullying↗ occurs in a social situation where **the child or the youth is incapable of leaving.** A social situation is for example kindergarten or school where the child is forced to be present or a leisure activity that the child feels is compulsory.

4.1.2.2. Types of bullying

Bullying↗ has many different types. As people get older, the types of bullying↗ may change significantly, but the nature and consequences of the action stay the same – intentionally causing harm to another person is a characteristic that does not depend on the type of bullying↗ . Bullying↗ is categorised in the following way:

- **Verbal:** teasing, mocking, threatening, intimidating etc.
- **Physical:** hitting, shoving, blocking the way, hindering an activity, hiding things, etc.
- **Social:** exclusion from a group or group events, expulsion from a group, rejection, grimacing, ignoring, spreading rumours, hostile body language, etc.
- Cyberbullying↗ : unpleasant posts online, uploading photos without permission, fake accounts or accounts stealing, threats and teasing via SMS and in social networking sites.

4.1.2.3. Roles in a bullying situation

The Danish research team Exploring Bullying↗ in Schools (eXbus) (Danish School of Education (DPU), Aarhus University, n.d.) approaches bullying↗ as a group phenomenon where all children in a group have their own roles, not just the victim and the bully. Other group members also take part, a large part of whom remain passive observers. Children can play many roles in a bullying↗ situation, depending on the situation and whom they are with at a certain time.

The following is a list of the various roles (Danish School of Education (DPU), Aarhus University, n.d.):

- **Victim:** a child who↗ is being bullied.
- **Bully:** a child who↗ picks a victim and starts bullying↗ them.
- **Bully-victim:** a child who↗ is being bullied but also bullies others.
- **Collaborator:** a child who↗ cooperates with a bully and supports them with encouraging activities, for example by laughing or patting them on the shoulder.
- **Passive observer:** a child who↗ witnesses bullying↗ but remains distant and does not intervene in what is happening.
- **Defender:** a child who↗ manages to overcome their fear and intervenes actively to stop bullying↗ .

In a bullying↗ situation, children can play many roles that change depending on the time and situation. One child can be in different positions depending on the specific situation. Therefore, it is wrong to always consider them either exclusively

bullies or exclusively observers. This is clearly confirmed by the fact that a third of bullies may end up as victims of bullying . Children like this are called bully-victims. Researchers believe that children take up various roles due to their wish to escape the demeaning role of the victim and to take out their pain on others by bullying (Rabøl Hansen, 2016). The positive side of role change is that passive observers will become defenders who intervene in cases of bullying when they feel compassion for the bullied.

Therefore, adults cannot attach fixed roles to children, nor can they presume that children will always react in a certain way. This may strengthen negative behavioural patterns in a group of children and take away an opportunity for a child to show a different side of themselves. A teacher's and parent's obligation are to always support a child, but to never support bullying . If no one intervenes or ends the bullying process it makes it seem as if this is a permitted activity. Passive observers may then become bullies themselves in the future.

4.1.2.4. Passive observers must intervene

Most children remain observers in communities where bullying occurs. They understand what is happening, but do not act against it in any way. Since children like this know better than adults what takes place in a children's group, they are an important asset in fighting bullying . If observers – which may also include teachers and parents – do not intervene in cases of bullying , then the victims may perceive it as an endorsement of what is taking place. The bullied believe that the entire group consists of bullies since no one is defending them. In other words: even if the observers do not participate in the bullying and sincerely consider themselves to be mere spectators, their passive attitudes indicate that they accept the bullying . It is important to end the observers' passivity and to encourage them to help companions who are often victims of bullying . Support from their companions is often the best help that a child can receive. Furthermore, the bullied children themselves claim to expect exactly that sort of help.

Sometimes the children admit that they do not wish to report their bullying when they are advised to turn to an adult and tell them about uncomfortable situations. Therefore, it is crucial that we praise those who defend others and explain to children that making a complaint about someone is entirely different from being an active intervenor whose positive behaviour makes it possible for everyone to find their place in the collective. Reporting bullying is not complaining, but rather standing up for your own rights.

4.1.2.5. Effects of bullying

Bullying as a subset of violence injures the entire group, since it affects the development and welfare of all parties. Therefore, one must deal with the entire group or class together when preventing bullying or intervening in it. The consequences of bullying on the parties may be the following:

- **Victim:** anger, feeling of loneliness, headaches and stomach-aches, shame and guilt, bad memories for life, low self-esteem, feeling of injustice, stress, decrease in academic performance, depression, self-harm.
- **Bully:** high-risk behaviour, aggression, criminality.
- **Rest of the group:** shame and guilt, moral decline, passivity, fear, decrease in welfare, feeling of injustice, stress, decrease in academic performance.

4.1.2.6. Not everything is bullying

As a specialist and a parent, it is important to understand that not every negative activity is bullying . A hierarchy emerges whenever people congregate. Someone has to take the lead and put things in motion. Some prefer being a leader, others

prefer to avoid taking a stance and consider it enough to simply know what is going on. As adults we have to notice whether or not a game or activity is open to all children. We must teach them positive leadership behaviour so that hierarchies where there is room for everyone can emerge. Let us also not forget that friendly banter and minor conflicts are not yet bullying↗.

Friendly banter is also used for socialising and for helping each other develop in a fun way. It's important to teach children where the line is for fun – for example, that whether something is funny is determined by who↗ it's aimed at. One must clearly distinguish between friendly banter for humour's sake and intentional teasing or bullying↗. If the humour is sincere and all parties are actually entertained, then it makes the children happy. However, if the humorous words end up hurting some of the children, then one should immediately apologise and avoid similar behaviour in the future. Cases where a child is constantly teased intentionally and is unable to defend themselves for some reason qualify as bullying↗.

Conflicts are a natural part of human development and communal activity, and they will emerge in all groups. Normal conflicts are characterised by intense situations between people or groups where strengths and weaknesses are equally balanced. For comparison: in cases of bullying↗, the power relations are not balanced, and a specific child is being targeted. The essence of the conflict is conflict of interest. Different people want different things, and the situation may become intense because emotions come into play. A conflict could be isolated incidents that caused unpleasant feelings, either through verbal or even physical aggression. A conflict will quickly turn into bullying↗ if adults do not solve the situation. Children will then form alliances that begin excluding or bullying↗ the victim in a systemic manner.

4.1.2.7. Tolerance is of crucial importance

It is a common misconception that bullying↗ is caused by either physical appearance, differentiation from other people or by being noticeable for some reason. This is not accurate. Children themselves mention things like boredom, power, revenge, jealousy, popularity, and fear of being excluded from a group as causes of bullying↗.

A group's low tolerance threshold and strict 'rules' on what to consider 'right' and 'wrong' cause bullying↗. On the other hand, a group of children where there is no bullying↗ has a high tolerance threshold. Everyone's identity, appearance, prominence, role, and capabilities are accepted, and it is considered self-evident that everyone has their own place in the group. A group's tolerance threshold and acceptance level determine whether bullying↗ occurs or not.

Every group's tolerance threshold is influenced by, for example, parents, teachers/specialists, the group's history, the children's personal history, media consumption, social media, and leadership. The strongest factor may be different in any group and therefore the methods for solving bullying↗ are different for each case. Everything that a person provides to the group has value and affects the group's culture and atmosphere. This is precisely why it is important to work on values training in children's groups, especially on improving tolerance.

− 4.1.3. SITUATIONS OF DISCRIMINATION RELATED TO THE TOPIC −

- Only one classmate is not invited to the birthday party and if invited, nobody talks to them in the party.
- Some classmates tend to push the child often. Mother has talked to the teachers about what is happening, but they do not do anything.
- Certain classmates in the child's class won't accept them in their company, not even their best friend.
- There is a new child in the class, and nobody is talking to him/her.
- Behind them are sitting two other children who↗ talk about them and laugh at them, or they are just whispering and if thy ask what you are talking about, they say "Nothing!".
- "We were only joking!".

- "Can I come to join you? " -> ""No, you cannot come/play with us!".
- Using not nice words or using nicknames of describing other persons appearance (look, clothes…).
- An adult has asked a question and one of the children raised hand and wants to answer it – at the same time others start laughing.
- One child took a picture of other child and shared the picture without consent.
- One of the children has been bullied and the other children are just watching.

4.1.4. BEST PRACTICES

Videos to understand the dynamics of bullying↗ :

- Why does bullying happen?
- What is bullying?

4.1.4.1. SEVEN TIPS FOR PARENTS from the "Free of Bulling!" program (The Mary Foundation, Save the Children Denmark, 2021)

1. **Encourage your child to interact with different peers at school and during free time**. When children know each other well, it strengthens group spirit and prevents bullying↗ . If you also invite those with whom your child does not normally interact, you will help create a sense of inclusion for everyone and your child will learn to get along with different people.
2. **Be polite to other children, their parents and teachers and do not talk bad about them.** Be a role model for children. Children mirror the behaviour of their parents. So, if you have a positive attitude towards school, teachers, friends and their parents, your child will too. Say "Hello" and "Goodbye" to all children and adults when you drop off and pick up your child from school and remember the names of your child's classmates.
3. **Create a good practice of celebrating important events.** Children's parties are very important for everyone. It hurts when you are not invited to friends' birthdays or when someone has not come despite being invited. If you want to organize your child's birthday party or celebrate another important event, find a way to invite either the whole class or, for example, just the classmates your child is in a hobby club with, or there is some other rational reason to invite some children and not others. Find a way to celebrate the event, share invitations and exchange impressions so that those left out don't feel left out. If your child is invited to a joint gathering, make sure to allow him or her to participate.

4. **Encourage your child to support and protect those peers who↗ cannot protect themselves.** Children who↗ for some reason are left out of the children's group need the helping hand of a companion and a clear invitation. Praise your child when he goes to help someone who↗ is left out and supports someone in need. Children who↗ dare to stand up for themselves and tell others when they see injustice: "Stop!" or "Stop!", grow inside. Always encourage and recognize children when they are caring, tolerant, courageous, and respectful of others. This is how behavioural patterns become established.

5. **Be a part of your child's digital life.** Children need explanations of how digital environments work and what risks are associated with the possibilities there. A parent who↗ wants to actively participate in their child's life must be interested and have the necessary skills to guide the child in the virtual world. There, all the teachings about being a good companion apply: to be respectful, tolerant, caring and, if necessary, courageous to protect the companion when he cannot protect himself.

6. **Talk and support your child when they feel sad.** Conflicts are inevitable in interpersonal relationships. Therefore, it is necessary to teach the child the ability to solve them, to be aware of them and to manage his emotions. Respect the child's emotions, listen, and let him talk. Reflect your child's feelings and convince him that you can find a solution together. Don't do anything without discussing it with him. Remember that there are always multiple sides to every story. Help the child understand that the other participants in the conflict may have understood what is happening differently, and before taking your own final stand, talk to the other parents, the teacher. Always explain to your child that bullying↗ is not allowed.

7. **Be an open and supportive listener when other parents talk about their children's problems**. It can be difficult for a parent to admit that their child feels bad at school and needs support from playmates or classmates. It is easier to talk about your concerns if others are open and think along.

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4.2. SEXUAL RIGHTS AND PHYSICAL INTEGRITY

- The right for a physical integrity is a human right and is a part of the right to privacy, which in turn belongs to the protection area of Article 8 of the Convention for the Protection of Human Rights and Fundamental Freedoms, which sets out the right to respect for his private and family life.
- A person's sexual rights include the obligation to respect the sexual rights of other people and partners – the rights of one person cannot be realized through coercion and violence↗ against another person.
- The base of physical integrity starts from childhood and is related to the sexuality↗ education.

4.2.1. INTRODUCTION

Human rights that are already recognised in national laws, international human rights documents and other consensus documents including the right of all persons, free of coercion, discrimination↗ and violence↗, to the highest attainable standard of health in relation to sexuality↗, including access to sexual and reproductive healthcare services; the capacity to seek, receive and impart information in relation to sexuality↗; access to sexuality↗ education; respect for bodily integrity; free choice of partner; the right to decide to be sexually active or not; the right to consensual sexual relations, the right to consensual marriage; the right to decide whether or not, and when, to have children; and the right to pursue a satisfying, safe and pleasurable sexual life (European Institute for Gender Equality↗, n.d.)

There are still going discussions about the definition of sexual rights (Miller, Kismödi, Cottingham, & Gruskin, 2015) and the respect of bodily integrity is one of the person's rights.

But still, if there is no concrete definition for sexual rights, we know, that over the past three decades there has been a rapid expansion of the application of human rights to sexuality↗ and sexual health↗ matters, particularly relating to protection from discrimination↗ and violence↗, and protection of freedom of expression and association, privacy, and other rights, for women, men, transgender and intersex↗ people, adolescents, and other population groups. This has resulted in the Sexual health↗, human rights and the law production of an important body of human rights standards promoting sexual health↗ and human rights (WHO↗, 2015).

4.2.2. DEVELOPMENT OF THE TOPIC

4.2.2.1. Sexual rights and children's rights

There is a growing consensus that sexual health↗ cannot be achieved and maintained without respect for, and protection of, certain human rights. The working definition of sexual rights given below is a contribution to the continuing dialogue on human rights related to sexual health↗.

The fulfilment of sexual health↗ is tied to the extent to which human rights are respected, protected, and fulfilled. Sexual rights embrace certain human rights that are already recognized in international and regional human rights documents and other consensus documents and in national laws (WHO↗, n.d.).

Rights critical to the realization of sexual health↗ include (WHO↗, n.d.):

- The rights to equality and non-discrimination↗.
- The right to be free from torture or to cruelty, inhumane or degrading treatment or punishment.
- The right to privacy.
- The rights to the highest attainable standard of health (including sexual health↗) and social security.
- The right to marry and to find a family and enter into marriage with the free and full consent of the intending spouses, and to equality in and at the dissolution of marriage.
- The right to decide the number and spacing of one's children.
- The rights to information, as well as education.
- The rights to freedom of opinion and expression.
- The right to an effective remedy for violations of fundamental rights.

The responsible exercise of human rights requires that all persons respect the rights of others.

The application of existing human rights to sexuality↗ and sexual health↗ constitutes sexual rights. Sexual rights protect all people's rights to fulfil and express their sexuality↗ and enjoy sexual health↗, with due regard for the rights of others and within a framework of protection against discrimination↗ (WHO↗, n.d.).

However, some caution is necessary here. Some of the mentioned rights come from adults. This means that not all these rights automatically apply to children and teenagers. Among other things, for example, that the right to consensual marriage does not yet apply to children or teenagers. The child's right to information is also recognized by the UN↗ Convention on the Rights of the Child. It expressly states the right to freedom of expression and the freedom to seek, receive and impart information and ideas of any kind (Article 13). Article 19 refers to the obligation of member states to ensure education for children to protect them from, among other things, sexual abuse.

4.2.2.2. Sexuality education and children's development

The physical development is part of the holistic development of the child. The sexuality↗ education starts from knowing your body and feeling the closeness of the parents – the secure and supportive relationship. Children's sexuality↗ education is learning about their own body parts, accepting their own and other bodies as valuable, recognizing different genders, learning to express their feelings, and perceiving and expressing their privacy. Knowledge and skills in this area help the child to set boundaries, express their wishes, experience the joy of safe physical intimacy, create friendships, protect their personal space, recognize (sexual) violence↗, seek help if necessary. Age-appropriate sexual education allows children understand their sexuality↗, treat themselves and others with tolerance, positiveness, and respect, create close relationships based on equality and consent, and take responsibility for their own and their partner's (sexual) health. Adults play a very important role because their attitudes, behaviour and words shape children's sexuality↗ (Part & Kull, 2018; Rutgers, 2015).

Holistic sexuality↗ education has the principle, that it is based on a (sexual and reproductive) human rights approach and is firmly based on gender equality↗, self-determination, and the acceptance of diversity↗. (Part & Kull, 2018; Rutgers, 2015).

The subconscious or natural way of teaching and learning about sexuality↗ can be complemented by an active way of teaching and informing. The benefit of this approach is the normalization of the topic of sexuality↗. The child's questions are answered in an age-appropriate way, and they are shown that issues related to sexuality↗ are positive and enjoyable. Thus, they can also develop a positive attitude towards their body and learn appropriate communication skills (for example, naming the body parts correctly). At the same time, the child is taught that individual boundaries and social rules exist and need to be respected (you cannot touch anyone you want to). Even more importantly, the child learns to realize and express their own boundaries (you can say no; you can ask for help). In this sense, sexuality↗ education is also social education and contributes to the prevention of sexual abuse.

− 4.2.3. SITUATIONS OF DISCRIMINATION RELATED TO THE TOPIC −

- One person is touching and hugging other person without consent, and they do not feel comfortable.
- If one person says "no" for touching or sexual acts, the other person is not accepting it.

4.2.4. BEST PRACTICES

Sensoa Flag System is an evidence-based tool for assessing acceptable and unacceptable sexual behaviour↗ of children and young people aged 0-18 years. The Flag System is used in supporting healthy sexual development↗ and preventing sexual coercion. It gives insights into sexuality↗, desires, boundaries, criteria, and gradations of sexual behaviour↗, making them 'open' subjects, and thus easier to talk about.

Comprehensive Sexuality Education (Väestoliitto): through comprehensive sexuality↗ education, a person acquires knowledge and skills through which they can reflect on their own attitudes in matters related to sexuality↗. Based on this information, a person makes the best possible choices for themselves about the realization of their own sexuality↗.

- Body-emotion education material
- Promoting child development. Age-appropriate, child-centred sexuality education

- Safety skills and your body. Knowledge, skills, and attitude

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4.3. VIOLENCE BY INTIMATE PARTNERS

- Intimate relationship violence↗ and abusive behaviour by ex- or former partner is illegal.
- Any form of intimate partner violence↗ (physical, sexual, psychological, or economical) represents an abuse of power and a relationship of control between the abuser and the victim.
- Intimate partner violence↗ is a violation of human rights and because it affects women proportionately more than men, it is considered a form of discrimination↗ against women.
- Healthy and safe relationships are EQUAL relationships.

4.3.1. INTRODUCTION

Intimate partner violence↗ is widespread and has a huge negative impact on adults, children, families, interpersonal relationships, and communities, as well as causing huge economic losses. One of the hallmarks of intimate partner violence↗ is its hidden nature, as many victims of intimate partner violence↗ are too discouraged to seek help and report the abuse to law enforcement.

Intimate partner violence↗ refers to behaviour by an intimate partner or ex-partner that causes physical, sexual, or psychological harm, including physical aggression, sexual coercion, psychological abuse↗ and controlling behaviours (Krug et al., 2002).

According to European Institute for Gender Equality↗ (EIGE↗) intimate partner violence↗ is "any act of physical, sexual, psychological or economic violence↗ that occurs between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim" (European Institute for Gender Equality↗, 2017).

Although women can be violent in relationships with men, often in self-defence, and violence↗ sometimes occurs in same-sex↗ partnerships, the most common perpetrators of violence↗ against women are male intimate partners or ex-partners. By contrast, men are far more likely to experience violent acts by strangers or acquaintances than by someone close to them (Krug et al., 2002)

The intimate partner violence↗ refers to four different forms of violence↗ (physical, sexual, psychological, and economic violence) which are explained below and separately to dating violence↗, that occurs mainly among young people.

4.3.2. DEVELOPMENT OF THE TOPIC

4.3.2.1. What are the risk factors for intimate partner violence?

Intimate partner and also sexual violence↗ are the result of factors occurring at individual, family, community, and wider society levels that interact with each other to increase or reduce risk (protective). Some are associated with being a perpetrator of violence↗, some are associated with experiencing violence↗, and some are associated with both (Krug et al., 2002; WHO↗, n.d.-b).

Risk factors for both **intimate partner and sexual violence↗** include:

- Lower levels of education (perpetration of sexual violence↗ and experience of sexual violence↗).
- A history of exposure to child maltreatment↗ (perpetration and experience).
- Witnessing family violence↗ (perpetration and experience).
- Antisocial personality disorder (perpetration).
- Harmful use of alcohol (perpetration and experience).
- Harmful masculine behaviours, including having multiple partners or attitudes that condone violence↗ (perpetration).
- Community norms that privilege or ascribe higher status to men and lower status to women.
- Low levels of women's access to paid employment.
- Low level of gender equality↗ (discriminatory laws, etc.).

Factors specifically associated with **intimate partner violence↗** include:

- Past history of exposure to violence↗ .
- Marital discord and dissatisfaction.
- Difficulties in communicating between partners.
- Male controlling behaviours towards their partners.

Factors specifically associated with sexual violence↗ perpetration include:

- Beliefs in family honour and sexual purity.
- Ideologies of male sexual entitlement.
- Weak legal sanctions for sexual violence↗.

Gender inequality↗ and norms on the acceptability of violence↗ against women are a root cause of violence↗ against women (WHO↗, n.d.).

4.3.2.2. Physical violence

Physical violence↗ is considered any act which causes physical harm to the current or former partner as a result of unlawful physical force. Physical violence↗ can take the form of, among others, serious or minor assault, deprivation of liberty and manslaughter (European Institute for Gender Equality↗, 2017).

In 2014 the UN↗ Guidelines for producing survey statistics (United Nations, 2014) outlined that physical violence↗ may involve a wide range of physical acts, such as:

- Slapping them or throwing something that could hurt an intimate partner.
- Pushing, shoving, pulling hair.
- Hitting with a fist or anything else that could hurt an intimate partner.
- Kicking, dragging, or beating up.
- Intentional choking or burning.
- Threatening to use a gun, knife, or other weapon against an intimate partner.

4.3.2.3. Sexual violence

Any sexual act performed on the victim without consent. Sexual violence↗ can take the form of rape or sexual assault (European Institute for Gender Equality↗, 2017).

The UN↗ adds (United Nations, 2014) that sexual violence↗ is any sort of harmful or unwanted sexual behaviour↗ that is imposed on someone. It includes acts of abusive sexual contact, forced engagement in sexual acts, attempted or completed sexual acts with other person without their consent, sexual harassment, verbal abuse, threats, exposure, unwanted touching, incest, etc.

More detailed information about sexual violence↗ is in topic 4.4↗.

4.3.2.4. Psychological violence

Psychological violence↗ includes a range of behaviours that encompass acts of emotional abuse and controlling behaviour. These often coexist with acts of physical and sexual violence↗ by intimate partners and are acts of violence↗ in themselves. Studies have shown that the use of multiple types of psychological violence↗ is associated with an increased risk of physical and sexual violence↗ against female partners and can have serious impacts on such women, regardless of whether or not other types of violence↗ occurred (United Nations, 2014).

EIGE↗ suggests the definition for psychological violence↗ as "any act or behaviour which causes psychological harm to the partner or former partner. Psychological violence↗ can take the form of, among others, coercion, defamation, a verbal insult or harassment" (European Institute for Gender Equality↗, 2017).

Examples of behaviours that fall within the definition of psychological violence↗ include the following:

- **Emotional abuse:**
  - Insulting them or making them feel bad about themselves.
  - Belittling or humiliating them in front of other people.
  - Deliberately scaring or intimidating them.
  - Threatening to hurt them or others they care about.

- **Controlling behaviour:**
  - Isolating them by preventing them from seeing family or friends.
  - Monitoring them whereabouts and social interactions.
  - Ignoring them or treating them indifferently.
  - Getting angry if they speak with other persons.
  - Making unwarranted accusations of infidelity.
  - Controlling them access to health care.
  - Controlling them access to education or the labour market.

4.3.2.5. Economic violence

Economic violence↗ is said to occur when an individual denies his intimate partner access to financial resources, typically as a form of abuse or control or to isolate her or to impose other adverse consequences to her well-being (United Nations, 2014).

EIGE↗ suggests the definition for **economic violence**↗ as "any act or behaviour which causes economic harm to the partner. Economic violence↗ can take the form of, among others, property damage, restricting access to financial resources, education or the labour market, or not complying with economic responsibilities, such as alimony (European Institute for Gender Equality↗, 2017).

Economic violence↗ involves the following (United Nations, 2014):

- Denying access to financial resources.
- Denying access to property and durable goods.
- Deliberately not complying with economic responsibilities, such as alimony or financial support for the family, thereby exposing to poverty and hardship.
- Denying access to the labour market and education.
- Denying participation in decision-making relevant to economic status.

4.3.2.6. Dating violence

Domestic violence↗ can occur both in a dating relationship, cohabitation relationship, between life partners and in marriage.

Children and young people can witness and directly suffer from intimate partner violence↗ between their parents. Young people can also experience intimate partner violence↗ in their own relationships – such intimate partner violence↗ between young people is called dating violence↗. **Dating violence**↗ is a means of control over the person you are in a relationship with, which are characterized by power and control. These are unsafe and damaging relationships. Gender stereotypes↗ contribute to dating violence↗, but also lack of skills in dealing with aggressive feelings and finding solutions in conflict situations (Part & Kull, 2019).

Dealing with dating violence↗ should be based on a gender↗ perspective, because it is often related to gender stereotypes↗, and deconstructing them contributes to the understanding and prevention of dating violence↗. In a previous study, it was

found that the gender↗ stereotypic attitudes of the test group's youth were related to attitudes that allow dating violence↗ (Part & Kull, 2019).

− 4.3.3. SITUATIONS OF DISCRIMINATION RELATED TO THE TOPIC −

- Forcing to have sex↗ when they do not want to.
- Telling that they owe them sex↗ in exchange for taking out on a date.
- Acting overly jealous, including constantly accusing them of cheating.
- Being extremely controlling, such as telling them what to wear, forbidding from seeing friends and family, or demanding to check them phone, email, and social media.
- Constantly checking in with them and getting angry if they don't check in with them.
- Putting them down, including their appearance (clothes, makeup, hair, weight), intelligence, and activities.
- Trying to isolate them from other people, including by insulting them.
- Blaming them for the abusive behaviour and listing the ways they "made him or her do it".
- Refusing to take responsibility for their own actions.
- Apologizing for abuse and promising to change again and again.
- Having a quick temper, so they never know what they will do or say that may cause a problem.
- Not allowing them to end the relationship or making them feel guilty for leaving.
- Threatening to call the authorities (police, deportation officials, child protective services, etc.) as a way to control their behaviour.
- Stopping them from using birth control or going to the doctor or nurse.
- Committing any physical violence↗, such as hitting, pushing, or slapping them.

4.3.4. REFERENCES

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4.4. SEXUAL VIOLENCE

- Various forms of sexual violence↗ occur everywhere and in all social strata and among couples living together.
- Sexual violence↗ is, for example, unwanted sexual attention, including touching, offering sexual phone calls, letters or pornographic material, sexual harassment in the workplace, objectifying a woman or man (considering her a means of obtaining sexual pleasure), forcing sex↗, attempted rape, or rape.
- Sexual violence↗ is any sexual behaviour↗ that controls, manipulates, or humiliates another person without consent.
- The reasons here lie in long-held patriarchal notions that being married or in a relationship means mandatory submission to the partner's sexual desires.
- Raping a person, involving them in sexual activity against their will or forcing them to have sexual intercourse violates one of the fundamental rights of a person – the right to sexual self-determination. These are serious crimes.

4.4.1. INTRODUCTION

Sexual violence↗ is a common and serious public health problem affecting millions of people each year throughout the world. It is driven by many factors operating in a range of social, cultural, and economic contexts. At the heart of sexual violence↗ directed against women is gender inequality↗ (Krug et al., 2002).

Sexual violence↗ is any sort of harmful or unwanted sexual behaviour↗ that is imposed on someone. It includes acts of abusive sexual contact, forced engagement in sexual acts, attempted or completed sexual acts with a woman without her consent, sexual harassment, verbal abuse, threats, exposure, unwanted touching, incest, etc. A minimum list of acts of sexual violence↗, which should be expanded depending on the specific country context (United Nations, 2014).

So sexual violence↗ can be rape, threatening it, but also, for example, forced touching. Sexual violence↗ is also when someone scares you into having sex↗ with them. In other words, sexual violence↗ is when someone does something sexual with you against your will. It is also sexual violence↗ if you could not give your consent to intercourse, for example, you were afraid, you were stunned, drunk or asleep.

It is a myth that sexual violence↗ only threatens women. All people, regardless of gender↗ or age, can become victims of sexual violence↗: children, young people and adults, men, and women, as well as people with different gender↗ and sexual identities.

Acts of sexual violence↗ attack the right to sexual freedom, autonomy, control, integrity, and security, as well as the right to experience pleasure and to have a healthy, safe, and satisfying sexual life. At the same time, these rights are intimately related to reproductive rights↗, such as the freedom and autonomy to decide when to have children, how many children to have, and which contraceptive to use (European Institute for Gender Equality↗, n.d.).

4.4.2. DEVELOPMENT OF THE TOPIC

Sexual abuse is not a new problem. For centuries, children, women and men have been sexually abused and silenced. Since the 1980s, however, the topic has been sharply raised, as more and more people dare to open their mouths. The shame and secrecy surrounding sexual abuse makes it difficult to quantify the number of people who↗ have been abused. The results of investigations carried out around the world differ and it is difficult to say the exact number of victims because it is a latent crime.

Various forms of sexual violence↗ occur everywhere and in all social strata and among couples living together.

Sexual violence↗ includes, but is not limited to (Krug et al., 2002; WHO↗, 2012):

- Rape within marriage or dating relationships.
- Rape by strangers or acquaintances.
- Unwanted sexual advances or sexual harassment (at school, work etc.).
- Systematic rape, sexual slavery, and other forms of violence↗, which are particularly common in armed conflicts (e.g., forced impregnation).
- Sexual abuse of mentally or physically disabled people.
- Rape and sexual abuse of children.
- Denial of the right to use contraception or to adopt other measures to protect against sexually transmitted diseases.
- Forced abortion.
- 'Customary' forms of sexual violence↗, such as forced marriage or cohabitation and wife inheritance.

4.4.2.1. Consent

While voluntary and partner-desired sexual activity is characterized by the fact that the parties ask for each other's consent, express their consent, and assess the partner's ability to consent, sexual violence↗ is characterized by the fact that it is not based on mutual agreement.

In addition, false consent to sexual activity can be achieved with physical violence↗, but much more often with threats, intimidation, psychological pressure, manipulation, blackmail, or threats of deprivation of benefits (e.g., deprivation of promotion at work, not giving a good grade, etc.).

Consent is the most important thing in any sexual activity, and always has the right to change your mind and say no. The consent of the other party must be ensured both for the first time and in a long marriage.

People who↗ do not have or have limited capacity for consent are also unable to give free consent to sexual activity, such as unconscious patients, people under the influence of alcohol or other drugs, as well as children, dementia and intellectually disabled people who↗ do not understand the meaning of a particular sexual activity and are not able to articulate their consent or refusal. "Consent" reached in such circumstances does not equate to freely given consent, and such sexual activity is not consensual, that is, based on mutual agreement.

You can read more about consent on the topic 5.6↗.

4.4.2.2. Shame and guilt

According to the WHO↗ (n.d.), around a quarter of women worldwide will experience sexual violence↗ in their lifetime. Up to a third of all women have been physically assaulted by a male intimate partner. Women who↗ have experienced violence↗ do not report their experiences enough because they are afraid of being labelled by society and their community. They also fear for their safety and that the relevant institutions will not take the necessary steps when they share their story with them.

Sexual violence↗ is a crime, and the victim do not have to feel guilty.

4.4.2.3. Responsibility

The responsibility for sexual violence↗ lies with the perpetrator, not the victim.

4.4.2.4. The consequences of sexual violence

Experiencing sexual abuse can be likened to surviving a disaster. This disaster may be a one-off or repeated over several years. Sexual abuse has immediate and long-term effects. Without help, these problems will not be solved.

Physical force is not necessarily used in rape, and physical injuries are not always a consequence. Deaths associated with rape are known to occur, though the prevalence of fatalities varies considerably across the world. Among the more common consequences of sexual violence↗ are those related to reproductive, mental health and social wellbeing (Krug et al., 2002).

Sometimes the victim may not even fight back because of stressful experience and they just "freeze".

4.4.2.5. Prevention by sexuality education

Prevention starts with the environment and community where the child grows up. A person who↗ has been taught and brought up to care for and love their body, to respect the boundaries of another person and to understand when the situation is becoming violent, knows how to offer this love and understanding to others as well. Sexual education at home lays the foundation for the growth of children and young people into people who↗ know how to consider their bodies beautiful and correct, and who↗ also respect the right of others to bodily integrity.

Parents expect the school to provide sex↗ education in this regard, and their expectation is fully justified, as the curriculum also provides for it. However, the school cannot be the only one responsible for the fact that the child grows into an adult whose values are in line with those mentioned above, who↗ perceives their own identity and who↗ keeps themself and others around them. The formation of attitudes begins in childhood, and parents, kindergartens, schools, and youth centres are initially responsible for this. The parental responsibility then becomes a shared responsibility. It is with the support of shared responsibility that we break the entrenched attitudes and stereotypes that support the continuation of the chain of violence↗. With the support of shared responsibility, we say clearly: the fault lies with the culprit, the victim is not responsible for what happened to her.

− 4.4.3. SITUATIONS OF DISCRIMINATION RELATED TO THE TOPIC −

They are the same as those described in the case of intimate partner violence↗ :

- They send them unwanted pornographic materials.
- One person is touching another person, but it feels uncomfortable.
- They are threating to tell others about the naked pictures if they are not having sex↗ .

4.4.4. BEST PRACTICES

If your child has suffered sexual violence↗, seek help from a specialised centre and report the incident to the police or to the child protection worker of the local government.

At your request and consent, **sexual violence**↗ **crisis help centres** offer professional 24/7 help for people who↗ have experienced sexual violence↗. Anyone can come this type of centres either alone or with an adult companion, at any time of the day and without a referral. It does not matter whether the police have already been contacted, are planning to contact the police, or are not advised to do so. All people regardless of their gender↗, children, young people, and adults who↗ have experienced or suspect sexual violence↗ are welcome.

In case of sexual violence↗ against children or suspicion thereof, the police or the child protection worker of the local government must always be notified. The police have special units that handle sexual crimes. By making things official with the help of the police, you help ensure that no one else becomes a victim of the same perpetrator.

4.4.4.1. Help and information:

- Emergencies: 112.
- Contact the child protection services in your country of residence.

4.4.5. REFERENCES

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5. COMMUNICATION

Articles

5.1. HOW TO COMMUNICATE: PARENTS &

- Creating a safer space for your children to experiment with their gender identity↗ and gender expression↗ can make a big difference in their life and their perception.
- Educate yourself on the topics of gender equality↗ , gender identity↗ and gender expression↗ so you can be there for your children during their process of discovering and growing.
- It is important to create an environment where your children can freely question gender↗ , gender roles↗ /identity/expression.
- Every child has a different style of communication. The sooner you identify it, the quicker you can be there to support them in the way that is most efficient for them.

5.1.1. INTRODUCTION

Gender equality↗ can be taught and achieved if there is an understanding on gender↗ and sexual identities. In order to be able to talk about equality, it is necessary to know who↗ is represented inside of the population that does not have the same privileges, opportunities of access as their counterparts. For this, understanding the process of understanding or discovering your gender↗ and sex↗ can help in understanding the multitude gender↗ and sexual identities.

5.1.2. DEVELOPMENT OF THE TOPIC

Due to the heteronormative society that we live in, it is really easy for children to get confused or to start feeling as if something would be wrong with them just because they cannot seem to fit in the binary social constructions. These constructions are present in everything surrounding us, starting with our family and friend´s circles, social media, movies, games, etc. For this reason, parents and educators play an important role in children's discovery process.

Inside of the family environment, this role can be centred around two main topics: open communication and safety. Encouraging children to question things, to express them out loud and to stand up for what they believe in, combined with the creation of a safe space can play an important role in their development, both on a personal as well as on a societal level.

If you wish to create a gender↗ -inclusive space for every child, a few aspects can help you make a difference:

- Creating a safe space,

- Creating a mistake-friendly environment,
- Empowering them,
- Teaching them how to communicate openly.

5.1.2.1. Self-education

The first and most important step that you could take towards teaching your children about gender equality↗ is to educate yourself. If you wish your children to question power structures, inequalities, and injustice and to discover their identity, it will help them to see you openly doing it too. One of the best ways to educate yourself on a topic, regardless of whether it is gender identity↗ /sexuality↗ /consent/relationships, etc., is to consume content from people who↗ are going through those processes or have lived experience of concepts you want to learn about. Be mindful about your sources of information. Learning directly from activists, people inside of the LGBTQ+↗ community, resources created by people who↗ are directly impacted by these inequalities (in this case, gender inequality↗) is a way to make sure that the content you are consuming, and spreading is actually anchored into reality rather than only in theories or discourses from unexperienced people and/or people who↗ are not directly affected by this.

When researching gender inequality↗ (and any other topic) it is important to get different perspectives on the topic in order to have a complete view rather than a restricted one. For example, when reading about gender identity↗ try to read about personal experiences and practices in different parts of the world, different religions, and different political and social backgrounds so that you can understand how the same situation can be perceived differently once you change the cultural and/or racial context.

Research shows that most children do not openly talk about sex↗ and sexuality↗ to their parents. Establishing a climate of trust can shift this and one way of doing that is to show them that you understand the topics in question by educating yourself.

5.1.2.2. Open communication

When talking to your children about gender equality↗ , sex↗ and sexuality↗ , levelling with them is an important part of their understanding process. Try to adapt your speech and activities depending on their age and cultural background while still providing the information they need. If you don't know the answer to a question they ask, try searching for it together. In this way, you can also teach your children how to choose trustworthy sources of information.

Try to keep in mind that talking about gender↗ and sex↗ is not sexualizing children. Before talking to your children about these topics, try working on your personal boundaries, triggers and believes to avoid projecting them onto your children by sharing thoughts and feelings linked to sex↗ guilt.

5.1.2.3. Safer spaces

To achieve space, that is 100% safe can seem very demanding. Still we can create a safe space, where everyone can feel like they can express themselves and share their ideas, wants, and needs without the fear of judgement. What you can do is create a safer space, where everyone can feel like they can express themselves and share their ideas, wants, and needs without the fear of judgement.

In the process of creating a safer space:

- Try to be aware of privileges and power structures.
- Take the environment of the children into account.

- Create opportunities for them to participate in knowledge exchange. Use games/books/activities to give them tools to act.
- Be empathetic and listen actively to what they have to say.
- Give everyone the space and time they need. Some children take longer in feeling comfortable enough to actively participate in discussions.
- Recognize and value the contribution of everyone inside of the group.

Creating a safer space is directly related to **conflict resolution**. When a conflict arises, remember that conflicts are emotionally driven. If someone is feeling strong emotions, provide them space to deal with those emotions and maybe offer your support during this process. Try to deescalate the situation by finding a shared vision and a solution to the problem. Be ready to take the role of a mediator. As a parent, when dealing with a conflict, try keeping in mind that the conflict can be both internal (individual's conflict inside) or interpersonal (between 2 and more people/parties).

It is important to firstly acknowledge their emotions and show them that you are trying to understand their point of view. After that, you can try to help your children map their needs and shift their focus from the emotional to the rational/logical side.

Encourage them to express openly what they feel and what they need. Lead by example and express your own feelings and needs.

5.1.2.4. Mistake friendly environment

Often children and youth are afraid to make mistakes and to be judged for them. Creating a mistake friendly environment is a good approach that encourages questioning and learning. There are no right or wrong answers and everyone is welcomed to contribute to the discussion. In order to create an environment like this, encourage children to question, to debate and to exchange ideas. In this way, they will feel supported to share more and more and will switch the focus to the knowledge itself rather than the person who↗ is sharing it.

A few things that can help you create this kind of environment are:

- Encourage children not to interrupt when somebody speaks (verbal reactions of approval/disapproval are included).
- Encourage the use of body language if someone likes an idea. For example, shaking your palms means approving/supporting the idea.
- When somebody makes a mistake, encourage them to apologise and to learn from it.
- Using punishment as a solution doesn't have a positive effect on the learning process of children. What you can do instead is to focus on the future actions rather than the moment the mistake was made.
- Remind your children that we're all humans and we're bound to make mistakes, that's how we learn. It is important that we learn from those mistakes instead of getting stuck in them.

5.1.2.5. Communication – Love languages

Every person has a different way of expressing and feeling gratitude, love, and appreciation. The sooner you know yours and your child's, the easier you can work on improving the communication process. Having a foundation in psychology, there are 5 different love languages that people use to give/receive love and appreciation. Those are: words of affirmation, quality time, physical touch, acts of service and giving/receiving gifts (Chapman & Campbell, 2008).

These can be indicators in how your children perceive being appreciated and included and can facilitate the communication process with them. They can be easily noticed if you observe your children and the reactions they have to different

interactions for a few days. Alternatively, you can take an online test to see where you stand.

1. **Words of affirmation** are routed in verbal communication, meaning either verbal expressions (such as compliments, offering reassurance, positive comments etc.) or through written notes, letters, etc.
2. **Quality time** is centred on togetherness and is expressed through spending time together with your loved ones. While the activities may not play such a significant role in the interaction, spending time together is prioritised and seen as a form of expressing/receiving love and/or appreciation. Building strong relationships is directly linked to meaningful connections that are formed through spending physical time together.
3. **Physical touch** is a non-verbal expression of love and is centred in non-verbal communication, focusing on creating intimacy. It can be expressed through hugs, caressing, laying your head on someone's shoulder or any other type of physical (consented) contact. Considering that touch is the first sense that we acquire when we develop in infancy and early childhood, some people perceive it as the ability to send and receive emotional signals from the people around them.
4. **Acts of service** is a way to express your appreciation through the act of doing something for/towards the person you want to show love, appreciation or gratitude. It consists of little things that you know the person would like, such as cooking something for them, resolving one of their tasks of that day, bringing them something, cleaning something for them etc.
5. **Giving/receiving gifts** is the most popular among the love languages and is another way to show your affection towards someone. While it is focused on the gift itself, this is a way to show the effort and time you put into preparing/finding the gift and also showing the person that you listened to their wishes and paid attention to them.

People usually feel loved and/or appreciated if they feel that they are cared for. Regardless of their age, people want to feel heard and supported and a good start for that is to find out which acts can offer them these feelings.

− 5.1.3. SITUATIONS OF DISCRIMINATION RELATED TO THE TOPIC −

Let's say one day your 14 years old child comes to you and tells you that they have made a new friend who↗ is having multiple romantic (and consensual) relationships at the same time. Your child also mentions that they think monogamy might not be a good option for them. You, as a monogamous parent who↗ doesn't have much contact with non-normative practices or other relationship structures, get scared and start talking to them about all the risks that those practices involve, mentioning all of the negative aspects and how this can affect the way people perceive your child. You can see how their face is changing and how they are starting to doubt their friend and to get scared about everything negative that might happen.

In this context, instead of acting based on your emotions, what you can do is to actively listen to what your child has to say. If you don't know much about the topic but you would like to support them and have a productive conversation, you can take a step back and tell them that you need a bit of time to research more about it before being able to talk to them about it. Try to avoid rejecting an idea from the beginning even if you don't share the same point of view. Listen to the arguments your child has to say and remember that as long as they are making an informed decision, any option is valid.

Additionally, you can think if you'd judge the situation differently according to the gender↗ of the friend mentioned above. Gender stereotypes↗ can be present in our minds even when we don't realise it. Actively reflecting about it helps the process of achieving gender equality↗ .

5.1.4. BEST PRACTICES

5.1.4.1. Non-violent communication (NVC)

NVC↗ is a form of communication based on self-connection, honest expression, empathic presence, self-empathy, and the use of power (Rosenberg, 2012). When talking about the use of power we refer to the capacity and ability to direct or influence the behaviour of others or of the events.

NVC↗ can be personal (for inside conflicts or liberating ourselves from cultural conditioning/guilt/shame etc.), interpersonal (used to empathise with others) or societal (your relationship to society) (Rosenberg, 2012).

The 5 main elements of NVC↗ , according to Rosenberg (2012) are:

- **Consciousness** – Am I expressing myself in an open and honest way? Am I listening actively and valuing the needs of others? Am I self-connected?
- **Thought** – Am I passing judgement or blame?
- **Language** – Are my words neutral/free of criticism and blame?
- **Communication** – Is my non-verbal communication expressing the same thing as my words?
- **Use of power** – Am I trying to overpower this person to get what I want? Am I making a request or a demand in disguise?

When communicating with your children (or anyone else) try to think about these elements and the message you are trying to transmit. Think about the way you express yourself, your body language, the words you choose and if/how you use your power in the conversation.

5.1.4.2. Active listening

A good practice is to actively listen to your children instead of listening to respond. Active listening means offering your full attention to the speaker by paying attention to the verbal and non-verbal communication (body language). Avoid interrupting, making assumptions or judging the speaker. When responding, you can show interest by repeating the message in your own words or asking questions to make sure you understand the message they wanted to transmit. Try to empathise with them, to place yourself into their shoes and see the situation from their perspective.

It is also helpful to ask them if they would like advice or if they just want to unload/somebody to listen to them. In this way, you avoid giving unnecessary opinions or advice and focus on what your child actually needs from you.

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5.2. IGNORING GENDER IDENTITY ISSUES

- Gender↗ is a social construct while the gender identity↗ is the person's feeling of belonging to one (or none) of the gender↗ categories.
- Gender identity↗ is not the same with gender expression↗ .
- Heteronormativity↗ is not the only valid option.
- It is normal and important to question your gender identity↗ .
- Ignoring gender identity↗ issues can lead to potential harm/suicide.

5.2.1. INTRODUCTION

The WHO↗ (2022) describes gender↗ as something that refers to the characteristics of women, men, girls, and boys. This includes norms, behaviours and roles that are associated with being a woman, man, girl, or boy. All of these characteristics are socially constructed, which means that they can differ between different cultures, in different geographical locations and they can also change in time. However, gender↗ does not mean only men and women, but is rather represented as a spectrum full of different options such as agender, non-binary, etc. Discovering your gender identity↗ is a process, just like discovering your sexuality↗ .

5.2.2. DEVELOPMENT OF THE TOPIC

A starting point can be represented by the Gender↗ Flying Unicorn, depicted in Figure 5. This figure summarises the differences between biological sex↗ , gender↗ , and attraction.
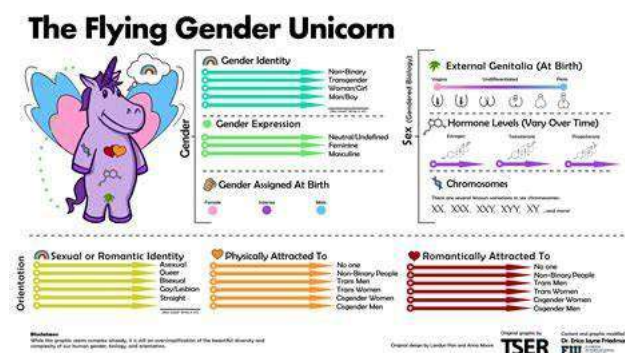
Figure 5. The Flying Gender Unicorn
Trans Student Educational Resources (TSER), 2015 & PhD. Erica Jayne Friedman

When talking about gender identity↗ it is necessary to clarify a few terms that are often associated with the identity of the person. These terms are gender identity↗ , gender expression↗ and gender↗ assigned at birth. Even though these three terms can be connected to each other in some cases (for example a person who↗ was assigned female at birth can have a feminine gender expression↗ – choices of clothes, hairstyle, etc.) there are cases where they do not have that connection (for example a person who↗ was assigned male at birth can identify as a non-binary person and have a feminine gender expression↗). Because of the heteronormative mentality that is widespread in our society, most of the people got used to the gender↗ binary – male & female – and to the assumption that the gender↗ assigned at birth should correspond with the gender identity↗ and gender expression↗ of the person in question. In order to deconstruct this and to be mindful about the diversity↗ that is surrounding us, we need to clarify a few of these terms.

5.2.2.1. What is the difference between gender and sex?

Sex↗ refers to the biological aspects concerning masculinity and femininity. When people are born, they get assigned a certain sex↗ based on their physical body characteristics. Intersex↗ people are born with physical characteristics that are associated with both sexes. In some countries they can be assigned as intersex↗ , while in other doctors may perform gender↗ assignment surgery on babies by removing certain physical body parts leaving thus the ones assigned to only one of the binary sexes.

5.2.2.2. Gender identities

The gender↗ that a person is assigned at birth does not necessarily match the gender↗ this person identifies with. The personal sense of belonging to one (or none) of the gender↗ categories is called the **gender identity**↗ of this person. A

person that is assigned female at birth can, for example, feel that they belong to the gender↗ category of men or any other gender↗ from the infinity of the options on the gender↗ spectrum. Not identifying with the gender↗, you were assigned at birth, is called gender↗ dysphoria (Psych Central, 2022).

If a person identifies with the gender↗ they were assigned at birth, they are considered **cisgendered**. If the gender↗ that was assigned to them does not fit with their gender identity↗, they are considered **transgendered,** as they are "changing" the gender↗ that they were assigned or that is expected from them to fulfil. There are many different forms and ways people identify and this should always be considered when working with people.

While a person can identify as a man, a woman, or any other gender↗, they can also move between these in a fluid way. We call this **gender fluidity**↗. A gender↗ fluid person identifies with more genders and fluctuates between those, as they do not feel like they could completely fit into one of the gender↗ boxes.

A person who↗ does not feel like they belong in any of these categories can identify as *non-binary.*

Both *sex*↗ *and gender*↗ are represented on *a spectrum*. People can be or feel more or less feminine or masculine and can express this in a variety of ways.

Developing your personal gender↗ and/or sexual identity can be a long process that will require self-awareness, repression, and acceptance. It is linked to developing an intimacy, exploring different options, and finding a community that can support you during this journey. It may also include sharing your personal identity with friends and family, making this a sensitive process that places the person who↗ is sharing/exploring into a vulnerable position.

You can read more about gender identity↗ on the topic 2.1↗.

5.2.2.3. Gender expression

Gender expression↗ refers to the way people express themselves through clothing, the use of make-up, the haircut they have, etc. Throughout history, societies have linked certain ways of dressing, hairstyling or wearing accessories to a specific gender↗. For example, make-up or wearing a lot of jewellery is associated with women, short hair is associated with men. Nowadays, people are questioning these standards more and more, normalising different kinds of gender expression↗. The most common example would be for someone who↗ identifies as a male to wear a dress or make-up, because their gender expression↗ does not have to be linked to stereotypical expectations of their gender identity↗.

You can read more about gender expression↗ on the topic 2.2↗

5.2.2.4. Gender roles

A big component of gender↗ is the roles that society has linked to them. For a long time, care work (cleaning, cooking, taking care of children or elderly people etc.) was considered a 'woman's job' and men were expected to be responsible for bringing money into the house. Although these perceptions are changing, gender roles↗ are deeply rooted in our society and in ourselves and it is important to be aware of the expectations we have and the different roles we assign to people (for example when delegating tasks).

Being sensitive to our personal gender↗ expectations and giving everyone the same tasks and responsibilities when working with them, are a few things that can help us navigate the issues of gender roles↗. In this way, everyone can contribute to everything and there won't be a certain expectation that a specific gender↗ has to fulfil certain tasks (ex. women have to cook). Gender roles↗ are also connected to gender↗ identities considering that once you have a certain gender identity↗

assigned, you are also expected to fulfil a specific role and to present yourself to the world in a specific way. Apart from being a practice rooted in patriarchy, assigning gender roles↗ (that are also based on the gender↗ binary and automatically reject other genders) can cause gender identity↗ issues within oneself or in the people you are working with.

You can read more about gender roles↗ on the topic 9.3↗.

5.2.2.5. Heteronormativity

Heteronormativity↗ is the concept that describes heterosexuality as the norm in our society. It assumes everyone's heterosexuality and the gender↗ binary (man or woman). This assumption also comes with expectations related to gender expression↗, task distribution, social position, etc.

We tend to look at the world in a heteronormative way. For example, in most of our stories, films, series, a heterosexual orientation is depicted. Princes marry princesses and children have a mother and a father. We see heterosexuality as 'the norm' and heterosexual people are considered 'straight'. In youth work we should be sensitive to this and do our best to include everything that doesn't fit this 'standard' in our work. There are lots of other sexual orientations and we should be aware of them all. People can identify as homosexual, lesbian or bisexual, but also as pansexual (attracted to all genders), asexual (not sexually attracted to anyone) or any other sexuality↗ on the spectrum. Some people are romantically attracted to one gender↗ and physically attracted to a different gender↗.

You can read more about heteronormativity↗ on the topic 2.3↗.

5.2.2.6. What happens if you ignore gender identity issues

Many activists and organisations working towards making gender↗ diversity↗ visible, are stating that most of the problems people with gender↗ dysphoria or a different gender identity↗ encounter are not due to their identity but rather due to the problems that arise from dealing with the social problems that come with it. Among this, bullying↗ (mental and emotional), depression, anxiety and substance abuse are some of the most common effects of ignoring someone's gender identity↗ (Psychologist Anywhere Anytime, 2019).

When you're ignoring someone's gender identity↗, you are telling them that they do not exist. That the version they feel is themselves and that they want to present to the world is not valid because it does not fit into one of the binary boxes we were taught about or the box that they were assigned at birth. This often leads to reducing social contact or even isolation based on the social rejection that is encountered.

– 5.2.3. SITUATIONS OF DISCRIMINATION RELATED TO THE TOPIC –

Situations of discrimination↗ can escalate quickly. Let's say you are going to pick your child up from school and you notice a new classmate that is wearing clothes that are associated with females (like a skirt or a dress) but their body looks masculine. Your child comes to you and starts talking to you about this classmate telling you that the person is weird and confused because they don't know their own gender↗. The new classmate hears you and starts pulling away from the group, preferring to stay alone in a more isolated space rather than hearing mean comments or whispering from the other children.

In this situation you can explain to your child that gender identity↗ is different for everyone and that regardless of the way a person presents or the gender identity↗ that they have, they need to be respected. You can explain that there is nothing wrong with being different and that being aware of this difference is important so that we can respect them.

5.2.4. BEST PRACTICES

Discrimination↗ cases and dealing with gender identity↗ issues can be very complex. Here are some practices that can be helpful:

5.2.4.1. Educate yourself

Read on the topic of gender identity↗ and inform yourself about the different aspects, dimensions and possibilities that exist. The best sources are often the ones created by the people who↗ are going through the situation you're analysing. So, if you would like to know more about gender↗ identities, it would be advisable to read articles/blogs/books written and designed by people who↗ do not conform with the gender↗ binary. These can be for example queer↗ /non-binary/agender/genderfluid people, just to mention a few.

By educating yourself you are also helping in educating other people. Opening up the conversation, questioning the gender↗ binary or the idea that there are only certain gender↗ identities that are 'valid' and that they have to match with a specific sex↗ are only a few things that can help in making the problem visible and educating people about it.

5.2.4.2. Ask instead of assuming

When meeting a new person, you can always ask for their pronouns or for how they identify so you can avoid misgendering them. It is really common to assume people's gender identity↗ instead of asking and this can lead to miscommunication, uncomfortable moments, and even more serious problems if it is a recurring situation (for example mental health problems for the person not conforming with the gender↗ binary).

5.2.4.3. Lead by example

By following the first two practices you are already leading by example. Regardless if you are conforming or not with the gender↗ binary, being aware of the social constructs and the spectrum of an infinity of genders is already making a difference for the people who↗ are either questioning their gender identity↗ or not conforming with the identity they are expected to fulfil.

Simple acts such as keeping yourself informed and introducing yourself with your pronouns when you meet somebody new are already taking us a step closer to normalising this for others.

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5.3. COMMUNICATION WITH CHILDREN

- Be mindful about your context and the privileges you might have.
- Exploring and learning is part of the self-discovery journey.
- Everyone has the right to be who↗ they want to be, and we should respect that.
- It is okay to make mistakes as long as you learn from them.

5.3.1. INTRODUCTION

As it was mentioned in the previous pages, gender equality↗ is not an isolated topic but rather an intersectional one because it is connected to gender↗ and sexual identity, class, race, culture, etc. As a result, exploring and learning about yourself, your identity and how you can contribute to a more inclusive environment for everyone (and help in reaching gender equality ↗) is a process that looks different for every one of us. What matters is that we keep an open mind and try to be aware of our prejudices and the feelings that we are projecting on others.

5.3.2. DEVELOPMENT OF THE TOPIC

5.3.2.1. Be mindful about your context

When talking about complex topics such as gender equality↗ , it is important to consider our starting place. This place represents our starting point, where we were born and what privileges we possess from a racial, cultural, and social background. In other words, it's the context that lays behind our analysis of the topic. These are things you are born with and

do not have any power over. What you can do though is to acknowledge that you might have certain advantages (privileges) and to use them in order to create equality for everyone. It is important to acknowledge this starting point because this is the base that we use to filter the information and to perceive the topic from a certain point of view. Our views are influenced by our environment and by how much we are affected by the subject in question.

When talking about gender equality↗, the point of view of a white middle class man from a western European country will not be the same with the point of view of a queer↗ working-class person from an Asian country because their experiences can be extremely different. While for some people gender equality↗ seems to be achieved, others see it as a utopian world, which is why it is important to consider aspects such as social class, race, religion, etc. In order to have a complete view of a topic, keep in mind that looking at it from different geographical parts, social contexts, religious backgrounds, etc, is all part of the process. This approach will provide an image that is close to a general reality rather than focusing on a restricted view.

5.3.2.2. Discovering your identity

Have you ever felt like you can fit 100% into one of the binary gender↗ boxes? (Identity Education, 2022)

Have you ever felt like you are 100% attracted to a certain gender↗ and nothing else?

Have you ever felt you can align with something 100%?

A big part of activists and organisations working towards gender equality↗ and gender identity↗ have concluded that most of the children are never asked one of these questions and are not encouraged to ask themselves those questions.

There are no right or wrong answers. Discovering your identity, weather it is gender↗ or sexual identity (or any other) is a complex process that takes time and patience. When going through that process Dara Hoffman-Fox (2021), expert in raising trans awareness, suggests a few things that could make the process smoother:

- ### Remove the labels

If you are not comfortable in putting a label on your gender↗ or sexual identity (such as transgender, bisexual, man/woman/non-binary person, etc.), you do not have to do it. There is no need and no rush in having a word that describes how you feel inside. If putting a label is something that works for you, go ahead! If it's not, you do not have to pressure yourself and try to speed the process of self-discovery just to get to a point where you can place that label on it. What matters is that you ask yourself questions in order to discover what it is that you are comfortable with and what creates discomfort. When do you experience that discomfort? Are there certain circumstances?

- ### Build a support system

Being surrounded by people who↗ trust and respect you and your process is crucial throughout your discovery. These people can be family members, friends, counsellors, support groups, etc. It is important to be able to talk about your process to people who↗ are willing to listen to you and support you on an emotional and mental level. If this type of support is currently lacking, online support groups are a good way to start (social media groups).

- ### Do what feels gender-affirming

Realising that you do not feel aligned with the gender↗ that was assigned to you at birth is the first step towards starting to explore things that feel more gender↗ affirming. A few options that you can try out can be creating a social media account

with the name and/or pronouns that you feel aligned to, playing with gender expression↗ through clothes and accessories in the intimacy of your own room or asking your close friends to use the name/pronouns you feel aligned to.

Once you start trying out different options, you will discover what feels more comfortable and what was just an experiment in the process. This is how your identity is being built.

What matters most is that you take the time to ask yourself these questions and to encourage others to do the same.

Exploring and learning are two valuable components in the process of self-growth. It is okay to not be sure about your sex↗, your gender↗, or your sexual orientation↗. Growing up, we are raised to think in a binary way because most of the representation we see and hear is binary, heteronormative, and monogamous. In other words, "normal", or better said "normalised". Everything else that does not fit into those boxes is mostly considered weird or wrong.

It is completely normal to question your identity, your gender↗, and your sexuality↗ even if you thought you were 100% sure of it before. Without exploring, you cannot discover new things and you might get stuck in the same routine and same old habits and activities, making it harder for you to grow. Changing your environment can contribute to that growth. Repeating the same patterns and staying in the same environments and with the same people without questioning anything or asking yourself if that is what you want or what is best for you, won't help you discover who↗ you really are and what you really need.

− 5.3.3. SITUATIONS OF DISCRIMINATION RELATED TO THE TOPIC −

Q, a 12-year-old kid from middle school, is going through their identity discovery process and even though they were assigned male at birth, they feel uncomfortable with that identity and are trying to discover who↗ they really are. After researching a bit, reading some books, and seeing some videos on social media, they came across the term "non-binary" and started reading about it. Pretty quickly they felt really aligned and identified with everything they were reading so they decided to give it a try and see if this was who↗ they were all along. While reading about gender expression↗, pronouns, and gender↗-neutral language, they decided to try out the pronouns they/them and asked a couple of close friends to start using those pronouns when they were referring to them. Even though it was something new for them too, the friends tried to accommodate the needs of their peers and started using the pronouns they/them in all of the conversations.

One day, while talking about Q another colleague overheard the conversation and started laughing and mocking them for using pronouns that 'did not fit their gender↗'. Other colleagues overheard that too and started laughing and avoiding Q during the next few days. Q did not want to go back to he/him pronouns as they did not feel like they could identify with them, so what they did instead was to start isolating themselves from the people who↗ were dismissive of their discovery process.

5.3.4. BEST PRACTICES

5.3.4.1. Conflict resolution

No matter what part of the conflict your children are playing, when noticing that something like this is happening, it is really important to address it instead of ignoring it and letting it slide away. A good practice to do that is to create a space specially dedicated to this topic where you can sit down and discuss it with your children.

You can do it in the form of an informative session by asking them what they know about the subject and then completing that knowledge with information from your side. You can encourage them to ask questions and remind them that respect is something that everyone deserves regardless of their race, class, identity, or any other circumstances.

You could explain how bullying↗ and discrimination↗ can affect somebody. While doing so, try to avoid shaming or projecting feelings and focus on the learning aspect of the talk.

This will bring the topic out in the open (instead of allowing it to happen in the dark) and will create the space for information exchange and for asking questions. Inside of this space, you can explain what gender identity↗ is, how pronouns work and that it is okay to experiment with different identities that you feel might align better with what you are feeling inside.

In addition to this, you can encourage your child to further research on their own and you could point to some resources that they can start with.

5.3.4.2. Be clear in your communication

When communicating with children, a good practice is to be as clear and as direct as you can in order to avoid misunderstandings. Try to avoid using substitute words for real life experiences or body parts or to talk around the subject hoping that they will understand what you mean. Instead name the experiences and body parts as they are and try to explain that everything is part of life and that there is no need to hide any of these talks or to talk in a coded way. Talking in a coded way or with substitute words would expose children to misunderstandings, to hiding or avoiding questions and to keeping secrets from adults because they may notice that adults are uncomfortable when the topic is opened. Regardless of if the talk is about sex↗, gender↗, identity, relationships, or anything else, talking about everything as it is (and using age-

appropriate explanations) will encourage your children to be curious and informed instead of afraid of opening a conversation that they see might make you uncomfortable.

This approach will also show children and teens that there is nothing weird and nothing to be ashamed of and will keep them informed, instead of perpetuating secrecy and making some topics taboo.

5.3.5. REFERENCES

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5.4. ADULTCENTRISM

- Adultcentrism↗ invalidates the realities of children.
- Among the consequences of adultcentrism↗ are the distancing of children and reducing the communication to a superficial level.
- Needs, emotions, and decision-making are important and valid at any age.
- Best practices for adultcentrism↗ include active listening, acknowledging children's needs and management of emotions.

5.4.1. INTRODUCTION

Every person has their own reality that they construct through their experiences, connections, feelings, and thoughts. While adults may be under the impression that they understand the world better due to their age and life experience, what happens is that they only understand it differently than children and teens.

Children have a different perception of the world and can have a different set of values than adults, which is why they would perceive the world around them (and the situations occurring inside of it) in a different way. This does not mean that they lack understanding or that their perception is incomplete or not valid. Involving children in the decision-making process and listening to their needs and emotions is important at any age.

5.4.2. DEVELOPMENT OF THE TOPIC

5.4.2.1. What is adultcentrism?

Adultcentrism↗ is the idea that an adult is inherently superior to younger people knowing how to deal better with a situation strictly because of the age difference. It is a process that involves systematically ignoring, oppressing, or belittling people because they are younger (Psychology Spot, 2021).

This assumes that children cannot reach a level of understanding or maturity that is high enough to be able to equally contribute to the conversation and/or decision-making. Adultcentrism↗ is a form of egocentrism transformed into an assumption based on age.

The realities, power of decision and contexts of children are completely placed aside because of that age difference. Although nobody contests that adults have a different range of experiences and/or knowledge and that children and teens need guidance, adultcentrism↗ can damage the communication between adults and children, regardless of whether it is in a family or in a school context. It creates a hierarchy by placing adults on a higher position and automatically starting the conversation from the assumption that they have more experience and knowledge and therefore their word will weigh more in the decision-making process. This is transmitting the message that the children involved will never reach a level of equality with them.

Moreover, it is said that adults will always be right in a discussion with children because of the age difference and the prejudice↗ they have around the understanding level of the children.

5.4.2.2. Consequences of adultcentrism

When seeing that they do not have the same starting point in a conversation with adults, children might start acting in a certain way in order to impress those adults and to gain more of their respect in the hope that they will reach that state of equality. If they notice that whatever they are doing does not bring them closer to that, there is a risk that they will slowly pull away from the connection with the adults and will start losing interest knowing that whatever happens, their word won't carry the same value as that of their counterparts.

When this phenomenon occurs frequently and becomes part of the teaching style of parents and/or educators, it can have psychological consequences into the adult life of the children affected by it.

Some of those consequences can be:

- ### Being more submissive

When children are in a continuous context of being shown that their opinions, thoughts, and needs are not as important as the ones of the adults around them, they might get used to adopting a submissive attitude and allow others to pressure them. This is going to have a lifelong impact on them as they will most probably unconsciously use this kind of approach in other interactions too.

- ### Increased vulnerability to oppression

When their needs and feelings are constantly ignored or placed in a second position of priority, children might grow up learning that it is okay to put somebody else's needs above their own, making them more vulnerable to psychological abuse↗. However, children who↗ grow up in an adult centric environment can also end up at the opposite end and become the adults who↗ practice this kind of behaviour.

- **Weaker self-confidence**

Adultcentrism↗ can generate an increasing negative self-concept for children, which can lead to weaker self-confidence (Psychology Spot, 2021).

5.4.2.3. How to avoid adultcentrism

If you want to avoid adultcentrism↗ , here are a few things that you could pay attention to:

- **Be aware of the language you use**

Instead of saying that children cannot understand something, try to use language that they can understand and to find ways to explain the situation to them. The levels of understanding vary from superficial to more in depth, so there is no such thing as children who↗ do not understand but rather adults who↗ cannot explain.

- **Be aware of the labels you place**

Take a moment and acknowledge the prejudice↗ that you might have and the labels you place on people, for example that younger people have less knowledge in certain subjects than older ones do. The levels of maturity and understanding do not come with age but with experience. Try to be aware of that next time when you talk to children.

- **Reflect on your behaviour**

5.4.2.4. Children are the present, not the future

If you treat children from a position of power or authority under the assumption that adults can bring more to the table, those children will at some point stop trying to prove themselves in front of adults. This might push them to perceive adults as unapproachable.

There is a common saying that children are the future of our planet, but according to the Global Fund for Children, they are not the future; they are the present. It is important to acknowledge the reality of children and to give them the space to share that reality so they can learn how to better shape it (Global Fund for Children, 2020). Adults could offer more space to children so that they can better understand values, contexts and mindset of children and youth. By doing this, they will validate the children's reality and teach them that their word matters and that they should advocate for themselves in the outside world too.

− 5.1.3. SITUATIONS OF DISCRIMINATION RELATED TO THE TOPIC −

A father has a fight with his 15 years old daughter over the person his daughter is dating. The dad saw a message from the person in question on his daughter´s phone and because he did not like what he read, he started fighting with her, telling her that the person she was dating was not good enough for her. In the middle of throwing angry comments at each other and defending their points of view, suddenly the dad just stops talking and walks away, ignoring his daughter. He took the comments personally and disregarded the reality of his daughter, thinking that she is only a teenager and that she does not know as much as him and his spouse do. He gives his daughter the silent treatment for the next few days, without addressing her any word or even looking at her. The daughter assumed that her dad did not like one of the comments that were exchanged during the tensioned discussion and tries to talk to him to reopen the conversation. The dad continues to ignore his daughter and to keep the silent treatment towards her. However, he keeps talking to his other child and to his spouse in front of his daughter.

This situation is a clear example of exclusion, because the father is excluding his 15 years old daughter both from his life as well as from the family interactions, which is showing the daughter that she is being punished for her behaviour. With this kind of treatment, the daughter will only be confused and might develop negative feelings towards herself, trying to figure out what it was that she did wrongly.

In this case, the father's approach was not based on finding a solution or reaching an agreement, it was based on an emotional reaction for a behaviour that he did not agree with, making it a form of control over his daughter.

A suitable way to approach this conflict could be to take some time off to cool down when the discussion gets really heated. In this way, both parties get a chance to calm down and think things more logically rather than based on emotions. After thinking about it, they can each express their point of view and find agreements that would help both of them feel heard. For example, the dad would agree to respect his daughter's privacy and not look into her phone and the daughter can agree to keep his father updated about how her relationship evolves (while still respecting her own privacy).

5.4.3. BEST PRACTICES

5.4.3.1. Active listening & acknowledging needs

A good practice is to actively listen to your children and the needs that they are trying to communicate to you. Try to avoid listening just so you can respond. Active listening means offering your full attention to them by paying attention to the verbal and non-verbal communication (body language).

Avoid interrupting, making assumptions or judging them. Instead, you could try to look them in the eyes and show them that you are there for whatever they need. When responding, you can show interest by repeating the message in your own words or asking questions to make sure you understand the message they wanted to transmit. Try to empathise with them, to place yourself into their shoes and see the situation from their perspective. It can also be helpful to ask them if they would like advice or if they just want somebody to listen to them. In this way, you avoid giving unnecessary opinions or advice and focus on what your child actually needs from you. By doing this and asking how you can contribute/help them in that

situation, you are showing them that you are acknowledging their needs (instead of assuming what they could be) and making them feel heard.

When seeing that you are interested in what they have to share, their courage and will to share more might increase and the trust connection between you and them might grow.

5.4.3.2. Processing your emotions

Before helping others to acknowledge and regulate their emotions, it is crucial that we are aware of our emotions and how we can safely express and process them, so they won't control us and our reactions.

As an adult, children and teens take you as an example and if they see that you cannot express your emotions in healthy ways, they might not feel the need to do so on their own. On the other hand, you can lead by example and implement a few strategies for processing emotions in your daily life. If you do at least couple of deep inhales and exhales, this short activity can help activate parasympathetic nervous system which can help your body to relax.

A few strategies for this can be:

- **Deep breathing**

Whenever you feel high intensity emotions (both pleasurable and difficult) it can be really difficult to listen to people or to process your own thoughts and emotions. Try to stop from whatever you are doing and take a few deep breaths. You can count when you inhale, hold and exhale the air or you can do it based on feeling. This short activity will help you regulate your mind, which will then give signals to your body functions (for example heart beating) and regulate them too.

- **Practice mindfulness activities**

Taking a few minutes out of your day to meditate and be present in those minutes can help increase your focus and regulate your emotions. By practising it daily you can reach a better understanding of your feelings and also a better control over them.

- **Accept your emotions**

Labelling your emotions as negative or bad only brings different feelings, such as guilt or shame with it. This is only adding to your emotional charge instead of helping you cope with it. What you can do is acknowledge the feeling that you have and the fact that every feeling is temporary and that at some point it will change. In this way, you will be able to process the emotions you have without giving them power over your actions or holding onto them. Acknowledge them and try to learn something from that experience, regardless of if that something is how to better manage it in the future or understanding where it came from.

If you want children to be able to manage their emotions, support them by managing your own.

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5.5. NON-CONSENSUAL BEHAVIOUR – CONSENT

- Body autonomy↗ is important at any age.
- Consent is something you always ask for.
- Changing your mind or not consenting to something is completely okay.
- Learning how to set your boundaries is just as important as respecting other people's boundaries.
- Your personal boundaries are showing other people how to treat you.

5.5.1. INTRODUCTION

Body autonomy↗ is a concept that every single person, regardless of their age, should be aware of. It represents the control and the power of decision you have over your own body in any given circumstance. Body autonomy↗ represents the choices you have in what you are doing with your body in any given situation. If you want your body autonomy↗ to be respected and for you to respect the autonomy and wishes of the people around you, consensual behaviour is a topic that plays an important role. When asking/giving consent before physically and/or mentally engaging actions, we are creating a safer environment where everyone can express their needs. Setting boundaries teaches other people how to treat you and also shows how you are treating yourself. These boundaries can protect you and inform others on your physical and/or emotional capacity.

5.5.2. DEVELOPMENT OF THE TOPIC

5.5.2.1. What is consent

According to McGuire (2021), what we are actually discussing when we talk about consent and consensual behaviour is as simple as **respect**. Whether it is respect towards another person and their choices or respect towards yourself and your own

wishes, it all resumed to the power of decision over one's own body, being connected with dignity, humanity, and personal autonomy. So, when is it important to start teaching children about consent and body autonomy↗ ?

Physiologists, such as Jean Piaget, concluded that children observe and categorise behavioural patterns before they even start to develop a sense of self. In other words, they absorb everything they see and hear around them and start categorising it into boxes that they can use in different social interactions. In today's society, the two main consent conversations that are being discussed are represented by the sexual and social scripts of the normativity↗ surrounding us (McGuire, 2021). We (parents, educators, children) heard and saw these behaviours so many times that we ended up normalising and adopting them, sometimes without even questioning if that was what would be best for us. It is as if we would be following a script. If we want to create a culture of consent, acknowledging the existence of a problematic pattern would be the first step of the process while practising new consensual behaviours that take us closer to the society we would like to live in, would be the second step.

Set an example by having clear boundaries and respecting them for yourself and with the people around you. Children pick up very quickly and seeing parents/educators having strong boundaries will offer them a sense of safety and importance of body autonomy↗ .

5.5.2.2. Asking for consent

Consent is clear, ongoing, coherent, and voluntary (Healthline Guide to consent). In order to avoid non-consensual behaviour, asking and giving consent are vital. But how can you ask for consent?

Regardless of the setting you are in and the age of the person you are interacting with, consent plays a valuable role in how the interaction will play out and how you will feel after it. Some ways of asking for consent are:

- **Asking directly:**
  - Can I hug/kiss/touch you? (If the interaction refers to a physical action)
  - Can I talk to you about…? (If the interaction refers to a mentally engaging action)
- **Framing it as a question of preference:**
  - What do you want to do?
  - Depending on what the person answers, you can keep asking questions until you reach a point where both of you feel comfortable with what is going on.

If you receive a 'no' for an answer, respect the person's wishes and do not insist.

When answering 'no' to a question related to consent, you have no obligation to give any explanation or excuse, because consensual behaviour is a choice that you are allowed to express freely without any further explanations. This choice is valid at any age, and it plays a big role in the development of healthy social patterns and a sense of self-awareness and respect in children and young teenagers.

Being so immersed into the normative world that society created among us, sometimes we tend to forget that every person is different and therefore, they have different needs. Whether people are queer↗ , neurodivergent, questioning, having a disability or having a different cultural background, it is important to remember that each and every one of us has been going through different experiences and might have different triggers or behaviours that they are not comfortable with. Assuming consent is not okay because we can never know what is going on in the mind of the person in front of us and what needs they might have unless we ask them directly.

Changing your mind after consenting to something is completely okay. You can change your mind at any point of any type of interaction and communicate it to the person/group of people you are with. As an example, if you agree to let a family member touch you on your arm or hug you and at some point, you start feeling uncomfortable with the touch, you can communicate it and change the situation. The whole point of consensual behaviour is that you feel comfortable during the interaction and that both your personal space and the space of the people you are interacting with is being respected.

5.5.2.3. Boundary setting

Setting boundaries is what helps people navigate consent and different levels of interactions that they might be comfortable with. Boundaries can be set at an individual level as well as in any kind of relationship, regardless of if it is romantic, sexual, friendly, family relationship or any other type. They should be clearly communicated, asked for and most importantly, respected.

Boundaries can be related to time, social interactions, physically and mentally engaging interactions (Selva, 2018). For example, individual boundaries can look like this: "I like hugs from friends, but I am not comfortable hugging strangers" or "I need to spend an hour alone after having dinner with my family". In a family context, it is important to keep in mind that every family member (both parents and children) might have different boundaries related to how they would like to interact with each other.

Advantages of having healthy boundaries include better mental and physical health, developing autonomy, developing identity, avoiding a burnout, and influencing others' behaviour.

– 5.5.3. SITUATIONS OF DISCRIMINATION RELATED TO THE TOPIC –

A very common example of non-consensual behaviour can be noticed for instance in big family gatherings. Let's say you are seeing some relatives that you have not seen in a long time and the whole family got together. You're seeing aunts, uncles, cousins, and other people that are not part of your daily life. As a parent, you tell your daughter to go kiss and hug all of their relatives (or to allow those relatives to kiss/hug them) because they haven't had contact in a long time. Your daughter agrees to it and allows those relatives to kiss and hug her, but she clearly expresses discomfort in doing so. You are trying to comfort her by telling her that it doesn't take a lot of effort, it is important for all of the family members to feel like they can have a chance to interact with her and that she might regret it later if she does not do it and/or that the relatives are expecting this, and they will get upset if she refuses to play along.

This kind of behaviour is showing your children the following things:

Firstly, that they don't have control over their own bodies in certain contexts because they are expected to allow family members to touch them even if they are not comfortable with the touch.

Secondly, it shows them that the emotions and intentions of the other person have priority over their own if their behaviour (not allowing the relatives to touch or kiss them) might upset them.

Something that you can do in this situation is to tell your children that they have the choice if they want to allow relatives to touch/kiss them and that it is okay if they do not want to do it. It is important for your children to have control over their own bodies because the choices they make within the family circle are also shaping the choices they will be making in different social circles. As it was mentioned before, children copy the patterns of adults by observing and absorbing the information related to their interactions and categorizing that information in boxes. If you want children to be able to set boundaries in

their future romantic/sexual/work-related etc. relationships, you can start by talking to them about boundaries within the family context and by respecting the boundaries they set even if it might not be the choice you would make.

5.5.4. BEST PRACTICES

Taking the theoretical principles of Selva (2018), setting boundaries can be broken into four steps:

- **Identifying/Defining**

The first step of the process is identifying your needs and the boundaries that will help you protect them.

- **Communicating**

After being able to express your personal boundary in words, the second step is to share it with the people around you. If people do not know your boundaries, they cannot respect them and for that, it is important to always say what you need.

- **Staying simple**

Staying simple is another principle that will help both you and the people interacting with you. You do not need to over explain or to excuse yourself. Just state your boundaries clearly.

- **Setting consequences**

Last but not least, set consequences. Mention to people why this boundary is important to you and how it would affect your behaviour if it were not respected. You cannot control other people's behaviour, but you can control how you react to it and setting a consequence is showing people that those boundaries are important to you and if they are not respected, your way of interacting with those people will adjust accordingly.

For example, let's say you are not comfortable with physical touch. You mention that you do not want people to hug you when you meet a group of friends and that this is important to you because you need more personal space that day. You are stating your boundary (that you don't want a hug/physical touch), you are explaining why (you need more personal space that day) and you say it from the beginning so that everyone is aware of it. If a person from the group still comes and hugs you or touches you when you stated that you are not comfortable with it, your response could be to take some distance from

that person in order to avoid that kind of contact. In this case, taking distance from them would be the consequence you set in order to show them that you need your boundary to be respected.

It is important to know these four phases in order to be able to help the child in this regard.

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5.6. BETRAYING TRUST

- Trust is a valuable resource from an individual, to a relationship level and a societal level.
- Betraying trust manifests itself through lying, manipulating, crossing boundaries, sharing personal information, etc.
- Consequences of having your trust betrayed include distress, loss of trust, self-doubt, feeling of vulnerability, isolation, etc.
- Betraying trust has an impact both on a mental and on a physical level.

5.6.1. INTRODUCTION

Betraying trust is the act of doing something bad or hurtful towards someone that causes a loss of respect. Betraying trust can occur between two people, between a group or even at a societal level and can happen in any context (Psychology Today, 2014). How we deal with it is what is shaping our mentality and our future connections.

5.6.2. DEVELOPMENT OF THE TOPIC

A recent study analysing the connection between gender equality and trust came to the conclusions that gender equality values are important for social trust (Cho, 2016). In other words, societies that prioritised gender equality noticed that

gender↗ related values (such as fairness) are an important factor of social trust. On the other hand, societies where gender↗ equality was not a priority and where values related to gender equality↗ were not an important factor of social trust, were more prone to a general social distrust and discrimination↗ . The study showed that gender↗ discriminatory values negatively affected everyone in society, not only women.

5.6.2.1. How can you betray someone's trust?

Betraying someone's trust can take a lot of different shapes and can have a variety of consequences both on the person whose trust is being betrayed and on the relationship between the parties involved. This can happen on an individual, on a relationship level or on a group/societal level.

- ### Crossing boundaries

When establishing certain boundaries in a relationship (this can be a friendship, a romantic relationship, or any other type of connection between two or more people), respecting them is providing a safer space for everyone involved so that they feel comfortable with the interaction. Having those boundaries crossed, regardless of whether they are mental/emotional/physical boundaries, is a form of betraying trust↗ because it takes away that feeling of safety and of being sure that the interaction is guided in a way that would protect the people involved. Personal boundaries are placed in order to protect the person that placed them. By crossing them, the personal space and feeling of safety inside of the situation is being taken away from that person. Even small physical gestures or opening specific subjects that cross someone's boundaries can have a great impact because of what they represent – pulling away from a common agreement and taking control over the interaction.

- ### Sharing personal information

Sharing personal information that you are trusted with can be really dangerous when talking about gender equality↗ or self-discovery processes. Because of the vulnerability and level of exposure these interactions bring, there is a constant risk of gender↗ -based violence↗ , **LGBTQ+ phobia**↗ or phobia towards non-normative practices. Sharing this kind of information is not only harming the relationship between you and the person who↗ trusted you with it but there is a chance that your choices might put their safety in jeopardy (mental and physical safety).

- ### Lying and Manipulating

Another form of betraying trust↗ is through lying or manipulating the conversation in a way that crosses the established boundaries or direction of the interaction. Any form of lying, including lying through omission is a form of betraying trust↗ because the person receiving the information cannot have a full image on what is going on and therefore their decisions (of how they interact or what they want to do) is being manipulated through holding onto some information that could have changed the whole outcome of the situation.

5.6.2.2. Consequences of betraying trust

Consequences of betraying trust↗ can manifest themselves both on a mental and on a physical level. Having your trust betrayed can bring **distress, the feeling of vulnerability and exposure, loss of trust in others, loneliness** and even **self-doubt** (Psychology Today, 2014). If someone's trust is constantly being betrayed, there is a chance that the above-mentioned consequences could affect them mentally up to the point where they start **isolating** themselves because they are under the impression that they can trust no-one. During this process, if people keep crossing their boundaries, self-doubt is a common effect, making the person start doubting themselves, questioning if there is something wrong with them or maybe thinking

that they are not worthy of people's trust. These feelings of constantly questioning might lead to feelings of not worthiness and not enoughness.

5.6.2.3. What to do after betraying someone's trust/having your trust betrayed

- **Take your time to process**

If somebody betrayed your trust, take your time to reassess your needs in that situation. By doing this, you can also make sure that your reactions towards the person will be based more on a rational rather than an emotional point of view. If you take your time to process what happens, you can also reassess your boundaries and how you would like to handle the possible conflict.

- **Talk about it**

If it is possible, having a conversation with the person that betrayed your trust can help in clarifying what your expectations were and how their behaviour affected you. Not every betrayal has negative underlying intentions and by talking about it you can make sure that there were no misunderstandings.

– 5.6.3. SITUATIONS OF DISCRIMINATION RELATED TO THE TOPIC –

Y is a 14-year-old kid that is starting middle school and has just gotten a new phone as a birthday present. While charging the new phone and doing the data transfer from the old to the new one, they left both of the phones on the kitchen counter and went to their room. In the meantime, their mom was in the kitchen, reading some new recipes. During the data transfer, the new phone started to vibrate because of the notifications it was getting while the data was transferred. When hearing this, the mom went to check what was happening and saw an open conversation with a message that she read and did not like. The message was from Y's boyfriend and was a comment that was addressed to the relationship Y had with their parents. Intrigued and wanting to find out more, the mom opened the conversation on Y's phone and started scrolling down and reading as much as she could, looking at everything they sent to each other, including pictures and intimate messages.

After a while, Y came out of the room, saw what was happening and took the phone from their mom. Y started saying that their privacy was not respected while their mom was screaming at them telling them that what they are doing is completely wrong and that she had to keep reading the messages and to know more because this was the only way to protect them. That situation was a turning point for 14-year-old Y because their trust had been betrayed and their privacy was not respected.

These kinds of situations happen often and knowing how to manage them is an important factor in the children's development.

What could have been done in this situation, when the mom saw the first message on Y's phone, she could have put the phone down, go to Y and ask them to have a conversation about it. In this way, she would have sent the message that she would like to have a more trusting and open relationship and she would have given Y a chance to explain the situation before jumping to conclusions or invading their privacy. By invading a child's privacy and/or avoiding the subject, you could be putting that child in a more vulnerable and dangerous position, contributing to them pulling away and keeping information from you.

5.6.4. BEST PRACTICES

5.6.4.1. How to avoid betraying someone's trust

- **Ask for consent**

Regardless of whether it is a physical boundary or whether you would like to share some information on/with them, ask before acting.

- **Be honest in your communication**

Try to avoid sharing parts of the information related to a situation because it would lead to the manipulation of the conversation in your favour. Instead, be honest and open in your communication.

- **Set boundaries**

Setting boundaries from the beginning can be of great help, especially in the interactions with new people. These boundaries can be expressed as a wish, like "I would like the information I share with you to stay between us" or they can take the form of offering choices, such as "if you want to share this information about me/us, please ask me before you do it". The second option does not focus on what will be shared specifically but rather on how and with whom.

- **Communicate intentions clearly**

If you know that there is something you do not like or do not want to happen, try to communicate your intentions clearly. None of us are mind readers and we also should not be. It is completely okay to not know your exact intentions from the beginning and still share that with the other people involved. This kind of sharing can look like this: "I'm not completely sure if I want to share this info with others. I will think about it while we talk" or "I'm comfortable so far but I'm not sure if this is the direction I want the conversation to take. Can we keep going for a bit longer and I will let you know if I'm not comfortable with it?". What matters is that even if you are not sure of what you want, being clear about that is going to help everyone involved.

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5.7. ONLINE SECURITY: SEXTING, RISKS

- Educate instead of interdicting.
- Having and reinforcing online boundaries contributes to a healthy use of the internet.
- When sexting↗, talk to people you know in person and don't forget to ask for consent first.
- Risks of sexting↗ include cyberbullying↗, revenge porn, sexual predators↗, detachment of sexuality↗ from physicality, legal issues, and others.
- Instead of demonizing sexting↗, shifting the focus on learning how to do it in a consented way and how to be aware of the possible risks could be more beneficial to teens.

5.7.1. INTRODUCTION

The digitalised world that we live in, pushes us to adapt to the constantly changing safety parameters on online security. While the internet is an attractive resource, offering access to information and entertainment, knowing how to protect yourself and your interests is a valuable skill. When teaching about the use of the internet to children/teens, teaching about online security, cyberbullying↗, sexting↗, and other risks of personal exposure represent a priority in a healthy use of the internet.

Knowing about the advantages and the downsides of the internet can help children/teens balance the information and make choices about their online activity.

5.7.2. DEVELOPMENT OF THE TOPIC

5.7.2.1. Internet is forever

One of the first things that children/teens need to know before engaging in any online activities is that the internet is forever. Anything they search, post or comment on will be saved somewhere in the database, exposing them to the risk that at some point it might come out in a certain way and put them in a vulnerable position. This goes for shared pictures, personal information they gave when they created an account for a website or any random message, they sent to a friend through an app. Everything is saved, stored and used in a way or another, regardless of if it is for marketing purposes (like targeted ads), for customer analysis or any other type of data analysis. That information can be either used against them (for example through bullying↗) or to manipulate them into behaving in a certain way or buying something they would be convinced they need. Through behavioural psychology, social media creators could be using specific colours, language, images, or movements to subtly manipulate the viewer into making a certain decision. Even though this is an oversimplification of how the internet works, the idea that every single input you provide is used for something can make you think twice before wanting to search or post anything.

Cyberbullying↗ , cyber-stalking, obscenity, phishing, misinformation and piracy are just a few of the internet related dangers. Teaching about privacy means understanding these dangers. When it comes to unknown situations, what makes them terrifying or perceived as a threat usually have a focus on the lack of understanding. When we don't understand something, we cannot protect ourselves from it. Same happens with children/teens.

It is bold to assume that they will listen to teachers/educators telling them that the internet is dangerous without explaining why and how those dangers can possibly harm them. By using age-appropriate language, you could try to explain how having any kind of online activity might affect their real life.

You could start by explaining how online privacy works, how they can use safer ways to navigate the internet and how sharing personal information on websites or with people they do not know can affect them. Try giving concrete examples without demonising the internet. While the internet can be a great resource, the values it has (and the power of being positive/negative) lies in the hands of the user.

If you would like them to be cautious but not scared to not use the internet at all, you could try a few of the following things:

- Get a camera coverage for laptops/computers.
- Check out a few online pages together with them.
- Have a talk about which kind of information is safer to give (for example avoid address, bank account info etc.).
- Show them how to recognize reliable information sources.
- Participate/organise workshops or activities that teach you how to have a safer online activity (especially on social media).

All of these situations can have an even more harming impact when talking about sexting↗ .

5.7.2.2. (Lack of) Privacy

Sexting↗ is the activity of sending sexually explicit content over private messages or over the internet. It refers to photos, videos, and messages (written and audio) (Priory Group). This practice has become widespread with the evolution of smartphones, becoming a normalised teen behaviour. However, more often than not, people are not completely aware of the possible risks that sexting↗ involves.

Risks associated with sexting↗ :

- **Sharing explicit content without consent (messages, audio-visual content)**

One of the most common risks associated with sexting↗ is the spreading of the content without the person's consent. This can be done through forwarding messages, screenshotting without consent and/or posting the content online.

- ## Revenge porn

Revenge porn is the act of an ex-partner sharing explicit sexual content of you without having your consent. It has the purpose to cause embarrassment and distress and can happen after a separation, having revenge as a starting point (Psych Central, 2018).

- ## Cyberbullying/sexual harassment

Cyberbullying↗ is the use of online communication to bully or harass a person through intimidating them, sharing negative or hateful content and threats. People going through cyberbullying↗ may experience lower self-esteem, isolation, assuming a different online identity (creating a fake image of their life), have negative emotional responses (fear, vulnerability, frustration etc.) and have self-harming tendencies.

According to a study carried out by the Cyberbullying↗ Research Centre in the US, on a sample of 13–17-year-olds, 42% of the teens stated that they have experienced cyberbullying↗ in their life. Moreover, adolescent girls were more likely to experience it (50,9%) than adolescent boys (37.8%) (Patchin, 2021).

Not only is this a possible risk, but it is also more likely to happen to people who↗ do not identify as males, making it part of the gender inequality↗ issue too as these people can be more vulnerable and more exposed to threats like this.

- ## Detachment of sexuality from physicality (emotional influence)

By investing a lot of time inside of the digitalised world, a risk of online activity and sexting↗ specifically can refer to the perception of sexuality↗ in relationship to physicality (Smith, 2021). When it comes to discovering one's own sexuality↗, the practices one chooses influence the emotional connection that is built between the people involved and thus their perception of sexuality↗ and intimacy. An increased amount of sexting↗ can lead to the detachment of sexuality↗ from physicality, possibly making teens not associate physical touch with sexual desire or sexuality↗. This can shape their entire perception on how to build healthy intimate relationships with their partners and can influence them throughout their life.

- ## Sexual predators

Sexual predators↗ are people who↗ seek out sexual contact in an abusive or predatory manner. Sexual predators↗ may have committed sexual offenses such as harassment, assault, rape or any other sexual activity that did not involve having the consent of the other people involved. Sexting↗ can facilitate the context for sexual predators↗ through catfishing, the practice of assuming a different identity, and through offering the predator an online safety, considering that they can lie about their location and identity.

- ## Legal issues

Due to the rapid evolution of sexting↗, recognising consensual sexting↗ from non-consensual sexting↗ and child pornography has become a priority issue for law enforcement. Through sexting↗, especially to people they do not know in person, children/teens risk becoming subjects of online sexual exploitation.

When explaining these risks, regardless if it is in a family or a school environment, the idea is that teens become aware of the risks, not that they would be frightened to go on the internet or to do sexting↗. You could try to transmit the idea that taking precautions and openly communicating about what is happening in their online activity (while still respecting their

privacy) can be in their benefit. Explaining what measures they could take when situations like this occur could keep them safer while also respecting their privacy. Try to balance the talk and also approach the fun and exciting part of sexting ↗, learning about your likes and dislikes and building intimacy with your partners.

5.7.2.3. Consent

Peer pressure can drastically influence someone's behaviour, especially when it comes to social integration and having the feeling of belonging. Take a moment to show children/teens that it is okay to stand out of the group and not do something that you are not comfortable with. Even though this is something that applies at all ages, children/teens are more vulnerable to it because they are most likely going through their self-discovery process during those years and are trying to find a group that they can belong to.

Explaining what consent is and that they should not give it if they do not feel comfortable can go a long way. Consent is a two-way street. You are deciding if and when you give it but also consider how to ask for it.

When it comes to sexting ↗, **asking for consent** can look like this:

- Would it be okay to send a picture/video?
- Would you like me to continue?
- Are you comfortable with x?
- How does x sound for you?

These are just a few examples of how you can make sure that the person you are talking to is also comfortable with the direction that the conversation is taking. Teaching teens about consent when it comes to sexting ↗ also means teaching them how to make sure they ask for consent. Focus on explaining that sending explicit content without consent is invading the other person's privacy and that building intimacy with someone requires trust, regardless of if this is happening online or offline.

You can read more about consent on the topic 5.6 ↗ .

− 5.7.3. SITUATIONS OF DISCRIMINATION RELATED TO THE TOPIC −

O. is a 14-year-old who ↗ has an account on a social media app. That's where they met G. Although O. and G. live in the same country, they are in different cities and never met each other in person. They saw pictures with each other and started talking online until they build a certain level of intimacy. That's when G. started to send O. messages with a sexually explicit content and was encouraging O. to do the same. O. did not feel comfortable in doing it and G. started mocking them, telling them that if they would send sexually explicit content they would just be like any other teenager.

In this case, there are several risks involved. O. could be subject of peer pressuring, cyberbullying ↗, sexual harassment and if the person at the other end of the conversation would not be who ↗ they are claiming to be, the risks could involve sexual predators ↗ , child pornography or other dangerous situations.

As a parent, establishing a climate of trust and approaching the subject of sexting ↗ and online security instead of avoiding it, can help children/teens feel more comfortable in reaching out to adults in situations where they might need help.

5.7.4. BEST PRACTICES

5.7.4.1. Establishing a climate of trust

Establishing a climate of trust with your children/teens can encourage them to come to you in the case of possibly dangerous situations. Try to openly talk about online security but answering their questions and showing them how to navigate the internet in a safer way. While doing this, try to respect their privacy too.

Encourage them to be conscious about the information they give away and more importantly, to whom they give out this information. Encourage them to only talk to people they've met in person and talk to them about privacy and intimacy.

5.7.4.2. Discuss instead of avoiding

Discuss the topic and find common ground and practices that can help both the children and you as a role model to them in keeping them safe. Explain the risks of sexting↗ without demonising the act but rather focusing on the possibility of danger. If you disregard the action completely and present it as something you think is completely wrong, you might not be helping children to stay away from it, but you could most probably be taking a learning opportunity away from them as they might not come to you in case something goes wrong.

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6. LOVE, ROMANCE, AND RELATIONSHIP DIVERSITY

Articles

6.1. SEXUAL PLEASURE

- A focus on sexual pleasure should be encouraged, not shamed.
- Sexual pleasure is important for self-discovery and can contribute to physical and mental health.
- Everybody is different and there is no general rule of something that works for everyone, which is why experimenting is important.

- Setting boundaries and being informed can contribute to creating a safer environment which encourages sexual pleasure.
- Teaching about considerate and respectful behaviour and fantasies can help in preventing the perpetuation of abuse.

6.1.1. INTRODUCTION

In today's society, a lot of countries lack sex↗ and relationship education, which is visible if the increasing numbers of teenage pregnancies, shame and guilt when talking about sex↗. By avoiding the topic, the problem is neither disappearing nor moving towards a solution. In today's sexual education there's a missing discourse of desire and pleasure (Allen, 2007) and what we are doing when we choose to not teach about sex↗ or sexual pleasure is to put children and teens in vulnerable and possibly dangerous situations (both mentally and physically) by pushing them to get their information from other sources.

6.1.2. DEVELOPMENT OF THE TOPIC

6.1.2.1. Healthy relationship with your body

Having a healthy relationship with your body helps in achieving a healthy relationship with your mind. Getting to know and accepting your body can look differently in distinct cultures, for different religions and different social backgrounds. Keeping in mind that everyone has their own pace, the idea that getting comfortable with your body benefits you a lot on a mental and physical level should have a high value in any society. While some cultures do not even see part of their population as sexually active or being able to make decisions about their own bodies, others focus primarily on the pleasure of people who↗ identify as males. The following material has every single person as a target and stands for the idea that everyone is entitled to sexual pleasure (and the safety that comes with it through being informed and self-aware) regardless of their sex↗, gender↗, sexual orientation↗, relationship type, ability, or any other factors.

6.1.2.2. Access to information

Choosing information sources wisely is a determinant factor in how children/teens perceive sex↗ and sexual pleasure. The information should be age appropriate and clear. The education that is often available in public schools is not focused on sex↗ or sexual pleasure, teaching only the biological aspects of sex↗ and the reproduction system. In addition to that, there is often guilt or shame attached to the topic, which could show children/teens that this is a taboo subject that they should be embarrassed to talk about.

By avoiding the subject, adults are redirecting children/teens to other sources of information which could be their peer group, magazines, porn websites, etc. The problem with this is the possibility of learning and spreading misinformation, which is putting them in vulnerable positions and increases the risk of possibly dangerous situation and/or sexual exploitation or abuse.

If you do not feel comfortable in providing the necessary information related to sex↗ and sexual pleasure for everyone, you could redirect them towards trustworthy resources (blogs, webpages, social media accounts, etc.) or organise a session with sex↗ educators that would teach them what sexual pleasure is, how they could achieve it in a safer way and what they could pay attention to.

Knowledge is power. The more they know about your body and how it functions, the better they will be prepared to act in possibly vulnerable or dangerous situations. Moreover, by feeling comfortable in your own skin and experimenting with their bodies (which they are probably already doing) can help them navigate their future relationships with other sexual partners.

6.1.2.3. Creating a safer environment

Creating a feeling of safety can help in exploring and experimenting with sexual pleasure. Children/teens should know how to create that environment in order to make sure that everything that will happen is consented and that everyone involved feels comfortable with it. The information they receive should be age appropriate. Some common points that you could discuss at all ages (in different depth levels) are:

- **Talking about sexual pleasure**

Talking about sex↗ and sexual pleasure should be one of the starting points of the conversation. There is nothing shameful in focusing on sexual pleasure and teens should be aware of it. When talking to them try to avoid using metaphors or different words for body parts or sexual activities because they can be confusing and they can make the lines blurry for the listeners, leaving them exposed and vulnerable. Using different words for body parts and/or sexual activities is teaching children/teens to avoid or replace those words too, making the subject of sex↗ and sexual pleasure taboo and embarrassing. By describing body parts as they are, without shame or guilt, you are creating an environment that can reduce the risk of sexual abuse and sexual harassment.

As a parent, if you do not feel comfortable in doing this, try to find a setting where your children/teens could learn about it (carefully chosen resources, sex↗ educators, sex↗ education workshops, etc).

- **Communicating clearly and setting boundaries**

Setting boundaries for sexual exploration and sexual pleasure can contribute to having a positive experience. Teaching children/teens to communicate clearly is helping them express what they like or do not like in their conversations with their sexual partners too.

Learning how to set boundaries in their everyday lives contributes to them actively doing it in their sex↗ life too. Asking for/giving consent is a valuable part of any exploration towards sexual pleasure. Encourage them to avoid assumptions and explain that receiving consent for a specific body part/activity/on a specific occasion, does not mean that the consent is generally valid. Instead, encourage them to ask again for consent when moving towards a different body part and/or activity with their sexual partners.

- **An important reminder:**

Make sure that they know it is always okay to change your mind and that you do not need to have any specific reason or give explanations for that. They should know that they have control over their own bodies.

- **Using protection**

Experimenting with different kinds of protections (condom, dental dams, etc.) for oral/vaginal/anal sex↗ can be turned into something fun and useful. Show teens where they can get their information about using protection, why they should use it and how they can do that. Out of fear or lack of knowledge sometimes using protection can be perceived as a barrier against sexual pleasure. Try reinforcing the idea that it can be fun and safe at the same time.

As a parent you could try to create a space where your child/teen can openly talk about different kinds of protections. If they do not feel comfortable in talking to you about it, you could offer them sources of information and/or help them in the process of talking to a sex↗ educator. Nowadays, a lot of sex↗ educators are creating online content in order to offer access to information and debunk myths related to sex↗ and sexual pleasure.

- ## Avoid shaming and guilt

Shaming children/teens for feeling (or not feeling) sexual attraction↗ towards a specific sex↗ , gender↗ or practice can result in them hiding information, feeling guilty for their emotions, and shaming themselves. The same can happen for shaming or guilting someone over the amount (or lack) of sexual attraction↗ and sexual desire that they feel. An example for this is the "slut shaming" because it shames a person for being sexually active or having a higher number of sexual partners than you.

Shaming can contribute to them isolating themselves from sexually related conversations or practices and perpetuates the idea that some sexual practices can be taboo while others can be more in the open (for example talking about men's sexual pleasure is normalised while talking about female's or other gender↗ 's sexual pleasure is not). These assumptions and misconceptions are often gendered, for example "men have to like a lot of sex↗ ", "women don't masturbate as much as men", "women should be pure (virgins) when they get married" (in some cultures); and all this is contributing towards perpetuating gender inequality↗ . In addition to this, based on gender stereotypes↗ and assumed characteristics, the same situation can be beneficial for male identifying people and shameful for female identifying people: a man with a lot of sexual partners is an experienced man while a woman with a lot of sexual partners is a slut.

6.1.2.4. Debunking myths

Sexual pleasure is more felt by men

Sexual pleasure is for everyone and encouraging teens to explore and experiment with their bodies in a safe way is benefitting them and their current/future sexual partners.

It is harder for women to have an orgasm

Female anatomical bodies/intersex↗ bodies work differently than male anatomical bodies. Because of the fact that pleasure was (and is) perceived as being taboo for certain genders in most of the world's cultures and religions, the available research on sexual pleasure is mostly research that was done on male anatomical bodies. Even so, by experimenting and exploring with different methods, stimuli and activities, other types of bodies can reach orgasms just as easily.

What worked with one person should work with every person

As it was specified before, every body works differently. Try to avoid assuming that if one of your sexual partners liked something, it automatically means that all of your future sexual partners will like the same thing. Sexual activity and sexual pleasure are personalised for everyone, and they involve boundaries, self-awareness, and consent. It is best to ask before trying something new.

Not wanting to have sex means something is wrong with you

There are people who↗ do not find any sexual activity or sexual pleasure attractive (for example some asexual people). Keep in mind that liking sex↗ or being sexually active is a personal choice, not a general rule.

Porn-expectations vs. real life

Having a sex↗ life like a porn movie does not have to be your end goal or your ideal for a sexual experience. Porn movies are made by professionals and can involve a lot of acting, editing or experimenting with things that not everyone is comfortable in doing. Sex↗ and sexual pleasure should be about how comfortable you feel, trying new fantasies or exploring different options. When starting to watch porn, it is important to reinforce the idea that sex↗ and sexual pleasure do not have to look in a certain way and that they are rather customized by the people involved in the act.

For more information you can consult the topic on porn consumption↗ .

6.1.2.5. Exploration and focus on pleasure

The key to finding sexual pleasure is to keep experimenting to see what works best for your body. There is no general rule or "right" way to do it as every single body is different and has its own perception of sensations and stimulations.

When talking to children/teens about sexual pleasure, try transmitting the idea that not all bodies work in the same way and that this is completely fine. It is important that they understand that there is nothing wrong with being different or feeling something that other people don't.

Sexual pleasure can come from all kinds of sexual activities which you can do alone or with partners:

- Kissing.
- Touching.
- Rubbing.
- Masturbating.
- Using sex↗ toys.
- Oral/vaginal/anal sex↗ .
- Sexting↗ /phone sex↗ , etc.

You can explore these activities on your own or with a partner. By exploring on your own, you will be able to have better communication during partnered sexual activities as you will be able to express what you like and what you would avoid.

Reducing sex↗ to its biological function of reproduction is reducing (sometimes even erasing) the opportunity to discover sexual pleasure. By teaching children/teens that getting to know their bodies and focusing on sexual pleasure is in their advantage, the better they will be in creating respectful and consented sexual relationships when they are older. Moreover, through learning about exploration and pleasure, they might be able to further experiment with different relationship styles and kinks in a safer way.

− 6.1.3. SITUATIONS OF DISCRIMINATION RELATED TO THE TOPIC −

After a sex↗ education class, your teen comes to tell you that the teacher surprised them with an activity involving a conversation around sexual pleasure. Your child explains how the teacher asked everyone to write on a piece of paper everything they knew about sexual activity and sexual pleasure and when reading the papers out loud everyone realised that the bigger part of the information was focused on the pleasure of heterosexual males. This led to them concluding that there was a gap of information related to sexual pleasure in females, queer↗ people with different sexualities and any other people who↗ do not identify as heterosexual males.

As a parent, what you could do in this situation is to guide your child toward resources where they can get their information and minimise that knowledge gap. You could also suggest resources that have sections dedicated or questions where they can get an answer to any questions, they might have without having to come and talk directly to you.

6.1.4. BEST PRACTICES

6.1.4.1. Avoid stereotyping, shaming and guilt tripping

Perpetuating stereotypes, like "women are more sensitive and emotional" while "men are tough and like wild/aggressive/dominant sex↗ " is what normalises possible shame, guilt, or the wish to reaffirm oneself in front of our sexual partners. Instead of shaming or making someone feel guilty for the way they practice sex↗ or explore sexual pleasure, try asking what they like. Avoid making assumptions based on somebody's character or physical appearance and try making a habit out of asking every new sexual partner what they are comfortable with and how they like to explore their sexual pleasure.

Being aware that sometimes children/teens may have access to this information really early in their teenage lives, try reframing the information they have in a way that it gets a positive value. For example, if a child comes to you and tells you that they heard women are really emotional and like to get attached to their partners, try explaining that every person is different and has their own needs. While some people might feel the need to have a stronger emotional connection before any sexual activity, others might prefer to create a connection through a conversation or in any other way. Then, encourage clear communication and talking about boundaries, protection, and safe exploration.

Try to explain that it is not shameful to have different views on sexual pleasure or to be aroused by different activities and stimulating things.

For more information you can consult the topic on role and gender stereotypes↗ .

6.1.4.2. Anonymous box of questions

Because of the shame and guilt attached to the subject of sexual pleasure, especially for anyone who↗ does not identify as male, asking questions might be a bit intimidating when everyone hears you say it out loud. A good way to work around this is to create an anonymous box where children/teens can ask questions about sex↗ and sexual pleasure. You could check the box regularly and help in providing that information. Thomas Schallhart, founder of Critical Queer↗ Solidarity, advice teachers to bring experts or sex↗ educators who↗ can answer to those questions in detail and thus facilitate the

participation of the children/teens knowing that the person answering those questions will not be their everyday teacher. This would encourage children/teens to be more open and less afraid or ashamed to ask questions.

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6.2. KINK

- Kink↗ can be both an identity and an orientation.
- Kink↗ involves expression through different power dynamics and experiencing sexual attraction↗ for certain acts.
- When practising kink↗, boundaries, consent, and safe word are part of the play.
- Kink↗ experiments with, but is not limited to, bondage and discipline (B&D), dominance and submission (D&S) and sadomasochism (S&M).
- When teaching children/teens about kink↗, try teaching about safety, intimacy, consent, and sexual pleasure.

6.2.1. INTRODUCTION

Savin-Williams (2019) defines kink↗ as both an identity and an orientation, stating that it can be either accepted and embraced or kept hidden and unpractised. Regardless, it's not going away. In the same article, the author mentions that for youth and young adults kink↗ is a form of expression, of trying out different power dynamics and experiencing attraction towards certain acts. Some authors even mention that kink↗ can be such an orienting force that it can overpower the concept of gender↗ as we know it.

6.2.2. DEVELOPMENT OF THE TOPIC

6.2.2.1. What is kink?

According to Gemberling (2015), BDSM↗ includes, but is not limited to consensual practices related to bondage and discipline (B&D), dominance and submission (D&S) and sadomasochism (S&M). These practices involve certain power

dynamics between the people involved and can look differently depending on the person practising it (Desai, 2019).

Being defined by human sexuality↗ and the use of so called non-conventional sexual/sensual/intimate practices, fantasies and concepts, kink↗ is a non-normative practice. This means that it does not fit into the image of the normality created by today's society when it comes to sex↗ and sexual activities. Therefore, kink↗ can be perceived as weird and wrong, attaching this stigma to every kink↗ practitioner. This often happens because of lack of understanding or misinformation and can lead to disapproval and isolation of the practice itself and the practitioners. A study carried out by Kelsey et al. (2013) shows that even the attitudes of therapists or other professionals could be influenced by their bias towards BDSM↗, affecting thus their practice. Therefore, authors such as Helfer, E. consider teaching about kink↗ an ethical obligation in order to be able to shift this mentality in health clinicians and make the system more inclusive (Helfer, 2021).

6.2.2.2. Intimacy

It is important to keep in mind that **kink↗ is always consensual**. If it is not consensual, it is not kink↗, but rather abuse of power, violence↗ and/or discrimination↗ . Kink↗ is not limited to sex↗ and does not have sex↗ as its main goal. What it promotes is enhancing intimacy between partners, having the sexual acts heightening the pain/pleasure combination and the intimacy felt between the partners (Desai, 2019).

By being both physical and psychological, kink↗ offers the chance to explore both physical and mental contexts, enhancing the intimacy relationship with your partner(s). Experimenting with different power dynamics can often offer partners the chance to try out different roles, switching between their role in their daily life and the role they might want to play. If someone takes the lead in making decisions in their daily life, they can get the chance to see how it feels to be led and the other way around (Sacred Eros, 2018). Kink↗ if creating the frame to experiment with and to redefine the power dynamic between the people involved. Thus, it involves a psychological component, having intimacy and trust at its core while exploring the mental and physical boundaries of every partner.

6.2.2.3. Communication and consent

Communicate openly with your partner what your expectations and fears are. Communicate about your desires, fantasies, boundaries and experience level with kink↗ . This will help you avoid misunderstandings.

Try to paint together the scene you would like to create while taking both of your perspectives and expectations into account. Negotiate until you come to an option that everyone is comfortable with. Considering that power dynamics are in place, consent can change depending on the activity or the feeling of the people involved. Keep in mind that you can stop and change the activity at any point if you are uncomfortable. Communicate openly and honestly with your partner.

Establishing **boundaries** and re-evaluating them is part of practising kink↗ . Knowing what you are comfortable with, what you might want to explore with and what you want to stay away from, are all part of your experience and can fluctuate depending on the time period, partner(s), or environment. Keep in mind that everyone has their own personal and sexual boundaries and that asking where those boundaries are is part of making the experience an enjoyable one for everyone.

Teaching children/teens about kink↗ does not have to automatically mean that you should start by teaching about bondage or role-play. You could start by talking about the diversity↗ in sexuality↗ , sexual orientation↗ , and gender↗ , explaining how the creation of a safe environment for experimenting and exploring can benefit the people involved. Approach the topics of consent and boundaries and start explaining or giving examples from acts that do not necessarily involve sexual intercourse but do involve physical touch or a change in power dynamics (for example rope/bondage).

You can read more about consent on the topic 5.6↗ .

6.2.2.4. Experimenting

Kink↗ offers the frame for exploring with different sensations, different power levels and dynamics as well as an infinity of sexual activities. Some of the most kink↗ behaviours engaged (shown in a study carried out in the second part of the 2010s) were discipline, bondage, dominance, role-playing, submission, spanking, exhibitionism, clothing fetish and others (Desai, 2019).

By exploring different sexual practices, dynamics and acts you're not only experimenting with your sexual boundaries but also with your emotional ones. Practicing kink↗ contributes to getting to know your body better, the reactions it can have to certain sexual contexts and what it might need in others. This self-awareness often contributes to a better self-understanding and can lead to a healthy and fulfilling lifestyle, both sexually and in general. The combination of challenging your mind and body inside of a safe environment (with consent and boundaries) positively contributes to self-growth.

Stigmatising kink↗ can have a **negative impact on the mental health** of kinksters↗ (people practicing kink↗). Stigma and silence around kink↗ behaviour can lead to internalised shame, isolation, depression, and possibly suicidal intentions. This social stigma can also negatively impact the access of kink↗ practitioners to health care services out of fear or judgement, possibly exposing them to risky situations or to being shamed for their sexual preferences.

On the other hand, a supportive environment of kink↗ **can be a dream come true for those with non-normative bodies and/or desires** (Desai, 2019). Being able to experiment while feeling safe and supported inside of a community can benefit everyone, especially those who↗ do not identify with the heteronormative way of living and sexual practices. The trustworthiness, care, knowledge, and confidence can lead to a more accurate and shame-free self-expression and experimentation. There are no normative expectations, no labels of actions that are "weird", but rather a constant exploration of what could provoke different sensations, feelings, and emotions.

6.2.2.5. Deconstructing myths

Kink is rooted in psychological traumas (history of abuse, bad parenting, etc.)

Kink↗ can be both developed innately during childhood as well as adopted later in life. Desai (2019) explains how kinky behaviours "such as wanting to be captured while playing cops and robbers" can be an indicator of an initial engagement in kink↗ . For some, kink↗ can start with a general feeling of being different (in regard to identity, showing affection, sexual practices, etc.) or worried for not sharing common interests with their peers, often leading to self-researching in order to understand or label what is going on with them (Desai, 2019).

For others, kink↗ can be something they experience with later in life out of the desire to explore a different sexual lifestyle and sexual practices.

A study carried out in 2008 (Richters et al., 2008) showed that there is no evidence that BDSM↗ practitioners suffer from any particular form of psychological disturbance, which was later confirmed through other studies stating that BDSM↗ practitioners seem to be "mentally and emotionally well-adjusted" (Wismeijer & van Assen, 2013).

For this reason, it is important to reinforce the idea that kink↗ is not an illness or a result of a psychological trauma but rather a form of exploration, an identity or even an orientation.

Kink is what you see in Fifty Shades of Grey

Media depictions such as the Fifty Shades of Grey movies can damage the image of the kink↗ community because of the misinformation and wrong depiction of kink↗ that they are spreading. Desai (2019) mentions how aside from the social stigma that they bring, these movies can be dangerous because of the superficial understanding of violent sex↗ and the wrongful/forced depiction of BDSM↗ practices. Kink↗ practices always involve mutual consent and are a way to explore different sexual fantasies in a safe environment. They involve communication and consent, not forced behaviour or only violent sexual practices.

When explaining or teaching about the media depiction of kink↗, try to offer alternative resources that can explain how kink↗ practices can work and what they involve.

– 6.2.3. SITUATIONS OF DISCRIMINATION RELATED TO THE TOPIC –

After seeing the Fifty Shades of Grey movie, L., a 14-year-old was fascinated and assumed that the sexual acts depicted where supposed to happen like that in real life too and that everyone would agree with it. When L. started a relationship, they tried to use some of the practices they saw during the movie, for example being dominant or impulsive with their partner (not necessarily in a sexual context), which led their partner wonder if that is the way they wanted to be treated.

Because of the scenes depicted in the movie, the lack of education on kink↗ and the lack of resources, L. has formed a wrongful perception of what BDSM↗, and kink↗ practices were and about who↗ was curious to practice them. Not having any reference, they couldn't ask for more information, their only way to explore what they were thinking was to experiment with their partner, which turned out to be an uncomfortable situation for both of them.

As an educator or a parent, you could teach about the importance of sex↗ and kink↗ depiction in media. Try explaining how every body is different and how communication, consent and boundaries are their best friends when it comes to connections and sexual practices. Offering resources, explanations and examples about kinky practices can shift the focus from perceiving kink↗ just purely sexually to offering a more holistic image that involves mental, emotional, and physical connection. Talk about building intimacy and experimenting in a safe way where mutual consent and security are present.

Avoiding the subject or labelling it as wrong or weird would only contribute to the negative impact on the children's/teens' mental health and possibly to their isolation, depression or in some cases, suicidal thoughts.

6.2.4. BEST PRACTICES

6.2.4.1. Teach about safety, consent, and sexual pleasure

This combination can represent a good start in opening the subject of kink↗ . Try explaining why some people choose to practice it and direct them towards age-appropriate resources. Learning about safety during sexual activities (prevention, protection, boundaries, sexual health↗ care services, etc.) could be the first step into researching and exploring kink↗ education. Considering that every person is different and can have completely different views and personal limits, talking about consent is part of practicing kink↗ .

Try explaining how important it is to have a conversation with partners before practicing anything. Stating expectations, fears and personal boundaries is going to make the experience a lot more comfortable for the people involved. After clarifying these two aspects, you could try focusing on sexual pleasure and power dynamics. Talking about the fact that people can feel sexual pleasure from different activities and power dynamics can help in creating a broader picture on sexual pleasure and sexual health↗ .

6.2.4.2. Psychological and physical experience

Teaching that kink↗ is experienced both on a psychological, emotional level as well as on a physical level is teaching that exploring with it might offer a broader experience that contributes to self-discovery and self-growth. It shows that both the mind and the physical action play a role when it comes to sexual activities, and it can teach practitioners about pushing limits inside of a safe environment.

By using age-appropriate language and examples, try to explain how kink↗ practices can contribute to redefining sexuality↗ , sexual pleasure, and sexual relationships. Try to avoid using metaphors. Instead use age-appropriate language and explain as clearly as you can.

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6.3. NON-NORMATIVE PRACTICES

- Normativity↗ refers to the fact that some actions, attitudes, or mental states are seen as justified, a state that people ought to be in.
- Normative practices include relationship structures, gender expression↗ , choice of activities, task distribution, etc.
- Suppressing non-normative genders/sexualities/relationship structures was a tool for colonialist endeavours.
- People falling under the non-normative umbrella don't have access to the same privileges and safety as normative people do.

6.3.1. INTRODUCTION

Every society guides itself by certain values, attitudes, and mentalities in order to create a conventional mindset and perception. These practices are split into normative practices, the kind that are normalised and perceived as part of everyday

life, and non-normative practices, the ones that are perceived as unusual, sometimes even weird, or wrong. Geographical settings, religion, and cultural and social background are all factors that influence what is perceived as normative and what not.

6.3.2. DEVELOPMENT OF THE TOPIC

6.3.2.1. Normative practices

Normativity↗ refers to the fact that some actions, attitudes, or mental states are seen as justified, a state that people ought to be in (Normative and non-normative influences, 2022). Normative practices represent the practices that are thought to fit inside of that normativity↗, while leaving everything else that does not fit to the criteria, on the outside. The concept of normativity↗ can often be related to ethics, making people perceive certain behaviours more ethical because they fit into the norms and criteria that are considered to be justified. A good example for a normative practice and attitude is how people perceive heterosexuality. Because it fits into the categories that people placed into the box of normativity↗, being heterosexual is perceived as a given, as the "normal", while having any other sexuality↗ is considered outside of the norm, while having a stigma attached to it because non-heterosexual people could not fulfil the criteria of being labelled as normative.

Another example would be the perception of neurodivergent people. Neurodivergence is the different development or functioning of the brain, placing people with any type of different development outside of the norm and normative practices. Often the needs of neurodivergent people are not being considered because they are expected to adapt to the normative practices and attitudes.

6.3.2.2. Heteronormativity

Heteronormativity↗ is the concept that describes heterosexuality as the norm in our society. It assumes everyone's heterosexuality as a given on the gender↗ binary (man or woman). It is also associated with ethical concepts, wrongful behaviour, virtue, and well-being (Routledge Encyclopaedia of Philosophy, n.d.). This assumption also comes with expectations related to people's gender expression↗, task distribution (care work, tasks at work, manly vs womanly hobbies etc.), social position, etc.

Our media consumption is shaping the way we look at the world, making us perceive it in a heteronormative way. This heteronormativity↗ is so deeply embedded in us and became part of what we perceive as the norm that we hardly ever question the practices, attitudes and mentality that we are following.

A good example for this is the media representation. In most of our stories, films, series, social media channels and children's books a heterosexual orientation is depicted. Princes marry only princesses and children almost always have a mother and a father. We see heterosexuality as 'the norm' and heterosexual people are considered 'straight'.

We hardly ever stop and question why certain practices, such as care work is attributed to women or why we assume that women are often helpless or more vulnerable without the presence of a man. While everything is rooted into colonial history and our cultural background, it is time to start questioning the assumptions we took as a given, instead of following them for the sake of social convention.

You can read more about heteronormativity↗ on the topic 2.3↗.

6.3.2.3. Representation

Normative mentality affects everyone that does not fall into the normalised behavioural patterns. This includes people who↗ do not fall into the gender↗ binary, normative sexuality↗ and sexual/romantic practices, monogamous relationships and/or lifestyle, people whose gender expression↗ is not the same as their gender identity↗ , etc.

By perpetuating normative mentality and assumptions, the identity of people who↗ do not fall into normativity↗ is being erased. This can happen every time when a heteronormative assumption is being made. For example, the assumption that women wear skirts vs men wear pants erases non normativity↗ because what it does is to:

- Perpetuate the gender↗ binary (male-female)
- Perpetuate the idea that the gender expression↗ has to match the gender identity↗
- Reinforce the idea that sexuality↗ is attributed based on gender↗ and that heterosexuality is a given; everything else is out of the ordinary

There are lots of different sexual orientations, ways to express your gender↗ or ways to customize your relationships. Assumptions and misconceptions only spread and fuel misinformation.

6.3.2.4. Privilege and Safety of Normativity

A privilege is a special right, advantage, or benefit of a restricted group of people to the detriment of the rest of the society. Although no-one can choose their privileges, what they can do is to acknowledge them instead of pretending that they are not there. Being aware of your privileges is a way to stop perpetuating them and to contribute towards a more gender↗ equal world.

Here are some privileges that can be taken for granted and that we should be aware of if we want to live in a more just and equal world:

- ### Privilege of not coming out

Coming out↗ is the process of disclosing any other type of sexuality↗ that is not part of the norm. People inside of the LGBTQ+↗ community usually have to go through this process, by discovering, accepting, and sharing their sexuality↗ . More often than not, this includes mentally and physically dangerous situations, depending on the geographical zone, religious and cultural background, social norms, and a lot of other factors that they have no influence over. Through the process of coming out↗ , people put themselves in a vulnerable position, having to disclose personal information without having any guarantee about a positive result of the process. While some people can be accepting and open minded about it, others can react by distancing themselves from the person, isolating them or mentally and physically abusing them.

Sometimes, people inside of the LGBTQ+↗ community choose to hide their sexuality↗ or identity for their families and/or friends for their own safety, while heterosexual people do not have to go through any part of this process.

You can read more about coming out↗ on the topic 1.1↗ .

- ### Privilege of being affectionate with your partner in public

Being affectionate with your partner in public spaces is a privilege that is usually overseen by heterosexual people. People who↗ are not heterosexual or practice any non-normative practices do not have the luxury of showing affection towards their partner(s) in public space without risking their emotional or physical safety. Depending on the place where this is happening, religion and cultural background can play an extremely important role when it comes to censorship of behaviour.

- ### Privilege of sharing important moments with your partner(s)

Whether it is because of their sexuality↗ or their relationship style or any other practice, non-normative people do not benefit from sharing important moments with their partners in the same way that normative people do. For example, people who↗ are polyamorous (have multiple relationships), people who↗ are not open about their sexuality↗ or people whose sexuality↗ was not accepted by friends and/or family, do not have the privilege to have their partners by their side during important moments in their life if those events take place in public spaces (graduation ceremonies, celebrations, birthdays, etc.).

- ## Privilege of being able to openly talk about your relationship

Talking about your relationships and romantic/sexual partners can be a privilege if you are not open about your sexuality↗ or your relationship style. People practicing non-monogamous relationships or having a different sexuality↗ (or being asexual/aromantic) may sometimes be left out of these conversations. This can be connected to the fear of not being accepted, being labelled and/or isolated or being in environments that put your health (both mental and physical) at risk.

- ## Privilege of feeling represented and having role models

When most of the content that we consume aligns with the values of heteronormativity↗, it is easier for heterosexual people to find role models and people they can relate to. On the other hand, queer↗ people, and people inside of the LGBTQ+↗ community have a more difficult time in feeling represented, seeing characters in movies and/or books that they can relate to or even knowing people that have the same believes or lifestyle. This can lead to them distancing themselves or believing that something might be wrong with them because they can hardly see anyone that is like them. Whether it is about gender identity↗, sexuality↗, gender expression↗, relationship style or any other non-normative practice, representation plays an important role in how that specific practice or attitude is perceived.

Taking this into account, wrongful or distorted representation contributes to the perpetuation of stereotypes and misconceptions, facilitating the spread of misinformation. For example, this can happen when LGBTQ+↗ characters are represented in a stereotypical way in movies (and by heterosexual people, instead of having someone who↗ identifies as the character to represent them).

- ## Privilege of having access to information and resources

When learning about yourself, your identity, sexuality↗, and romantic/sexual relationships, having access to information and having resources you can choose from contributes a lot in your growth process. Most of the resources available are being interpreted from a heterosexual perspective (Sumara, 1999). Often people who↗ do not fall into the normative category do not have the same access to information or as many resources that they can choose from. An example for this can be the representation of building healthy non-monogamous relationships or learning about sexual pleasure and sex↗ education as a female or as a queer↗ person. Having a harder time in finding reliable information sources can slow the learning process and expose people and put their mental and physical wellbeing in danger.

Apart from contributing to a lifestyle that does not face the challenges listed above, normativity↗ also offers safety. If a behaviour or attitude fits inside of the norms, the safety of the person is not in danger. This is why it is really important to acknowledge that this safety (i.e., mental, emotional, physical) is not a given for non-normative people. Often non-normative people have to choose between safety and being themselves, which is why normalising non-normative practices and attitudes is a valuable step towards achieving equality.

− 6.3.3. SITUATIONS OF DISCRIMINATION RELATED TO THE TOPIC −

S. and R. are 15-year-old twins going on a school trip together. S. is heterosexual while R is exploring their sexuality↗. After trying to talk to one of their parents about their sexuality↗, R. was told that they are confused and that it will pass if they focus on being attracted to the opposite gender↗ (inside of the normative gender↗ binary that rejects other genders). When going on the trip, S. had the chance to explore a connection they felt with one of their classmates and to openly talk about their crush while R. felt ashamed to share any of that information.

Being shamed for feeling a certain way can never have a positive result over somebody. The most likely result would be in them hiding their feelings and experiences, being left out of conversations and sometimes even being isolated.

What you could do instead would be to try to have an open mind and a clear communication with the child/teen. If you need more information on the topic, you can always take advantage of the resources or experts in the field that can help you understand more. Try to reassure the child/teen that nothing is wrong with them for feeling like they do not fit inside of the conventional norms and that diversity↗ and exploration are things that should be encouraged, not feared.

6.3.4. BEST PRACTICES

6.3.4.1. Ask instead of making assumptions

When talking to someone, try to avoid making assumptions related to their gender↗, sexuality↗, preference of relationship type, religious background, pronouns, etc. Just because someone seems to check some criteria that you are used to associate with a certain label (for example if they look feminine, their gender↗ must be female and their sexuality↗ heterosexual), does not mean that they identify with it. By assuming these things about them, you are only perpetuating the heteronormative mentality and erasing their identities by not recognizing them and giving them space to exist.

6.3.4.2. Be inclusive in your language and behaviour

- Keep an open mind to diversity↗ of any kind (sexual, gender↗, relationships, etc.).
- Use gender↗ neutral language.
- Use varied examples in conversations that are not tied to heteronormativity↗.

- Try to think about making conversation topics and games inclusive for everyone (neurodivergent people, queer↗ people, etc.).
- Ask for people's pronouns.

6.3.4.3. The privilege flower/The power flower (Edactivism: The power flower)

TRIGGER WARNING: This activity might be triggering for people lacking privileges and might also trigger privilege guilt. Be aware of it and be prepared to offer support.

The privilege flower is an activity that illustrates privileges, power, and oppression inside of society. It is a way of reflecting on one's own privileges.

It consists in asking participants/students to draw a flower with 8 or more petals, each petal displaying a category related to privilege (chosen by you). Some of these categories can be age, race, ability, gender↗, biological sex↗, sexual orientation↗, country of residence, education, religion/spirituality, language, socioeconomic status, etc. Additionally, they can choose to also leave some petals blank in case they would like to add other categories. After writing the categories down, each person has to write the answers that correspond to them (for example their age, the languages they speak, their gender↗ etc.). The last step of the activity is for everyone to colour the petals up to the amount they feel their answer if offering them a privilege. For example, in the petal of ability, if you have an abled body, you should colour the whole petal and that represents that you have a privilege that people with disabilities do not have. You do this with every petal and when you finish you can take a few moments to process and acknowledge what happened during the exercise and the emotions you might have felt.

Disclosure: This activity does not have a purpose to shame, guilt or blame people for their privileges. However, its purpose is to help people reflect and understand the privileges they have and which they might have taken for granted so far.

6.3.5. REFERENCES

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6.4. POLYAMORY

- [Polyamory ↗](#) is a relationship structure, just like monogamy/open relationships/relationship anarchy, etc.
- [Polyamory ↗](#) has the underlying concept of having more romantic and/or sexual relationships at the same time.
- Healthy relationships are based on clear communication, maintaining, and enforcing boundaries and customising relationships based on your needs.
- [Polyamory ↗](#) can be a great personal growth accelerator.

6.4.1. INTRODUCTION

Relationships are based on personal choices (friendships, romantic/sexual relationships, etc.) and the structure you choose for those relationships, regardless of their type, is directly related to your values and the principles you consider important in the way you want to live your life. These relationship structures can influence your everyday life by influencing the way you perceive different types of connections (both emotional and physical) and by the environment you are creating for yourself.

Many social educators believe that the priority is to teach children how to build healthy relationships, regardless of whether they are monogamous or polyamorous (Poly Philia, 2022).

6.4.2. DEVELOPMENT OF THE TOPIC

6.4.2.1. Healthy relationships

Building healthy relationships should be one of the number one priorities in everyone's life. Healthy relationships are based on clear communication, maintaining, and enforcing personal boundaries and customizing your relationships according to your needs rather than following social convention, according to polyamorous educator, Leanne Yau. The same educator considers that young girls in particular should know that they are not defined by their relationship with men or are any less valuable for not wanting children, marriage, or cohabitation.

These principles can apply across various relationship styles and practices, from friendships to romantic/family/sexual/work relationships. Successful relationships are not defined by how long they last or how many values of social conventions they follow, but by how beneficial and healthy they are for the people involved. The relationship escalator (dating -> exclusivity -> marriage -> house -> kids) is not necessary to happiness and it's not defining the success of a relationship (Poly Philia, 2022).

6.4.2.2. What is Polyamory

Polyamory↗ is the relationship structure that supports and encourages the exploration of multiple relationships, usually but not limited to romantic and/or sexual. Polyamory↗ involves getting in touch with your wants and needs and learning how to openly communicate them with your partner(s). It normalises the idea that there is a different progression than in a monogamous relationship and that certain types of relationship do not make a relationship more or less valuable.

Friends/co-parents/co-workers can be just as valuable as romantic partners and the type of relationship does not define its "seriousness" (Poly Philia, 2022). Polyamorous relationships are not limited to certain types of connections that are placed in boxes (spouse, friend, co-worker, etc). Instead, they adapt to the needs of the people involved and can take a lot of different forms, such as co-parenting, co-habituating, sexual friendships, romantic friendships, etc. They are not defined by societal values but by the values and wants of the people shaping their relationship.

Even though polyamory↗ can be a great choice for some people, it really depends on the person. Keep in mind that your mentality/priorities and wishes are allowed to change.

6.4.2.3. Set clear boundaries with your partner(s)

Because no-one is a mind reader (and they should not be), learning how to set and communicate your boundaries is essential in any kind of relationship but can have a valuable impact on polyamorous structures because more people could be involved. Boundaries are guidelines that you place for yourself and for your interactions with people in order to protect your mental and/or physical wellbeing. Discussing what you define as a boundary and how you would like your boundaries to be respected is of great value, especially in the beginning of relationships.

6.4.2.4. Customising relationships

Customizing relationships is an advantage of being polyamorous, by allowing you the liberty to have your needs met in a way that might have not been available to you before. It is often believed that romantic and sexual relationships are either the same or that they should go together as a package when people start a new relationship. While this can be true and valid in some cases, polyamory↗ offers the chances to explore romantic and sexual relationships separately too. In this way, one can have partners that they are sexually active with but that they would not like to date romantically, or they can have exactly the opposite. There are people that you can have sexual chemistry with but that you would not see as romantic partners, maybe because you have different views on life or maybe because you do not have capacity for a romantic relationship

Regardless of the reason, the idea is that the connection and expectations are discussed and mutually agreed on. The opportunity of talking openly about what you want from the person in front of you takes away from the pressure of wanting and/or asking for one person to fulfil all of your needs.

After communicating your needs, the decision of the relationship type and the boundaries that come with it, is made together.

Everyone has the right to customise their relationships how they see fit. Taking this into account, there are two main structures that can help you have a bit of clarity:

- **Both polyamorous**

When the two people involved are polyamorous, both have the liberty to explore any kind of romantic, sexual, or friendly connection with other partners. There are no limits in regards to the depth of the connection or the type of the relationship.

However, there is no need or obligation to have more than one relationship of any type. As they are both polyamorous, they agree on having this liberty. However, nobody needs to have any type of connection if they do not want it or feel that they do not have the capacity to have it. It is all about the principle and about being open to the thought of having more than one relationship (sexual, romantic, etc.).

- **Mono polyamory**

Mono-polyamory↗ is the structure in which one of the partners is monogamous while the other one is polyamorous. This structure can be equally satisfactory and adapted to the needs of the people involved. By practicing this type of polyamory↗, one of the people involved is monogamous by choice and the other one is polyamorous, again, by choice. The most important thing is that this is mutually agreed on.

This can be an option for people who↗ feel like they have capacity only for one relationship.

Although one of the structures might seem more appropriate for someone at a certain time in their life, they are not fixed for the entire duration of the relationship. They can change and adapt to the needs of everyone involved. If mono-polyamory↗ was a good option for someone during a stressful period in their life, they can change to a structure where both partners are polyamorous in a less stressful period, for example, if they want to discover and explore different types of connections with other people. The key in polyamory↗ is communication and adaptation.

Although every relationship is different in its own way and each new person contributes to your life in a way that nobody else can, try to avoid seeing people as machines for satisfying needs.

6.4.2.5. Resource management

Polyamory↗ requires honesty and resource planning. While love is an infinite resource, time and energy are not, so polyamory↗ involves a lot of open and honest communication with the resources and availability one can offer and/or receive. It is important that you are honest with yourself and with your (potential) partners in how much you can actually invest in that connection.

6.4.2.6. Growth accelerator

It is common for people inside of the polyamorous community to perceive polyamory↗ as a personal growth accelerator. Due to the fact that it can involve a lot of adaptation, polyamory↗ forces you to get out of your comfort zone and can put you in a lot of situations that you never experienced before. It can involve a lot of exploration and situations that you would not confront yourself with in a differently structured relationship. Therefore, it requires a lot of self-awareness in order for everyone to be able to openly communicate their needs and preferences. The more you know about yourself, the better you can express what you need, what you are comfortable with and what you would like to change inside of your relationship. Because the circumstances might push you to adapt a bit faster than in a monogamous structure, this can make you learn about yourself quicker and therefore, accelerate your personal growth process.

6.4.2.7. Deconstructing misconceptions

Some of the most common misconception when learning/practicing polyamory↗ are:

Polyamory is an excuse for cheating

Cheating is the breaking of an agreement. It can happen in any type of relationship structure (monogamous, polyamorous, open relationship, etc.) and it involves hiding information, dishonesty and/or behaviour that was not agreed on. Polyamorous

people can also cheat if they hide a connection that they have with someone, if they hide their feelings or if they practice certain things that they agreed to not practice. Therefore, polyamory↗ does not excuse cheating. Instead, it opens the floor for honest communication, by clearly stating needs, for example if something is missing or could be changed in their relationship. It underlines the need of discussing with your partner(s) what you define as cheating and if that definition changes in certain circumstances.

Polyamorous people are not willing/ready to commit to one partner

Polyamory↗ can involve commitment to multiple people, which automatically dismisses the idea that polyamorous people are not ready to commit to one partner. Being polyamorous does not mean you are not ready for commitment; it only means that you would like to explore different types of connections and commitments with different people. By having multiple relationships, the needs, and boundaries you should consider also multiply (because every person has their own needs), which means that the level of commitment can also grow.

Polyamorous people are hypersexual/greedy

It is commonly believed that some people choose polyamory↗ because they cannot have their sexual needs met by one partner. While this may be true for some, it can be completely wrong for others. Polyamory↗ opens the possibility to having multiple sexual connections. However, there are also asexual polyamorous people or people who↗ simply do not want/base their relationship on the sexual connection they have.

− 6.4.3. SITUATIONS OF DISCRIMINATION RELATED TO THE TOPIC −

L. is 15 years old, and they decided to come out as polyamorous to their friends. They told their friends that they are trying different relationship types to see which one can work for them because they noticed that the idea of monogamy does not attract them at all. They were saying that during the last year, whenever everyone was talking about relationships, they were either wishing for exclusivity or were talking about jealousy and L. could not identify with either of the options. After reading a little bit about other relationship types, they decided that maybe not putting a label might help but it was actually confusing them more. So, they decided to try being polyamorous. Some of their friends were intrigued while others started to distance themselves from L., being afraid that L. might want to have something with all of them.

This is a common misconception about polyamory↗, and it can be harmful for polyamorous people because it reduces them to the number of connections they have and it objectifies those connections and people. Apart from this, it is also spreading misinformation.

What you could do as an educator or a parent in this case is to firstly educate yourself about polyamory↗. By doing this, you will be able to have a talk from an informed point of view and not count on the polyamorous person to educate you and to bring all of the information to the table. You could try to open the conversation with the child/teen and see if they feel comfortable in sharing. If they do not, try to respect their space and wishes. However, there are a few things that could help the process.

As a parent, you could try to have a representation of different relationship styles in your family time, to normalise other relationship structures. This can be done by choosing movies that display polyamorous relationships, games, specially designed activities to do together as a family, etc.

6.4.4. BEST PRACTICES

6.4.4.1. Avoid perpetuating misconceptions

Considering that our thinking is shaped by our environments and by the content we consume, it is important to educate ourselves on the topic before talking/practicing it in order to avoid perpetuating misconceptions. You can do this by choosing your content wisely and by keeping yourself informed.

6.4.4.2. Consume content created by polyamorous people

When learning about polyamory↗ (and any other non-normative practice) it is really important to choose your sources wisely. Learning from people who↗ are experiencing and choosing polyamory↗ as a lifestyle or relationship structure could be more beneficial both for you and for the polyamorous community. By consuming content created by polyamorous people you are receiving access both to the logical and rational principles that form the base of polyamory↗ as well as to the personal experience, feelings and emotion management of the people experiencing it, which can help you avoid or learn from some of their mistakes. Moreover, by following polyamorous content creators, you are also supporting the spread of information in a constructive and educational way, by avoiding to spread misinformation or to perpetuate stereotypes and misconceptions about it.

6.4.5. REFERENCES

Poly Philia (2022). *Frequently Asked Questions*. Poly Philia. Retrieved from https://www.polyphilia.blog/faq.

6.5. ANAL SEX

- Anal sex↗ is a type of sexual activity, just like oral or vaginal sex↗.
- Often stigmatised, it can be practised by people of all sexualities, if and when they find it pleasurable.
- When talking about anal sex↗ safety, consent, boundaries, and protection are subjects that could be discussed.
- Best practices when teaching about anal sex↗ include: avoiding shaming and spreading myths, offering access to quality educational resources and encouraging testing for STDs↗ and STIs↗ as part of health check-ups (for sexually active teens).

6.5.1. INTRODUCTION

Anal sex↗, often stigmatised, is one way of engaging in sexual activity. There is no right or wrong when it comes to enjoying different types of sex↗ and even though anal sex↗ is not for everyone, there are people who↗ enjoy it. The same applies for oral and vaginal sex↗. It is not for everyone, but everyone has the right to experiment and see for themselves.

Anal sex↗ refers to the sexual activity involving the anus. It does not necessarily involve penetration and it can be practiced by people of any gender↗ and sexual orientation↗.

6.5.2. DEVELOPMENT OF THE TOPIC

A study carried out in by Hirst et al. (2022) argued that deconstructing the understanding of anal sex↗, that is often based on misinformation and judgements, can encourage and advocate for policies and practices in sexual health↗ and education. The same study mentioned how anal sex↗ is often neglected when it comes to sexual health↗ provision for women and girls in the UK (where the sample was taken).

6.5.2.1. Safety

When talking about sexual safety, both mental/emotional and physical health can be considered. Thus, the concept of safe anal sex↗ includes (but is not limited to):

- **Consent**

Asking for consent should be non-negotiable. Openly communicating with your partner about the level of comfort you are feeling and how far you might be willing to go is a good first step when opening the subject of anal sex↗. There are multiple

ways of asking for consent, some of them being really direct (do you want to have anal sex↗ ?) while others can be more open (would you like to explore other types of sex↗ ?). Making sure that everyone involved is on the same page and that consent is being asked for and given whenever the practice changes or has the potential to go further, is what will keep the experience pleasurable and comfortable.

When teaching children/teens about safety and consent in general, learning about the situations they feel comfortable in and the ones they would avoid, is helping them navigate their sexual life too, including through anal sex↗ . By using age-appropriate language and expressing the need of giving and getting consent before any sexual practice is supporting them in creating a healthy sex↗ life in the future.

You can read more about consent on the topic 5.6↗ .

- ## Boundaries

Establishing boundaries (after consent) is a valuable part of safe and enjoyable sexual practices. When it comes to anal sex↗ , because of the stigma that it has attached, boundaries can be useful during the exploration part (and after).

Talking openly about the contexts you are okay with and the situations where you would feel uncomfortable, can help your partner(s) navigate your needs while you navigate theirs too.

Teaching children/teens to discuss and consider each other's needs in their daily life, would most probably bring that practice into their sex↗ life too. Knowing that every person has their own limits and comfort zones, and that some are more willing to explore new experiences than others, can guide them into building sexual health↗ habits.

Boundaries can look like this:

- "I would be comfortable with anal sex↗ if we both get tested for STDs↗ and STIs↗ "
- "I want to try anal sex↗ after talking about protection"
- "I don't feel comfortable in trying anal sex↗ right now, but I would like to reopen the topic in a few weeks"

Boundaries are different and personal, and it is okay if they change. Making sure people are aware of your personal boundaries (and you of theirs) would make the experience more comfortable for everyone involved. Keep in mind that you can change your mind and stop at any point if you start feeling uncomfortable.

- ## Protection

Protection is a valuable part of any type of sex↗ , regardless of the sexual orientation↗ or type of sex↗ (oral, vaginal, anal). Considering that the anus does not self-lubricate like the vagina and the sensitivity of the area, protection includes lubricant and condoms.

6.5.2.2. Exploration and pleasure

Acknowledging that anal sex↗ is a sexual practice like vaginal and oral sex↗ , and that it is also practiced outside of the LGBTQ+↗ community is a starting point for destigmatising it. Exploration and pleasure-seeking look different for everyone and, as long as the practice is consented and the person feels comfortable, there is not a way that is better than another. Some people find exploration of anal practices enjoyable when they are on the receiving end, while others prefer to be on the giving end or both.

While some people can be okay with any type of consented exploration, others might have preferences related to:

- Grooming/preparing
- Body hair↗
- Exploration ways
- Sex↗ toys and games
- Conversations around it

This is why asking about boundaries and asking for consent are practices that should be part of the process.

6.5.2.3. Deconstructing misconceptions and stereotypes

Anal sex is risky and dirty

Anal sex↗ does involve risks, just as vaginal and oral sex↗. Due to the sensitivity of the anus, there might be a higher risk for contracting an STD. However, this risk is significantly reduced if protection and lubricant are being used correctly. When it comes to anal sex↗ being labelled as dirty, whether this refers to STDs↗ and STIs↗ or to the practice itself and what it can involve, misinformation spreads incredibly fast.

Anal sex is only for the gay community

Anal sex↗ can be enjoyable both for people with a prostate and for people who↗ do not have a prostate. It is a choice, and it is a practice well spread through the heterosexual community as well. A survey that was carried out by AMP Agency on behalf of LifeStyles and SKYN Condoms in 2017 showed that nearly 50% of the people participating (35% women, 15% men) were engaging in anal sex↗ (Skyn, 2017).

Anal sex weakens your muscles and can permanently damage your body

There is no evidence that anal sex↗ weakens or permanently damages the body. While forcing something onto your body that does not feel comfortable or not paying attention can possibly make you hurt yourself, safe, lubricated anal sex↗ practice is not harmful and does not provoke permanent physical damage when practiced carefully (Gilmour, 2017).

It is also valuable for children/teens who↗ learn about sexual health↗ to know basic information about anal sex↗, as it may be an option they want to explore. Not knowing about it can push them into vulnerable situations where they might not have the necessary information about prevention and protection, and might be too scared to ask for advice.

6.5.3. BEST PRACTICES

6.5.3.1. Avoid shaming and spreading misconception/myths

Avoiding the spread of myths is an important part of deconstructing misconceptions and teaching about safety and sexual diversity↗. If you do not know much about the subject, instead of assuming, try reading some materials on it (check your resources carefully) and come back to the conversation when you are informed. In this way you can avoid supporting myths or perpetuating stereotypes (such as anal sex↗ is only for gay men), and you can encourage teens to be careful when it comes to prevention and protection.

6.5.3.2. Offer access to resources

Whether you are an educator or a parent, unless you are a sex↗ educator, chances are that children/teens might feel too embarrassed to ask questions about anal sex↗. An effective way to make sure that they reach the information they might need is to make sure that there are quality resources available for them. You could either put a list together of different sources they could check (blogs, social media, books, articles, etc.) or offer to discuss possible options with them. Some of these options could be talking to an expert, finding a website that answers questions anonymously (from an educational point of view) or any other type of education that would fit to the needs of the child/teen.

6.5.3.3. Encourage STDs and STIs testing as part of health check ups

For sexually active teens, encouraging testing for STDs↗ and STIs↗ can help destigmatise some practices (such as anal sex↗) and can contribute to them having a healthy sexual life. Considering that being diagnosed with an STD or and STI can have an impact on the mental health too, normalising testing and the fact that having an STD can be part of having an active sex↗ life, could contribute to a positive perception on sex↗ and sexual health↗.

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7. EUROPEAN LAWS

Articles

7.1. SEXUAL HEALTH RIGHTS

- Children and teens should be aware of their sexual health↗ rights.
- Sexual health↗ includes, but is not limited to, acknowledging, and accepting one's sexuality↗, having access to sex↗ education, sexual health↗ information and care, and recognizing and respecting sexual rights.
- Sexual health↗ rights include, but are not limited to, laws and polices related to sex↗ education, sexual health↗ (mental and physical), prevention and treatment for sexually transmitted diseases and infections.

7.1.1. INTRODUCTION

According to the WHO↗ (n.d.), sexual health↗ requires a positive approach on sexuality↗ and sexual relationships, and the possibility of having sexually safe and pleasurable experiences, free of any type of discrimination↗, violence↗, or coercion. The ability of achieving sexual health↗ depends on access to comprehensive, good-quality sex↗ education (about sex↗ and sexuality↗), access to information on safe sex↗, types of protection and possible consequences of unprotected sex↗, access to health care specialists and living in an environment that supports and protects sexual health↗. The same organization mentions possible sex↗ related issues that result as a lack of application of sexual health↗ rights. Among those possible issues are unwanted pregnancies and abortions, sexual violence↗, sexual disfunction, harmful practices (such as female genital mutilation↗), infections with the HIV↗, STD, STI, and problems with the reproductive tract.

7.1.2. DEVELOPMENT OF THE TOPIC

7.1.2.1. Laws and policies on sexual health

Laws and policies of sexual health↗ can include:

- Policies related to STD and STI prevention and treatment.
- Policies ensuring access to information and sexual health↗ care services for everyone.
- Reproductive Health↗ and Planned Parenthood laws.
- Policies related to prevention, destigmatising, and treatment for HIV↗ patients.
- Policies related to health care (not necessarily sexual health↗ care).

When it comes to sexual health↗ rights, sexual orientation↗ is a big factor that can affect the accessibility of these rights. Social, cultural, and legal background can all be elements that offer or have your access denied to sexual health↗ care,

prevention and contraceptives, access to information, marriage, etc. There are currently **69 countries in the world that criminalise homosexuality**, some of them punishing it with the death penalty. In addition to this, six of these countries are part of the United Nations (UN ↗) (Byrnes, 2019). This criminalisation is denying people's rights to be themselves, to have access to health care and can often come with other forms of discrimination ↗ , such as the interdiction to donate blood/to work in a specific place, etc.

Gay people (and people of the LGBTQ+ ↗ community) are being silenced in these countries by being forced to choose between expressing their identity, and their safety. Being pushed to hide their identity, more often than not, these communities do not have access to sexual health ↗ care, sexual health ↗ prevention instruments or information out of the fear of being discovered and sent to prison or to the death penalty depending on the country. This isolation is possibly pushing them towards unsafe practices and exposing them in vulnerable situations. Even though this might seem extreme and isolated cases, it is the daily life of the LGBTQ+ ↗ community in 69 countries, showing how basic human rights (such as access to health care) are being violated on a daily basis.

Even if in most countries non-normative sexual orientations and sexual expressions are not technically illegal, they are being stigmatised and seen as a reason for discrimination ↗ .

During the 1980s and 1990s when the HIV ↗ /AIDS ↗ epidemic spread through products used from donating blood, the health authorities created special policies that required "high risk behaviour" patients to not donate blood. Those patients that were perceived as being high risk were gay and bisexual men. Although it has been over 40 years since that happened, there are countries nowadays where donating blood as a gay or bisexual men is forbidden/illegal.

This stigmatization came from associating the gay community with the HIV ↗ virus out of lack of information and fear, and it also showed the whole world the level of isolation fear can take us. According to the Thomas Reuters Foundation Research (2020), Croatia, Ukraine and Iceland were among the countries banning blood donation for gay and bisexual men (Ohlen, 2020).

This stigma and its perpetuation contribute to the increased violence ↗ against the LGBTQ+ ↗ community around the world. The circle of misinformation (consisting of spreading the information without verifying, discriminating/isolating LGBTQ+ ↗ community members and violence ↗) is denying access to basic human rights and sexual health ↗ care.

You can read more about sexual health ↗ on the topic 3 ↗ .

7.1.2.2. Mental health

This stigmatization and isolation of certain groups is creating more distance between between majority and minority groups, because often non-normative practices and people are being isolated (for example gay men from donating blood) and denied access to comprehensive sexual health ↗ care. This is enforcing cisheteronormativity ↗ and having an impact on the mental health of people who ↗ are stigmatized or reduced to a stereotype ↗ . Seeing this societal disapproval and that sexuality ↗ , sexual orientation ↗ or gender ↗ can change someone's behaviour towards a person or can deny that person's access to sexual health ↗ clinics, or sexual health ↗ care services can negatively impact someone's mental health. Anxiety, isolation, and depression can be a few of the possible consequences of these practices.

When teaching children/teens about sexual health ↗ rights it is important to clarify that **everyone should have access to these rights** regardless of their sex ↗ , sexual orientation ↗ , gender ↗ , or any other form of discrimination ↗ that people can experience due to their traits, social status, etc. You could spend some time to deconstruct stereotypes, sexual stigma and

offer sources of information. Try explaining how spreading rumours or not checking information can contribute to the stigmatization and isolation of certain groups and how this could be avoided with a bit of research from their side.

7.1.2.3. Deconstructing sexuality and sexual health stigmatization

Myth: HIV is the same thing as AIDS

As it is noticed right from the name, the Human Immunodeficiency Virus (HIV↗) is the virus while the Acquired Immunodeficiency Syndrome (AIDS↗) is the disease (WHO↗, 2020). Being diagnosed with HIV↗ does not automatically mean that you have AIDS↗. While this virus was heavily attributed to the gay and bisexual community during the 80s-90s epidemic, studies have shown that it anyone engaging in oral, vaginal, or anal sex↗ can be exposed to it. After being diagnosed, people can live their life as they used to with the help of medication and regular check-ups. Moreover, when taking the medication regularly, the virus load decreases significantly up to the point where it cannot be transmitted anymore. Meaning that even though one might be diagnosed with HIV↗, when engaging in protected sex↗, the virus cannot be transmitted. Thus, even the name "acquired autoimmune deficiency syndrome" hints to the fact that AIDS↗ can be the result of not getting tested or not taking the medicine and it is something that can be avoided.

Instead of letting fear or misinformation guide children/teens, try to explain how and why HIV↗ was associated with so much stigma and that being informed and going to regular check-ups is a thing anyone can (and should) do for their sexual health↗.

Myth: STD tests are only for those who have multiple sexual partners

STD tests and STI tests are for everyone who↗ is sexually active. The number of sexual partners does not indicate the chances of catching an STD/STI but engaging in unsafe or unprotected sex↗ can do it. When starting your sexual activity, getting tested regularly for STDs↗ can benefit both you and your partner(s).

Getting tested for STDs↗ can be seen as a form of self-care and awareness towards your body and your mental health. Stigmatizing STDs↗ because sex↗ is considered taboo (in most societies) is contributing to the belief that if you do not see/feel anything wrong, you do not have any STDs↗ or STIs↗. This is completely untrue as you can be a carrier of an STD without it being activated in your body. This means that it can stay in your body up to a certain amount of time and it can be given to other sexual partners, where it might activate, making them develop symptoms or it might be inactive. Depending on the STD the incubation period differs. The main idea is that having an STD is not necessarily visible and the absence of physical symptoms does not mean you do not have any. This is why STDs↗ and STIs↗ tests are an important part of sex↗ education and sexual health↗ care.

Getting tested for STDs↗ and STIs↗ can be done in sexual health↗ clinics, in hospitals, at your doctor or even at home through self-testing kits that are sent to be analysed in a laboratory after.

Myth: Having and STD makes you "dirty"

Studies have shown that more than half of the people in the world had or will have an STD at some point (STD Statistics, 2022), making STDs↗ part of our life. Often, these people might not even know it because of the absence of physical symptoms. By staying informed, getting tested and practicing safe sex↗ the chances to catch an STD and to spread it are significantly lower. However, there are still some STDs↗ that can be spread even through protected sex↗ (e.g., human papilloma virus).

Teaching children/teens about safe practices involves teaching them about STDs↗ and STIs↗ and how they can protect themselves. Stigmatizing these diseases or infections only because they are related to sex↗ can contribute to an unsafe environment and the spreading of misinformation.

Myth: Bisexual and gay people have more chances of getting and STD

Sexual orientation↗ does not define the likeliness of catching an STD. However, as it was mentioned before, unprotected, and unsafe sex↗ practice can do that. Regardless of the gender↗ and the sexual partners, prevention and protection can be your best friends when it comes to STDs↗ and STIs↗.

Knowing what sexual health↗ means is, the first step for children/teens to acknowledge and advocate for their sexual health↗ rights. Making sure that they are informed, contributes to the way they perceive sex↗, sexual health↗ and the stigma attached to certain non-normative practices. This can later contribute to their advocacy for better sexual health↗ care and respect for the sexual health↗ rights of all.

− 7.1.3. SITUATIONS OF DISCRIMINATION RELATED TO THE TOPIC −

A teenager that identifies as bisexual and queer↗ does not access to information related to sexual health↗ and protection when it comes to being sexually active with more than one gender↗. In school, they do not receive a sex↗ education class and all of the material they tried to read that was available where they had access without exposing their sexual identity, was written from a heteronormative point of view. They did not know any other queer↗/bisexual people in person because they are not out when it comes to that aspect of their life, so they keep postponing having talks with possible partners because they are embarrassed for not knowing how they can protect themselves.

As a family member, talking openly about different sexualities and normalising non-heteronormative sexual orientations is a good step to begin destigmatising and encouraging communication. For example, if you are watching the news and there is some information related to the LGBTQ+↗ community, to sex↗ education or health in general, try to make links and open conversations that can offer information on the topics.

7.1.4. BEST PRACTICES

7.1.4.1. Discuss and advocate for sexual health rights

Options for talking about sexual health↗ rights and diversity↗ in sexuality↗ and gender↗ could be:

- **Talking to experts**

Learning from experts in the field, activists, people working with gender equality↗ and sexual health↗ rights on a daily basis can increase student's interest in knowing and defending their rights, by also increasing their motivation to advocate for the accessibility of these rights for everyone.

- **Sex education workshops/games**

Teaching about sexual health↗ rights can be also done through workshops or games. By using age-appropriate language, you could start teaching about sexual consent, laws and policies related to sex↗ and sexuality↗, checking on one's sexual health↗, etc.

- **Anonymous questions**

Allow students to write down anonymous questions related to sexual health↗ rights and answer them in front of the class. You could even organise a debate or ask if anyone knows the answers.

Offering access to resources, trying to discuss the topic of sex↗, sexual health↗ and sexual health↗ rights can be some of the measures that can help guiding children/teens towards answers. It can be a space specifically created for this talk, or it can be integrated in daily life conversation.

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7.2. REPRODUCTIVE RIGHTS

- Reproductive health↗ is a state of complete physical, mental, and social well-being in all matters related to the reproductive system.
- Reproductive rights↗ include laws and polices related to contraception, abortion, and access to information (sex↗ education, care, social support systems, etc.).
- The accessibility of contraception depends on the availability, affordability, and information of the contraceptive methods.
- When it comes to emergency contraception or abortion, Malta is the only European State where the procedure is completely illegal.

7.2.1. INTRODUCTION

Reproductive rights↗ are the rights of control over one's body and the decision making of contraception and abortion. WHO↗ (2018) defines reproductive rights↗ as follows:

Reproductive rights↗ rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health↗. They also include the right of all to make decisions concerning reproduction free of discrimination↗, coercion, and violence↗ (WHO↗, 2018).

Reproductive rights↗ include the right to have access to information, the right to have body autonomy↗, the right to make decisions related to contraception and reproduction free of discrimination↗. With all this, every state decides for the regulation that will apply in their country.

In addition to this, WHO↗ (n.d.) defines **reproductive health**↗ as a state of complete physical, mental, and social well-being in all matters related to the reproductive system with all the functions and processes that it involves.

7.2.2. DEVELOPMENT OF THE TOPIC

7.2.2.1. European Laws and policies

When discussing reproductive rights↗, the following factors could be considered:

- Access to information about contraception
- Access to sex↗ education and reproductive education
- Access to sexual health↗ care and sexual health↗ rights
- Access to abortion (emergency contraception, safe abortions)

When talking to children/teens about the topic of reproductive health↗, emphasize the fact that it is a complex concept that includes, but is not limited to, access to information, access to contraception, health care services related to reproductive health↗, and mental and physical health.

Even if European countries might be following a pattern or guidelines suggested by European institutions, the way laws and policies are created is influenced by the social, cultural, and economic background of the country.

7.2.2.2. Contraception

There are over 14 types of contraception methods and instruments developed and available worldwide (in some parts of the world). Some of these are:

- Contraceptive cap or diaphragm
- Condoms
- Contraceptive implant
- Contraceptive Injections
- Contraceptive Pills
- Female condoms
- Vaginal Ring↗
- Vasectomy↗
- IUD↗
- Intrauterine system (IUS↗), coil (NHS Inform, 2022)

When talking about access to modern contraception we refer to availability, affordability, and information, according to the study "The Atlas of Contraception 2020" carried out by the Forum European Parliamentarian on Population and Development (EPF) in collaboration with a group of renowned experts in the field of contraception. The study showed that the percentage of the accessibility of contraception differs from country to country, having Belgium listed as the country with the most accessibility to contraception (96,4%) and Poland with the least accessibility to it (35,1%) (Statista, 2020).

Emergency contraception (EC↗) are the forms of contraception that are effective when administrated after a certain period of time from the sexual intercourse. The most common emergency contraception is found in the form of pills and its regulation and accessibility depends on the country. In some countries a medical prescription is required in order to have access to it, which includes a visit to a medical physician, while other countries have it available in pharmacies, drugstores, or other types of convenient stores. However, there are countries who↗ require a pregnancy test before selling it and countries who↗ are not offering it as an option at all.

The latest policies in Europe show that most of the countries made EC↗ available in pharmacies (Austria, Romania, Spain, UK, the Netherlands, etc.). Even so, some countries required a minimum age for the purchase, over 18 years old in Italy and Croatia, and over 15 years old in Poland. During the last years, Italy removed the age restriction, while Poland reintroduced the availability of EC↗ only through medical prescriptions after a visit to the doctor. EC↗ remained a prescription drug in Hungary and Poland, and it is neither registered nor available in Malta (European Consortium for Emergency Contraception, n.d.).

You can read more about contraceptive methods on topic 3↗ .

7.2.2.3. Abortion

Abortion laws in Europe have been in place since the beginning of the early 20th century, having states that legalized or decriminalised abortion since 1932 (Poland). According to the Centre for Reproductive Rights↗ , abortion was legalized/decriminalized in most European states by 1990. However, there are states who↗ started regulating abortion a lot later, such as Ireland (2013) and Norther Ireland (2019). Currently, there is only one European state that prohibits abortion under any circumstances. **Malta is the only European state with complete ban on the procedure.** Poland is a second European state that ruled in favour of a law against abortion, with the exceptions of rape, incest or if the mother's life was in danger, which is getting close to a complete ban (Centre for Reproductive Rights↗ , 2021).

On a social level, a study conducted in 2021 conducted by the Centre for Reproductive Rights↗ (splitting population into the gender↗ binary, men, and women), showed that when it comes to the opinion on abortion rights, 43% of men and 56% of women agreed that abortion should be performed when a woman decides that she wants to have one. Slightly over 20% in both categories (men and women) agreed that abortion should be performed only in certain circumstances, and 10% of the women and 14% of the men said that it should not be allowed at all (Centre for Reproductive Rights↗ , 2021).

In the latest case of Poland, 33% of the population thinks that women have the right to choose when they want to get an abortion, while 43% of the country believes that only certain circumstances (such as rape) justify performing it. Out of the rest of the population, 6% said that abortion should not be permitted under any circumstances, 8% would allow it only if the mother's life is in danger and 12% preferred not to answer at all.

According to WHO↗ (2018), 25% of maternal deaths can be avoided if all women wishing to avoid pregnancies would have access to modern contraception methods.

Even if most of the states in Europe are supposed to provide access to safe abortions, a lot of the states that provide abortion on request are refusing to provide the services or require a long process that can involve shaming and guilt tripping the person in question.

Children/teens should be aware of their options and of the available health care services in order to be able to access their sexual health↗ and reproductive rights↗ .

− 7.2.3. SITUATIONS OF DISCRIMINATION RELATED TO THE TOPIC −

A 15-year-old found out they were pregnant. They got scared and did not know what to do and where to ask for help. They live in an environment where abortion is stigmatised, and the person is shamed for any sexual activity unless they are married. They did not know where to find information on pregnancies and abortions, how the process goes, what the risks involved are and all of the factors that might influence their decision and their mental and physical health. Talking to friends was not an option as they did not know anything else about possible options and because of the risk of the information spreading.

Living in a quite isolated place, without access to sex↗ education, proper sexual health↗ care or even a support system, they did not know what to do and tried to find solutions online. They read that drinking certain cleaning products might create a reaction that will cause an abortion. Thinking that they ran out of every other option, they did.

As a parent, try having a talk about sexual education, reproduction, and reproductive rights↗ . Explain the basic principles, what children/teens should know in order to be safe (mentally and physically), how contraception functions and what would be the consequences or the options of a possible pregnancy in the country where you live. Try to think about access to information, access to health care, to emergency contraception and to sexually health doctors. If you do not have knowledge on the topic, try looking for sources of information such as NGOs↗ in your area, health care centres, sex↗ educators, etc.

7.2.4. BEST PRACTICES

7.2.4.1. Reproductive rights education

As a teacher you could consider including reproductive rights↗ education in your lessons when talking about reproduction or European laws or any other related subject, or you could create a specific space for sharing this information in the form of workshops/materials/group talks/etc.

Keep in mind that children/teens will have situations in their lives when they have to deal with something related to reproduction rights (or will know someone who↗ is going through a situation), that could be anything from emergency contraception, information on pregnancies, emotional support, or any type of care they might need. For this reason, it is better to prevent the spread of misinformation or misconceptions and talk about the subject openly with them. They will get the information they need one way or another and it is advisable that it comes from accurate sources that do not stigmatise, shame, or try to make them feel guilty. Try to focus on the educational aspect and on the support you can offer.

7.2.4.2. Avoid shaming and guilt tripping

Considering the fact that every European (and worldwide) country has the legal power to decide over the reproduction laws and regulations, access to information and reproductive health↗ care specialists can be very limited. When confronting yourself with a situation like this, regardless of whether you are in an educator and/or teacher role, try to avoid shaming the person for what they did and try focusing on offering them your support. Trying to make them feel guilty or ashamed would only have a negative effect, possibly making them keep some information from you or to avoid asking for help in the future.

You cannot change what happened, but what you can do is to offer support so that the next time this person could be more informed and could know where to get access to services or information that they might need.

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7.3. SOURCES OF SOCIAL SUPPORT, NGOS, HEALTH CENTRES AND HUMAN RIGHTS ORGANISATIONS

- Sources of social support include NGOs↗, health centres, local/national organisations, international networks, support groups, online communities, etc.
- Asking for support looks differently for everyone (information, mental/emotional/physical support, etc.).
- Best practices when referring to sources of social support include the creation of a support system and making information accessible and understandable.
- Being informed about sexual health↗ and reproductive rights↗, as well as social support sources, can be helpful both for you and for the people around you.

7.3.1. INTRODUCTION

When it comes to protecting the fundamental Human Rights, the European Union refers to non-discrimination↗ through the article 21, that goes as follows:

1. *Any discrimination↗ based on any ground such as sex↗, race, colour, ethnic or social origin, genetic features, language, religion, or belief, political or any other opinion, membership of a national minority, property, birth, disability, age, or sexual orientation↗ shall be prohibited.*
2. *Within the scope of application of the Treaties and without prejudice↗ to any of their specific provisions, any discrimination↗ on grounds of nationality shall be prohibited. (Official Journal of the European Union C 303/17, Discrimination↗ Eurofund – 14.12.2007)*

But what happens if this article is not respected?

Seeking support when facing gender↗ discrimination↗ can look in a lot of different ways and can refer to mental or emotional support, legal issues, access to information, physical support, or other types of guidance.

7.3.2. DEVELOPMENT OF THE TOPIC

Every country has its own institutions and organizations that are fighting towards the achievement of gender equality↗. Although these institutions and centres might function differently depending on the country, there are a few things that every country has in common:

7.3.2.1. Local/national level

- **Health centres**

Local health centres can be points of information and guidance when it comes to clarifying aspects related to sexual health↗ or reproduction. Moreover, there are usually NGOs↗ or associated programmes working with health centres and clinics, offering further legal/mental/emotional support through the process.

- **NGOs**

If you are looking for support but might not know where to start, NGOs↗ can be of great help. Try searching for feminist NGOs↗. NGOs↗ working with the LGBTQ+↗ community, with the topics of sex↗ education/sexual health↗/reproductive health and rights, etc. Search for the ones that are working with the topic that you need support with. These organizations tend to have a lot of resources on their websites from guides and toolkits that help you understand what you might be going through up to strategies on how you could find a support network or get access to specialised people or legal organizations that can accompany you in the process.

- **Activists and social educators**

The work of activists and sex↗ educators also represents a common way of disseminating information related to rights and support. This information is usually available in the online format through social media accounts, websites, blogs, social media groups and communities. Apart from offering access to information, it can also offer access to building a community and a support system.

7.3.2.2. International level

Apart from the local institutions and organizations that are available when it comes to information and support in sexual and reproductive rights↗, there are institutions and international networks that are committed to achieving gender equality↗ in

all of its form at a global level. On their webpages you can also find materials, support groups, experts working with sex↗ and gender equality↗ and other resources.

These organizations and networks can be a starting point when explaining to children/teens the concepts of sexual and reproductive rights↗, what these organizations do, why it is important and how they can play a role in case of a vulnerable situation.

Having access to an international online community where people come from different cultural, social, religious, and geographical backgrounds can help put into perspective what human rights are and how they work in different parts of the world.

Some of these organizations are:

- **UN Women (UN Women)**

Some of the UN↗ 's priorities include protection and prevention for women from all forms of violence↗ (including gender violence↗), humanitarian actions and women led governance systems.

- **Association for Women's Rights in Development (AWID)**

This organization is an internationally established structure working towards gender equality↗ and women's human rights across the whole world. They support gender↗ justice movements that turn into driving forces against oppression.

- **Centre for Reproductive Rights (Centre for Reproductive Rights)**

The goal of the Centre for Reproductive Rights↗ is to use legal means to advance reproductive rights↗ as fundamental human rights. This organization has strengthened policies and law related to healthcare, birth control, safe abortion, prenatal and obstetric care in over 50 countries.

- **Plan International**

Plan International is working towards achieving equality and to advance human rights for children and girls all over the world. They tackle topics rooted in discrimination↗, vulnerability, and exclusion.

- **Amnesty International (Amnesty International)**

Being a worldwide movement, Amnesty International campaigns for the recognition of human rights from all over the world. One of their key activities focuses on fighting against violence↗ against women and advocating for gender equality↗ .

- **European Institute for Gender Equality (European Institute for Gender Equality)**

This institution is dedicated entirely to gender equality↗ and its mission is to collect and analyse information on gender equality to help European states to implement gender↗ -equality policies and fight against gender↗ discrimination↗ (Hasanagic, 2019).

These are a few examples of organizations and internationally recognized institutions that can offer information, support, and a community. Try talking to children/teens about their role and importance in today's society and explain how these sources can be of great help when it comes to knowing about sexual and reproductive rights↗ .

− 7.3.3. SITUATIONS OF DISCRIMINATION RELATED TO THE TOPIC −

After an unprotected sexual contact, two 15-year-olds had a fight and stopped talking to each other. Weeks go by and the menstruating partner of the couple notices that their menstruation did not come during that month. They are too afraid to talk to their parents about it and too embarrassed to tell friends, fearing that they might judge them. After searching for online support, they came across the social media account of a local organization that works with sexual health↗ and reproductive rights↗ and decided to leave an anonymous message explaining the situation and asking for advice. The organization respected the anonymity of the person, offered information related to sexual health↗, contraception, sexually transmitted diseases, pregnancies, and reproductive rights↗ and asked the person what kind of support they needed. The organization then invited them to have a chat, asked if they wanted to test themselves for sexually transmitted diseases and pregnancies and offered emotional support throughout the process. When the results came back, they listed the options on possible next steps.

As any situation related to sexual and reproductive rights↗ is a personal situation, it is important to avoid sharing information without the consent of the person in question. Unless the person is in danger, respect their privacy and wishes.

As a parent when you come across a situation like this, respecting the privacy of the child/teen is really important when it comes to them trusting your judgement. Try to offer your support and access to information without taking the situation personally or making it about yourself (like asking yourself if you did something wrong or how it would affect you). You could try asking them what they want to do. Avoid shaming and guilt tripping as it would possibly keep away information (either from the current situation or in the future) and not ask for help in future situations.

7.3.4. BEST PRACTICES

7.3.4.1. Support system

Studies have shown that having a social support system can have a positive impact on a person's overall mental health (Mental Health First Aid USA, 2020). Feeling understood or having the sense of belonging somewhere can combat feelings of loneliness and social isolation. This support system can be formed by peers, teachers/educators, online networks/communities, social educators, family members, etc. By having people that can offer support, children/teens can

be encouraged to inform themselves, to discuss sexual or reproductive rights↗ topics and to ask for help in case they would need it.

7.3.4.2. Make information accessible and understandable

Try to make sure that the information that exists (websites, toolkits, games, brochures, info packs, manuals, checklists, etc.) on sexual and reproductive rights↗ and support centres is accessible from everyone everywhere. This includes people from different socio-economic backgrounds, people from different religious backgrounds, people of different genders and sexual orientations, people with different abilities, etc.

Here are a few suggestions of how you can do that:

- **Language**

Language and vocabulary have a valuable role when it comes to creating, understanding, and using resources. In order for the information to be understandable the chosen language has to be understandable for any kind of listener. If you are creating resources, you could try to avoid using scientific words (or make sure you explain them), explain everything step by step and offer an example that demonstrates the explanation.

As an educator or a parent, when explaining concepts and situations related to sexuality↗, and sexual and reproductive rights it is really important to call everything by its name. Call the body parts as they are, talk about possibly dangerous or confusing situations by keeping the words that describe the act and adapting the explanation and examples depending on the age of the listener. When talking about rights and support it is important that children/teens know the vocabulary, the name of certain acts or situations so that they can protect themselves and know when they should ask for help. This vocabulary includes, but is not limited to, words used for genitals, pregnancies, sexual activities, etc.

7.3.5. REFERENCES

Hasanagic, A. (2019). 25 Organizations Fighting for Gender Equality↗ . Human Rights Careers. Retrieved from https://www.humanrightscareers.com/magazine/organizations-gender-equality/.

Mental Health First Aid USA (2020). The Importance of Having a Support System. Mental Health First Aid. Retrieved from https://www.mentalhealthfirstaid.org/2020/08/the-importance-of-having-a-support-system/.

8. SEXUAL MATURATION

- Sexual development↗ is a complex process which includes emotional, social, cultural, and physical aspects, and it starts much earlier than puberty, yet through puberty it is more intensive and visible.
- Informing children in a safe and open way about upcoming changes in puberty early on is beneficial for their development.
- Many topics related to our bodies are still taboo or heavily stereotyped (body hair↗, hymen, masturbation↗, etc.) which is harmful for young peoples' body image↗ and sexual health↗.
- There is a variety of contraceptive methods which can be chosen due to individual preference, yet condoms are proven to be one of the most reliable methods to prevent both unwanted pregnancy and transmission of STIs↗.

8.1. INTRODUCTION

Sexual development↗ is a complex process which includes emotional, social, cultural, and physical aspects, and it starts much earlier than puberty, yet through puberty it is more intense and visible. It is never too early to speak about and answer children's questions about sexual and reproductive health↗ – while using age-appropriate language. It is a great opportunity to offer quality information and to set open and a safe atmosphere were talking about sexual health↗ is not taboo.

Rapid changes of body during puberty can be confusing and demanding for young people and their body image↗ due to beauty standards.

It is essential that adults know how the human body works. Teachers and parents should also be educated about intimate relationships and sex↗. This is made more difficult by making these topics taboo over time because of their relationship to sexuality↗ and frequent myths.

8.2. DEVELOPMENT OF THE TOPIC

8.2.1. Stages of sexual development

The way adults think about sexuality↗ is rather different from how children perceive it, yet it does not mean that they do not perceive it at all. In infancy and early childhood (0-5 years of age) it is normal to be curious about their own body and to touch it for a soothing feeling, having no inhibitions about nudity. Around age three the curiosity can lead to "playing doctor" games or asking about where babies come from. Already in this age children understand well gender roles↗ in the society

they live in as well as they start perceiving their own gender↗ . They are also more aware of the societal norms related to the sexual behaviour↗ and their own sexual expression starts to be more covert in contrast with the very open one they had in lower ages. In middle childhood (5-8) it is common to perceive the gender roles↗ even more strongly, it is also usual that children try to masturbate for pleasant feelings, and they can be curious about sex↗ activities or exploring with their peers.

In late childhood and puberty physical changes become more pronounced with secondary sex↗ characteristics coming in play as a result of hormonal changes. That includes growing taller, changes in fat distribution, voice changes, hair growth, breast growth, widening of shoulders or hips, etc. For people with a vulva there comes the start of monthly menstruation and for people with penis there starts to be nocturnal emissions and erections. The age of puberty varies significantly among people, as it can start as early as seven years old, or much later as in 12 years of age (National Child Traumatic Stress Network, 2009).

It is estimated that the age when children start feeling sexual attraction↗ may occur strongly and surely around the age of 10, for children regardless their gender↗ or their sexuality↗ (Pattatucci, & Hamer, 1995). Already the age of six it is considered as the age of rising of sexual subjectivity of children due to onset of adrenarche (Herdt & McClintock, 2000). Adrenarche is a process of increased production of adrenal androgens which influences emotional and psychological development of children. However, the age of realizing sexual attraction↗ may vary greatly due to various factors (individual personality, family environment, etc.).

8.2.2. Anatomy: links with transition, hormones, etc.

Biological sex↗ is constituted of many aspects of the human body. The first characteristic, which can be identified already in a human foetus, are chromosomes. The most known sex↗ chromosomes are XY (male) and XX (female), and there are other variations like for example X0 or XXY. All of these can be identified by genetic testing.

At the beginning of the pregnancy the foetus has undifferentiated gonads. In the first trimester it goes through a process called sexual differentiation which is influenced by androgens. Androgens are key hormones defining how the genitalia of a foetus will develop (if there are high levels of androgens, the foetus will have testicles), and they also influence brain development (Smith et al., 2003). When genitalia develop, they start to produce sex↗ hormones which further influence the development of the body. The main sex↗ **hormones** are oestrogens, progesterone, and testosterone. Although oestrogen and progesterone are considered to be more "female" hormones and testosterone to be "male" hormone, their combination can be found in all bodies, but in different levels.

Another period of significant body changes due to hormonal secretion is **puberty**. For people on the female side of the spectrum it means growth of breasts, rise of fat percentage in the body, especially around hips and thighs, growth of vulva and eventually menarche (the first menstruation). For people on the male part of the spectrum, it means growth of testicles and penis, lean body mass increase and visible change of larynx and voice tone. Other changes such as more visible body hair↗ , pubic hair, skeletal growth, or occurrence of acne are found across all parts of the sex↗ spectrum (Wheeler, 1991).

People who↗ are **transgender** or nonbinary might want to go through transition, which is a process of changing their presentation and body according to their gender identity↗ . **Transition** has several levels, and not all people want and need to go through all of them. These levels are (Doležalová et al., 2021):

- Social transition (living in a role which aligns with their gender identity↗)
- Medical transition (hormonal therapy and possibly surgeries)
- Legal transition (change of name, official documents)

Masculinizing hormonal therapy usually includes testosterone treatment and leads to growth of more face/body hair↗,
deepening of voice, enlargement of clitoris and increased muscle mass. Feminizing hormonal therapy usually includes
oestrogens, progesterone and also testosterone blockers. This treatment leads to enlargement of breasts, skin softening,
redistribution of body fat and pelvis change.

Hormone therapy can be different for children and young people, since they still haven't gone through the process of puberty.
For them an option could be either the hormonal therapy as mentioned above or puberty blockers (usually gonadotropin-
releasing hormone analogue), which give the young person more time to think about their identity to decide (Rew et al.,
2021).

Due to research on biological sex↗ over past decade we can conclude it is more accurate to describe biological sex↗ in
humans as bimodal, but not strictly binary. Bimodal means that there are essentially two dimensions (two maxima) to the
continuum of biological sex↗, where most people can fit, but each in different part of the spectrum with their unique
hormone levels and combination of sex↗ characteristics. In order for sex↗ to be binary there would need to be two
separated, non-overlapping and unambiguous ends to that continuum, but there clearly are not. There is overlap in the
middle – hence bimodal, but not binary (Blackless et al., 2000) (See Figure 6).
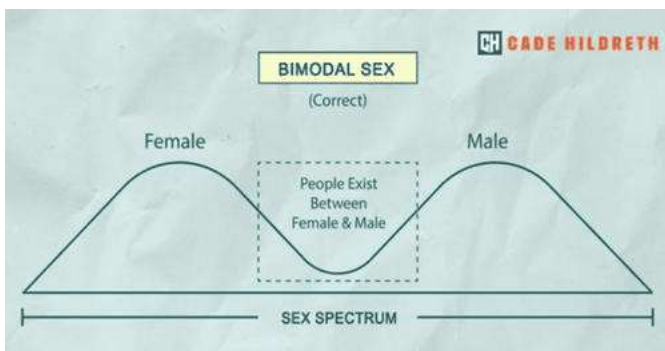
Figure 6. The sex spectrum
**Source: https://cadehildreth.com/gender-spectrum/?fbclid=IwAR2O5F_RyhSeMt24t9GGSkP40pUirYfGpRtIPB4XF-
VvxhAfV65ZFifFsCM**

8.2.3. Body hair

Body hair↗ refers to visible hair growing on various parts of the body such as face, chest, legs, arms, armpits or pubic area
and it develops mainly during puberty. Another type of body hair↗ is vellus hair, which are short and almost not visible and
are present on most of the body since early childhood. People vary in the amount, strength, and visibility of their body hair↗,
which is absolutely normal, as it is influenced by many factors, including the levels of androgens.

Body hair↗ is an absolutely natural part of the human body and has a protective function. There is nothing unhygienic about
it (when adhering to basic hygienic practices as washing regularly) as it can be sometimes falsely claimed. Body hair↗
removal is primarily motivated by social norms of attractiveness and gender stereotypes↗ of what femininity or masculinity
should look like. Feelings of shame or disgust with body hair↗ are generated by societal norms which create feelings for
example for women that a woman's body is unacceptable if unaltered (Williamson, 2015). On the other hand, a man's body is
considered to be unusual or labelled as "gay" if they choose to remove their body hair↗. Body hair↗ should be discussed
openly and accepted as a normal part of our bodies because it is a personal choice that can change over time but that
should remain a personal choice. No person should be pushed or convinced to remove their body hair↗ in order to fit in.

8.2.4. Body image

Body image↗ is a set of thoughts and feelings of a person towards their own body and how they perceive its attractiveness and abilities as well as how they relate to it. It can influence how people see their body (which sometimes does not correspond to how it actually looks like) and how they feel about their body – which can vary from dissatisfaction to happiness.

Body **dissatisfaction** can lead to risk behaviours, excessive dieting and avoiding physical activity (Kopcakova et al., 2014), spending a lot of time on appearance and self-objectification↗.

Body image↗ is influenced by societal norms, media, unrealistic cultural beauty standards and behaviour of important family figures. Young women usually feel pressure to be skinny and yet to have curves, while young men adhere to the ideal men who↗ is muscular and tall. Queer↗ people and BIPOC people↗ (abbreviation for Black, Indigenous, and People of Colour) may also have unique and complicated experiences with body image↗, as everyone. Body image↗ can be also negatively influenced by unrealistic beauty standards on social media with the usage of filters changing proportion of face and/or body and pictures being in general heavily edited (Dakanalis et al., 2015). A child's perception on their body image↗ can be improved with programs focused on body appreciation and embodiment (Guest et al., 2022).

8.2.5. Hymen myths

The hymen is a thin mucous membrane, partially closing the vaginal orifice. It consists of collagenous elastic tissue, and it is elasticity grows during puberty. The hymen is **not** a unified full-covering membrane separating the vagina from the world, in fact it covers only part of the vaginal orifice, and the shape and size of it varies greatly among people. In many cultures the myth prevails that virginity is associated with an intact hymen, and that it represents a female chastity and pride (Hegazy & Al-Rukban, 2012). It is assumed that the hymen "breaks" when a person has penetrative sex↗ for the first time and that this leads to bleeding. Not only is this a social construction to impose the idea of purity in young girls and women but it is also untrue, because the hymen can either stretch (especially if the vagina is lubricated) or it can be ruptured due to other reasons, like sport, the use of tampons etc. **The hymen is not an indicator of virginity,** and it has no biological purpose (Cook & Dickens, 2009). **It is not anyhow defining the worth of a person or being an indicator of their sexual behaviour↗.**

Hymen myths are based on misconceptions, misinformation about virginity and can be extremely harmful for the mental and physical health of young girls and women. Because of the shame and stigma connected to hymen not being intact, people might seek hymen reconstruction surgeries, which are very controversial procedure. It involves stitching parts of hymen together to ensure the person bleeds next time they have intercourse. We might reflect on if this is ever beneficial and that it's not the best way to tackle the source of the problem (Saharso, 2022).

The imposed cultural norms can lead people to seek hymen reconstruction.

8.2.6. The clitoris (function, history)

The clitoris is an important and the most sensitive erogenous part of the vulva (see Figure 7 to identify different types of vulva) partially visible with its glans above the vaginal canal at the junction of inner labia and hidden by its bigger part. It consists of highly nerved tissue similar to the one constituting the penis. It is associated with sexual pleasure and most people with a vulva can reach an orgasm through clitoral stimulation.
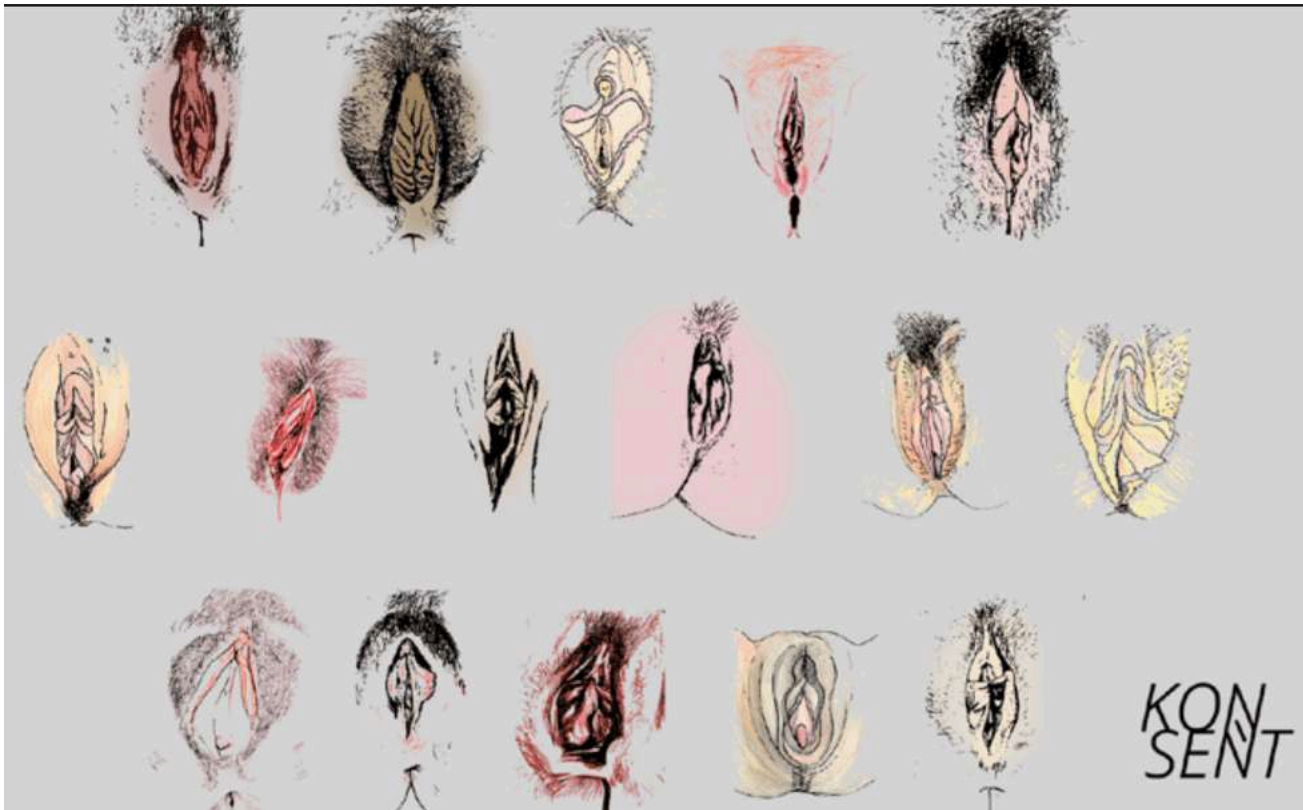
Figure 7. Types of vulva
Source: attachment of the lesson "Sexuality Myths and Sex Lessons for Education on Respectful Relationships" (originally in Czech: "Mýty o pohlavních orgánech a sexu Lekce sexuální nauky pro vzdělávání o respektujících vztazích". Dagmar Krišová, Johana Nejedlová, Konsent, z.s., 2021)

Many scientists, textbooks, teachers, and parents in the past and still today stay silent about the anatomy of the clitoris and its function (Ogletree & Ginsburg, 2000). The clitoris was studied fully only in 1998 (O'Connell et al., 1998) before scientists associated it with shame or had no interest in it since they thought it had no reproductive function. In fact, clitoris arousal causes the lubrication of the vagina and also induces contractions in the uterus which can help the sperm to move forward, increasing the chance of getting pregnant. You can see the anatomy described in the Figure 8.

- **The clitoral glans** is the most innervated part of the clitoris, full of free nerve endings. It is the only party of clitoris which is visible to the eye and can be easily and directly stimulated for pleasure, it is only ⅕th of the overall size of clitoris.
- **Corpus cavernosum** are made of erectile tissue and follow the pubic rami on each side of vulva, it is covered by a muscle so it is hidden, it can reach seven cm or more in length.
- **Crus of clitoris**: the crura are two legs that extend from the clitoral body. They are the longest part of the clitoris.
- **Urinary meatus** is the ending of urinal tube.
- **Vaginal opening**: vagina extends from cervix, a neck-like piece of tissue that connects the vagina to uterus. Vagina ends as a hole outside of the body, called vaginal opening. Vagina opening can be found between the urinary tube ending and the rectum.
- **Bulb of vestibule:** there are two bulbs of erectile tissue that starts close to the inferior side of the body of the clitoris. The vestibular bulbs then extend towards the urethra and vagina on the medal edge of the crus of the clitoris

clitoral glans

corpus cavernosum

crus of clitoris

urinary meatus

vaginal opening

bulb of vestibule
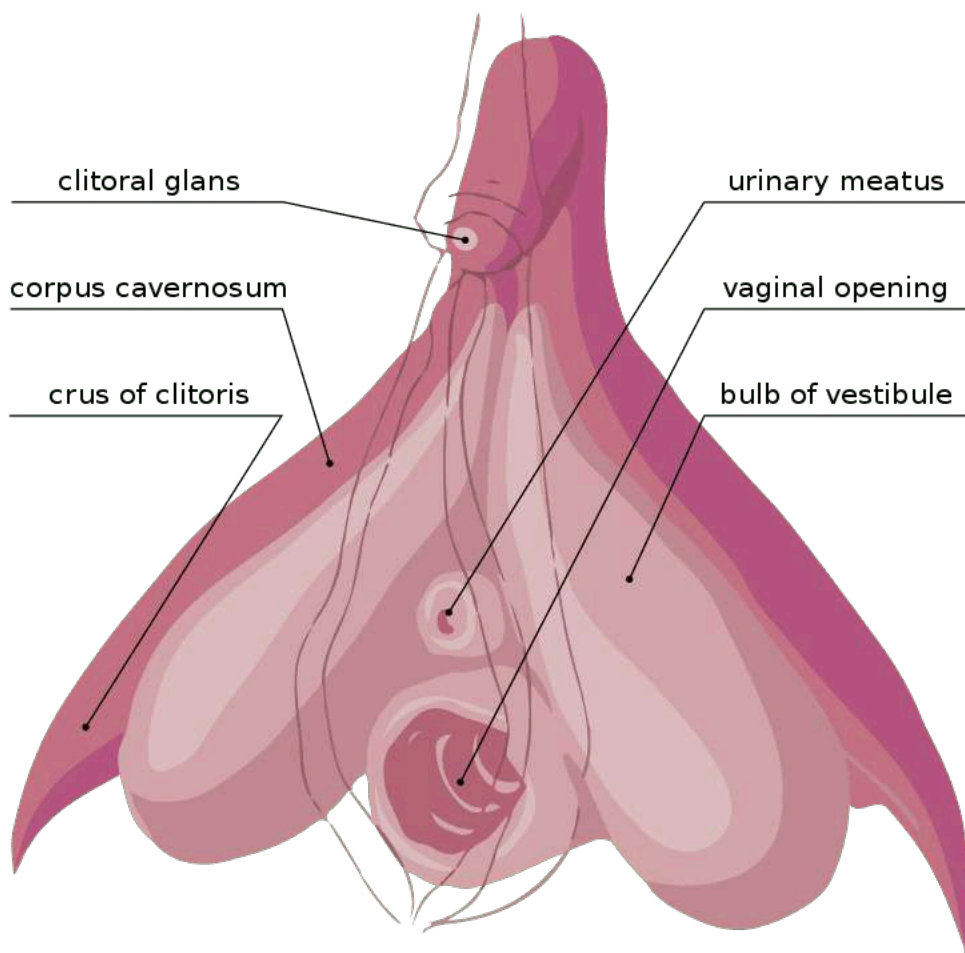
Figure 8. Structural diagram of the clitoris
Source: Wikipedia
(https://commons.wikimedia.org/wiki/File:Sch%C3%A9ma_strucurel_l%C3%A9gend%C3%A9_du_clitoris.svg

8.2.7. Penis (function)

The penis is an external organ with complex anatomy with combined function (see Figure 9 to identify different types of penis). It is used to urinate, for sex↗ and for reproductive behaviours. The anatomy of the penis includes the head (glans), shaft, and foreskin. The shaft is made of erectile tissue as well as the urethra, which carries urine out of the body. Every penis looks a little different, especially when erected as a result of arousal – for example, some may be curved like a banana while others may straighter, facing downward or upward.
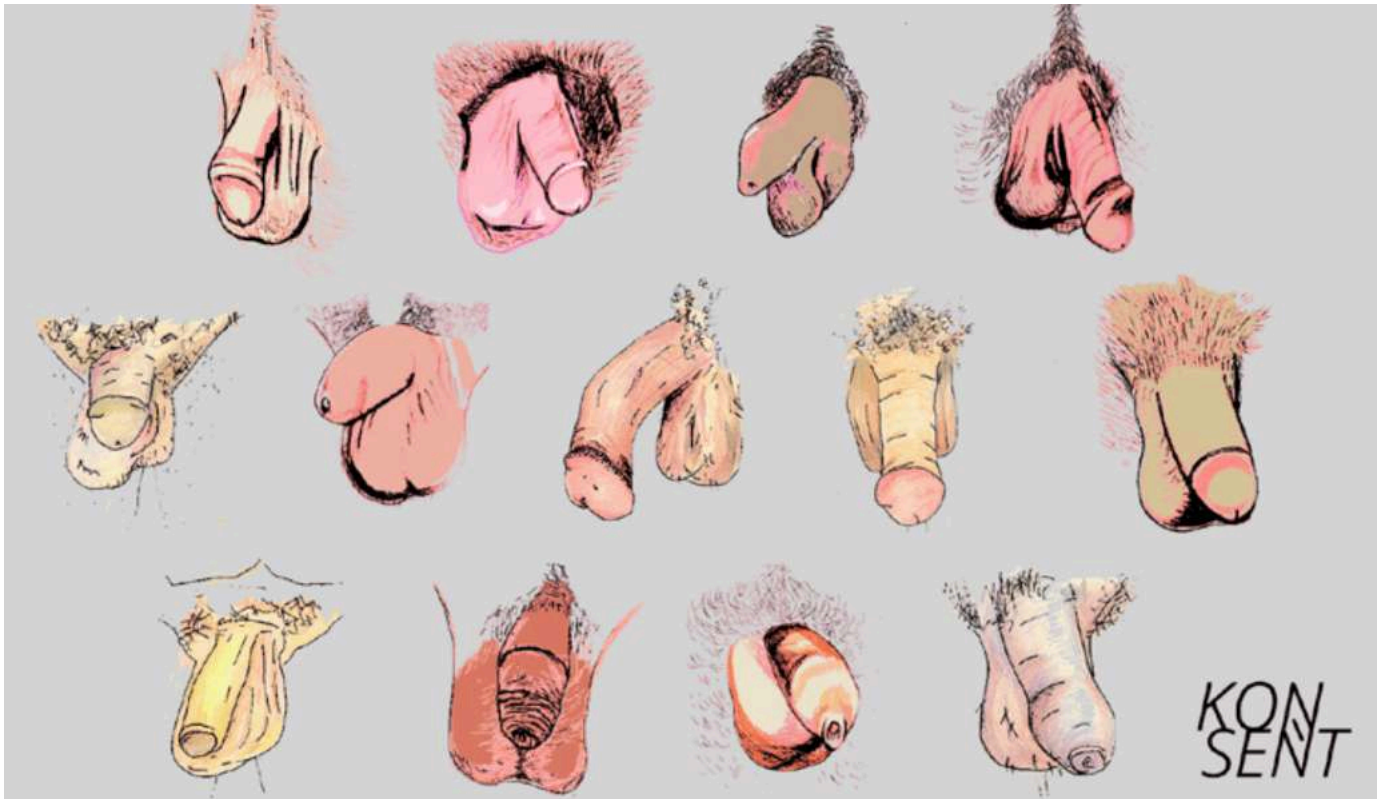
Figure 9. Types of penis
Source: attachment of the lesson "Sexuality Myths and Sex Lessons for Education on Respectful Relationships" (originally in Czech: "Mýty o pohlavních orgánech a sexu Lekce sexuální nauky pro vzdělávání o respektujících vztazích". Dagmar Krišová, Johana Nejedlová, Konsent, z.s., 2021)

- Glans

Glans is also called the head or tip of a penis. It contains the opening of the urethra – it's where bodies with penises pee out of, and it is also the place where other fluids like pre-ejaculate and semen come out of it. For many people, it's the most sensitive part of the penis.

- Shaft

The shaft of the penis extends from the tip to where it connects it with ones lower belly. It looks like a tube, and it contains the urethra inside.

- Foreskin

The foreskin is a patch of skin that covers and protects the glans. When a penis gets erected or hard because of arousal, the foreskin usually pulls back, and the tip is exposed. Sometimes foreskin is circumcised (when a doctor surgically removes the foreskin) soon after birth, so not everyone has it. Circumcision is sometimes based on cultural and religious traditions but sometimes it may be necessary to enable functioning of the penis during erection. Sometimes when people mature, their foreskin may remain too tight for glans to be normally uncovered, this may cause problems with hygiene (cleaning the glans) or disable normal function when the penis is hard during sex↗ – circumcision or partial circumcision are easy surgical remedies of these problems.

- Frenulum

The frenulum is where the foreskin is connected with the underside of penis. It is typically V-shaped and starts just below the head. Usually, part of it remains after circumcision and for many people, it's very sensitive.

8.2.8. Masturbation

Masturbation↗ is the "manipulation of one's own genital organs, typically the penis or clitoris, for purposes of sexual gratification. The act is usually accompanied by sexual fantasies or erotic literature, pictures, or videos. Masturbation↗ may also include the use of mechanical devices (e.g., a vibrator) or self-stimulation of other organs, such as the anus or the nipples" (APA↗, n.d.).

Until this day, there are many myths about masturbation↗ which have no scientific basis such as masturbation↗ being harmful, decreasing sensitivity in genitals, or causing infertility. Contrary to that, Rullo et al. (2018) showed that vibratory stimulation has evidence-based support for the treatment of erectile dysfunction, ejaculatory dysfunction, and anorgasmia.

In general, masturbation↗, when it is not done in public or in excessive amounts, **is an absolutely normal and healthy activity bringing pleasurable sensations**, both to teenagers and adults (Leung & Robson, 1993). Masturbation↗ should not be perceived as a compensation for a missing sex↗ partner but rather as an independent way to gain sexual pleasure as it can also improve orgasm achieving (Kontula & Haavio-Mannila,2003). The more you know about your own body, what you like and what you do not, the better you can construct your partnered sexual relationship in a way that would bring you more pleasure. It's important to speak about masturbation↗ and debunk myths around it, which can lead to more positive attitudes towards masturbation↗ (Lo Presto et al.,1985). There are multiple ways in which masturbation↗ may be conducted (Pla, 2020), involving objects, sex↗ toys, single or partnered sex↗, etc.

8.2.9. Menstruation cycle

The **menstruation cycle**↗ is a hormone-controlled cycle which can take between 21 and 35 days, depending on the body, and it is connected with the uterus and ovaries functions.

First comes the **follicular phase** – it is controlled by gonadotropin-releasing hormones and during this phase the follicles in the ovary become mature.

The second phase is **ovulation** – there is a rise in oestrogen hormone, which causes the ovary to release an egg. Lining of the womb starts to thicken at this point.

The third comes the **luteal phase**, where hormones of progesterone and oestrogen are high, during this time, while the lining of the uterus normally gets thicker to prepare for a possible pregnancy. If pregnancy doesn't occur, the egg is reabsorbed into the body. Levels of oestrogen and progesterone fall, and the womb lining comes away and leaves the body as a period = **menstruation flow**. The duration of a menstruation flow is different for everyone, but usually lasts somewhere between two to seven days.

One or two weeks before the menstruation flow, PMS↗ = **Premenstrual syndrome** might occur. Every person experiences it differently, but common symptoms are: mood changes, bloating, acne, tiredness. During the menstruation flow, many people experience painful muscle cramps in the tummy. If the pain is too much and is seriously affecting your ability to function, always consult it with your doctor.

Despite of the fact that menstruation is a natural body function, and it always has been, it is usually stigmatized and not talked about, which is leading to the spread of myths and misinformation. People of all genders should have basic knowledge related to menstruation (see Figure 10). Providing information without shaming is of utmost importance as young people should learn how to take care of their bodies before, during and after their menstruation flow. In this talk, topics such as mental and physical health, the variety and use of different menstruation products as well as menstruation myths should be addressed and discussed.
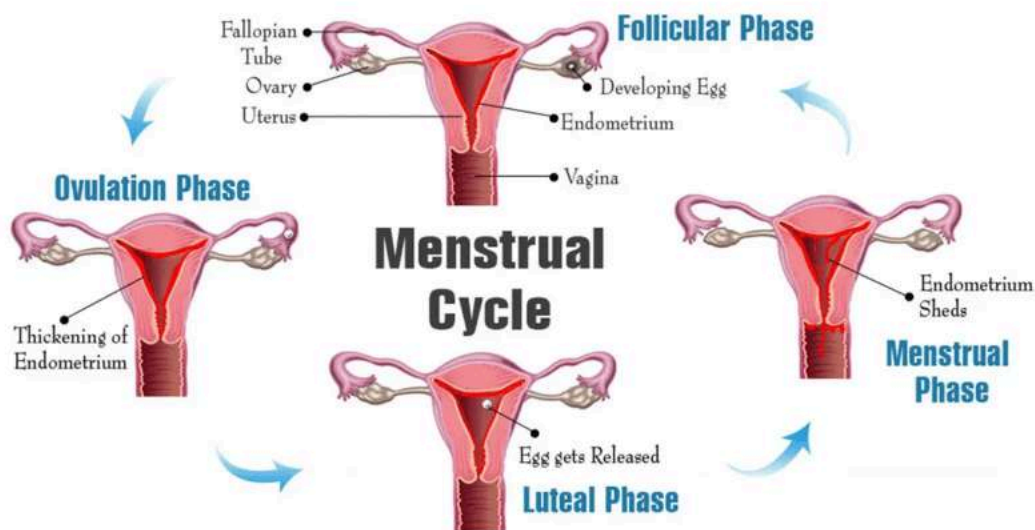
Figure 10. Menstrual circle

8.2.10. Unintended Pregnancy: abortion, the contraceptive pill

Every time the penis penetrates the vagina, there is a possibility of conception. There are various options for contraception – the most common one being the condom or the hormonal pills (see various types of contraception below). However, if an unwanted pregnancy occurs, there are still more options to deal with such a situation. One of them is the emergency contraceptives also known as "morning-after pills". It was created for people with a uterus and should be taken after unprotected sexual intercourse. Depending on the pill, it can be taken up to five days after the unprotected sexual intercourse and can cause different physical reactions in your body. It works primarily by preventing ovulation or fertilization. However, it cannot be used regularly as a type of contraception. Because of its compounds and the strength, it has on the body, it is advisable to have a window of at least six months between taking another morning after pill. This also depends on the pill and on the body, which is why it is best to talk to a pharmacist or a doctor and explain the whole situation. Leaving out details out of shame can cause wrongful treatment or negative effects on your body.

If found out later, unintended pregnancy can be terminated through interruption, which has different requirements (circumstances of the conception, age of pregnant person, week of pregnancy, cost of the procedure, form of the procedure.) in every country. Depending on the phase of the pregnancy the interruption can be made through medication or through surgical intervention. Usually, it can be done until the third month of the pregnancy. However, some countries do not offer any guidance or support related to emergency contraception or pregnancy interruptions out of social, cultural, or religious reasons. Other countries offer some of the options but regulate them strictly (e.g., you need a doctor's prescription to go to the pharmacy and buy the morning after pill) or prohibit it completely and do not perform any kind of intervention related to it. You can find more information on the emergency contraception and on abortion laws and policies in the European Laws chapter, sexual health↗, and reproductive rights↗ sections.

Finding out about possible pregnancies can be done through taking a **pregnancy test** – most of them are reliable two weeks after the sexual intercourse but it is always needed to read the instructions on the package of the test. However, sometimes tests can be false negative or false positive, so it is important to always consult with a doctor.

A method which is **not reliable** to prevent unintended pregnancy is the **"pulling-out" method** when the penis is taken out of the vagina right before ejaculation. This technique does not work because even before ejaculation there is pre-ejaculation liquid coming out↗ of the penis which can contain sperm and might cause pregnancy.

8.2.11. Types of reliable contraceptive methods (NHS, 2021):

- **Hormonal pills**: they are pills containing hormones, most of them contain a combination of oestrogen and progesterone and can be used by people with a uterus as it prevents the release of the egg. The prescription is usually to take one pill a day (around the same hour every day) for 21 days a month. In the next seven days when no pill is taken the bleeding should occur. After those seven days starts another 21 days of taking pills every day. **The pill can have a lot of side effects** and also can interact with other medication, so it should be consulted properly with a gynaecologist and GP. Side effects can vary but the most common are increased risk of having vein thrombosis, acne, headaches, bloating, and fatigue, and mood swings (Teal & Edelman, 2021). Lot of people report also changes in the way they experience stuff, like different energy levels, loss of sexual libido and changes regarding the period. **Taking pills should be always thought through while weighting the pros and cons carefully**. If used correctly, the pill can have 99% of efficiency in preventing a pregnancy. Other types of hormonal pills are pills with progestogen, which are taken every day without a break. The other rules of usage (taking the pill around the same time a day) are the same and the efficiency is similar. The efficiency of hormonal pills might be affected when having stomach problems, vomiting or diarrhoea. Pills can be prescribed by a gynecologist after check up and interview, price depends of different types of pills and companies

- **Condoms**: there are two types of condoms, which are a) external condoms to be put on the erected penis and b) condoms to be inserted inside vagina. **Both types of condoms, if used properly, prevent unwanted pregnancy as well as transmission of STI.** Condoms are the only method apart from abstinence to make you safe from transmission of STI through penetrative sex↗ .

  - External condoms are usually made out of latex but can be also found from different materials in case of allergy to latex. Lubricants can be used with condoms but should be water-based so they do not affect the function of the condom. Condoms can be used only once, when you have sex↗ again it is needed to use new one. Condoms should be ideally stored in not too hot and sunny places, avoiding sharp objects, and used before expiration date. When unpacking a condom, it is good to be careful when opening it so it does not get pierced or damaged in other ways. Then put it on top of erected penis and roll down to its base, make sure it holds good. You can check once in a while if the condom holds on good, and when putting the penis out of the vagina, hold the condom so it does not slip. Condoms are 98% effective. External condoms are easy to access and can be bought in drugstores, most supermarkets and sex↗ shops. Price depends on types and brands.

  - Vaginal condoms work on the same principle as external condoms by creating a barrier so semen cannot reach the egg and cause a pregnancy. Condom should be put into vagina before sex↗ , making sure penis does not touch it before. When opening, be careful to not use teeth or sharp object to tear it. Putt the smaller ring inside the vagina and the bigger ring of a condom at the opening of the vagina. The risk when using female condom is if penis slides in between the condom and the side of the vagina, or if the condom gets pushed too deep into vagina. Else they are 95% effective. Vaginal condoms (sometimes labelled as female condoms) are not so accessible, they can be found mostly in sex↗ shops or other online stores.

  - An IUD↗ is a small object put into the uterus which can be either hormonal or non-hormonal. It has to be fitted in only by a gynaecologist. Each type of IUD↗ has different specifics, but it can have its protective function for up to five years. This can be a convenient form of contraception for some since it requires low effort and is highly effective in preventing pregnancy (99%), yet some people might experience increased pain and heavy bleeding during periods when having intrauterine device. IUD↗ can be prescribed and also inserted only by gynecologist – the one time cost can be quite high.

  - **Contraceptive patch↗** : it is a sticky patch, looking similar to a plaster, which is releasing hormones to one's body through skin. It contains the same hormones as the pills (progesterone and oestrogen) and is made to be used by people with uterus. Use the patch as instructed on the package, one patch should be worn for approximately one week and then switched for a new one. Patches are also used in the cycle of 4 weeks, 3 weeks with patch (each

week new one) and one week patch free. It should be resistant to water and sweat so no restrictions in regime are needed. The possible side effect is heightened pressure. Contraceptive patch ↗ has to be prescribed by gynecologist.

- ○ **Contraceptive diaphragm or cap** ↗ is a silicone cap which is inserted into the vagina before sex ↗. The principle is that the cap covers the cervix and creates a barrier so sperm cannot enter the uterus and fertilize the egg. The cap has to stay inserted at least 6 hours after sex ↗ to be efficient, and it is recommended to use it together with spermicide gel which together makes circa 94% of efficiency in preventing the pregnancy. The caps are of various sizes so it can take some time to find the right size and to learn how to use it properly. One cap can be used repeatedly for proximately 1-2 years. Cap can be bought in sex ↗ shops or pharmacies.
- ○ **Vasectomy** ↗ is a surgical procedure for people with testicles to cut or seal the tube with sperm and therefore prevent pregnancy. Vasectomies can be reversed again with surgical reconnection of the tubes, yet the procedure of the reverse surgery is not guaranteed to work, especially the longer it took since the vasectomy ↗ was done. First few weeks (8-12) after the procedure other contraceptive methods should be used because there might still be sperm in the tubes. After vasectomy ↗, there will be ejaculation, but the semen won't carry sperm. Some people can have problems with painful testicles after this procedure
- ○ **Female sterilization** – for people with uterus it means blocking or sealing the fallopian tubes to prevent the eggs reaching the sperm and becoming fertilized. Most tubal ligation procedures cannot be reversed. If reversal is attempted, it requires major surgery and isn't always effective.
- ○ **Vaginal ring** ↗ is a soft plastic ring which is put into vagina, and which releases oestrogen and progesterone to prevent pregnancy. Ring works for one month, when put inside vagina correctly – if the ring comes out, it can be washed with warm water and put inside again. It is more than 99% effective. Vaginal ring ↗ can be bought in specialised drugstores or pharmacies.

– 8.3. SITUATIONS OF DISCRIMINATION RELATED TO THE TOPIC –

- Genital mutilation.
- Shame for being/not being a virgin.
- Harassment and push for removal of body hair ↗ due to societal norms – saying to a girl who ↗ has non-shaved legs/armpits "you look like a tomboy", "why don't you take care of yourself?" , "you think someone will like you like this?", "it's unhygienic."
- Harassment of boys who ↗ don't have "enough" facial hair, insensitive commenting and saying they're "immature" if they don't have any.
- Shaming girls for being sexual – pushing girls to become someone who ↗ has to prioritise their physical appearance above all in order to "be wanted", but also teaching them to be "modest" and passive, and to avoid expressing their sexuality ↗ openly. Calling girls "sluts" if they show skin, or dress in a revealing way. Calling girls "sluts" if they have more sexual experiences.
- Shaming girls (people in general) for masturbating, spreading false claims about masturbations, such as that the fact that it would make their genitals "too used", that it's "against the nature" and "unholy" -> creating an atmosphere where people feel shame when masturbating
- Shaming boys for not being sexual or "manly" enough – There's a narrative that they have to be sexual, and to want sex ↗ all the time, or else they would be perceived as being weird. They can be called "faggots" if they are not interested in girls and not dating "enough".
- Push for an early start of sexual life (first sexual experience) and shaming those who ↗ wait longer for any reason "you're 15 and you still haven't done it? what is wrong with you?"
- Body shaming – harassment and bullying ↗ of people for some aspects of their appearance. It can be their weight, their face, their thighs, anything. Making disrespectful comments about the appearance of others and inventing harmful insults based on that.

- Speaking about contraception and reproduction only to girls and therefore making them responsible, while leaving the boys out of it.
- Not informing all the people in the class about all the topics (example – separating class in girls and boys and informing girls about period and boys about erection) – **everyone should know all of these!**
- Assuming everyone who↗ has a penis is a boy, and everyone who↗ has a vulva is a girl – not using inclusive language and not including queer↗ perspective which makes LGBTQ+↗ students feel left out and more confused.
- Porn showing mostly long penetrative sex↗, violent sex↗ and giving unrealistic and unhealthy perception of sex↗.
- Stigmatizing having a period.

8.4. BEST PRACTICES

Canadian material teaching sexual health↗ offers following tips (Alberta, n.d.):

- **Develop open and positive communication about sex↗ and sexual development↗**. Answer questions that children have in an age-appropriate way – avoid telling them they're too young for something. If they ask about something, this is the time they're interested in it, and you have a chance to give them information without creating a taboo around this subject. Let them know they can always come to ask you questions about sexuality↗ and you will do your best to answer. Be aware that if you do not give them information, they will find a different way to get it and it will most probably be of a worse quality (information from porn, from peers, from the web), misinformation, spreading of myths, perpetuating taboos, etc.
- **Inform children about puberty and sexual development↗ changes** when they're young before they experience them. In this way they will feel more prepared and will know partially what to expect which could decrease stress and help them cope with these changes, encouraging them to make safer decisions.
- **Avoid unnecessary and harmful comments on children's bodies appearance and weight** because that can worsen their feeling of self-worth and easily lead to developing a negative body image↗. When speaking about bodies, show pictures of people of various shapes and origins which represent real people and are more relatable.
- **Support children in having a positive relationship with their body**. You can do that by tackling and challenging shameful comments, not applying stereotypical beauty standards, by appreciating children's abilities and strengths and with activities encouraging children to find positive aspects of their bodies, aspects they like and enjoy. You can also promote body positivity by being an example and showing mindfulness of your own attitudes towards food, weight and

attractivity. Avoid commenting on other people's physical appearance and promoting of extremely restrictive diets and excessive exercising.

- When speaking about body parts, **do not avoid naming the genitals with their proper anatomical names**. Children will benefit from being able to name parts such as penis, testicles, vulva, clitoris, etc. without shame and it will help them to relate to their body better and to communicate about body parts in general. Do not leave out the clitoris out of the talk as it can be the main source of pleasure for people with a vulva. Apart from possibly developing a healthier relationship with their bodies, knowing the anatomical names for body parts contributes to their mental and physical health as it encourages information and decreases the chances of being sexually harassed, assaulted, or exploited. Using metaphors for body parts only contributes to children being more confused about their body and its functions, which could place them in a vulnerable position making boundaries and limits blurry for them and exposing them to manipulation.
- **Debunk myths about physical appearance**, including body hair↗, shame connected to menstruation, false believe that the vulva has to be small and pink, that the penis has to stay erect for a long time, etc. Address the fact that porn, social media, and other representations are not accurate, and stress out the beauty and normality of variations of body appearance and shapes.
- Instead of promoting the abstinence, inform children about various forms of sex↗ and types of contraception with focus on practical use and pros and cons. Inspiration of how to do an activity about contraception can be found here.
- Do not leave out information about masturbating as safe, healthy, and independent sexual activity.
- When speaking about sex↗ development and bodies, take the diversity↗ of bodies into account, including queerness, ability, age and other aspects that go beyond binary categories.

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9. ENVIRONMENT INFLUENCES

- Stereotypes allow us to interpret reality by categorising groups of people who↗ share certain characteristics. Thus, they are responsible for an important part of the processing of the information we perceive. If we did not use stereotypes, we would often not be able to attend to as much information, which would make it difficult to make decisions and interact with other people.
- Since stereotypes influence perception, recognising them is necessary in order to deconstruct them when necessary.
- Prejudices are attitudes that are based on stereotypes and that, although they can be positive, generally refer to negative evaluations of the stereotyped groups.
- The presence of prejudice↗ can, but does not always, lead to discrimination↗ against people belonging to stereotypical groups on the basis of different factors such as perceived warmth and competence, or the existence of competitive and conflictive situations.
- The existence of stigma and discrimination↗ towards the LGBTQ+↗ community can cause the members of the collective to internalize the stigma towards them, generating feelings of self-rejection and guilt.

9.1. INTRODUCTION

Human beings act according to their perception of reality. This perception can vary depending on many factors, meaning that people can react to the same situation in very different ways. At the individual level, there are a large number of cognitive biases that affect us every day. Some of the most common ones are, for example, the following three:

1. **Confirmation bias**↗ : it refers to the tendency to seek, favour, interpret or recall information in a way that will confirm something we have already decided, or that will favour long-held beliefs and assumptions.
2. **Selective observation bias**↗ : it occurs when we direct our attention to something based on our expectations and neglect the rest of the information.
3. **Availability heuristics**↗ : is the tendency to rely on the immediate examples that come to mind when making judgements.

At the group level, other factors are also known to have a significant influence on the perception of reality and decision-making, such as the effect that majorities have on minorities through processes of conformity or social pressure.

In this topic of the guide, we will focus on three key concepts that also influence us continuously when it comes to perceiving our environment and behaving in one way or another: stereotypes, prejudice↗, and discrimination↗. We will first look at how they affect us in a general way. Throughout the guide we will describe how they apply to specific populations, which will help us to understand other essential concepts for 9–15-year-old children to establish healthy interpersonal relationships in their peer groups.

9.2. DEVELOPMENT OF THE TOPIC

9.2.1. Stereotypes

From a cognitive point of view, the stereotype↗ consists of a set of shared beliefs about the characteristics, personal attributes, and behaviours that members of a group possess (Hamilton & Sherman, 1994), and therefore the beliefs are structured and related to each other. Stereotypes include personality traits as well as behaviours, physical characteristics, roles, occupations, etc. and they are seen as categories that provide coherence to the social environment (Tajfel, 1969). Stereotype bias↗ is seen as a result of limitations of the cognitive capacity to process information.

Stereotypes cannot be detached from the social and cultural context in which they exist. They are held in common by a large number of people. Moreover, they stem from, and are structured by, the relationships between large social groups or entities. Despite individual differences, stereotypes are widely shared within a culture. They can be conceived as socially shared categories that transcend the individual and are acquired mainly through socialisation.

Stereotypes have functions at the individual and social level. The individual functions (Tajfel, 1984) are:

1. **To systematise and simplify the complexity and variety of stimuli we receive** from the outside (Huici, 1999; Morales & Moyá, 1996a). This process of categorisation would lead individuals to perceive members of other groups and members of their own group differently. This would mean that members of one's own group (ingroup) would be perceived as similar, that is, they would perceive that they share a number of common characteristics, whereas members of another group (outgroup) would be perceived as having very different characteristics from those of the ingroup. The fact that we see ourselves as much more similar to the members of the ingroup than to the outgroup gives rise to what is called ingroup favouritism, i.e., the tendency to favour our group over the people in the outgroup.

2. **Protect and defend the individual's value system**. The fact that stereotypes are shared means that they are easily reinforced and, therefore, they would require a lot of information and evidence to disconfirm or deconstruct the stereotype↗ but little information to confirm it. That is, there is resistance to change stereotypes, especially when the stereotype↗ refers to a group or category that is highly valued by the individual (Campbell, 1967; Morales & Moyá, 1996b).

As can be seen in Figure 11, the social functions of stereotypes are (Tajfel, 1984):
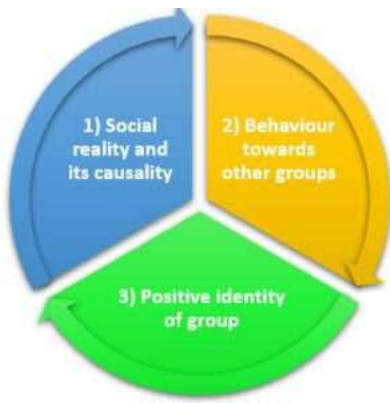
Figure 11. Social functions of stereotypes

1. **They allow for the explanation of social reality and its causality**, that is, they serve to explain and rationalise social facts. Stereotypes are **socially constructed** to attribute characteristics to members of the same group on the basis of characteristics that are at least superficially similar between them.

2. **Justifying behaviour towards members of other groups**. If we think that certain social groups have negative characteristics (their stereotype↗ is negative) we will start to behave towards them according to that stereotype↗, and therefore justify our behaviour by the stereotype↗ itself. For example, if we think that continued contact with a homosexual person may make another person feel attracted to people of the same sex↗, we will hardly interact with them or provide them with help if they need it, which will make it difficult for them to integrate into society. This behaviour of refusing to offer help would be justified by the fear of "becoming" homosexual. In this way, we would be justifying our attitudes and behaviour towards the stereotypical group of homosexual people.

3. **Maintaining a positive identity of one's own group**, especially in situations in which the established social order, i.e., the status quo, is in danger (Campbell, 1967). Even in situations in which the egalitarian belief between groups predominates, positive social distinctiveness between groups can be acquired by favouring the ingroup in the most important dimensions and granting the outgroup positivity but in less relevant dimensions, in such a way that the superiority of the ingroup is maintained.

The perception of social groups according to the presence of different stereotypes can be explained using the so-called stereotype↗ content model. According to this model, people evaluate their reality according to what the authors call **warmth** and **competence**. Warmth allows us to interpret other people's intentions towards us, and is made up of traits such as trustworthiness, sincerity, kindness, affection, etc. Competence allows us to categorise in terms of others' ability to achieve their intentions or goals, and comprises traits such as effectiveness, competence, self-confidence, intelligence, etc. Depending on the perceived warmth and competence of the members of a group, people will react differently emotionally to that group. In the section on prejudice↗, we elaborate further on possible combinations.

9.2.2. Prejudices

Prejudice↗ is considered to be an attitude that has a primarily affective component and is based on stereotypes of people. In general, they usually involve a negative evaluation of the groups to which they refer (Akrami, Ekehammar, & Araya, 2006; Allport, 1954; Devine, 1989), although in some cases such evaluations can be positive, as is the case, for example, with modern (subtle, covert) forms of prejudice↗ (Akrami, Ekehammar, & Araya, 2006; Allport, 1954; Devine, 1989), which are explained below.

Therefore, the modern values of tolerance and non-discrimination↗ promoted by democratic systems have meant that today there is not only classical prejudice↗, characterised as hostile and overt, but also other less overt expressions. Along these lines, Pettigrew and Meertens (1995) differentiated between the concepts of subtle and blatant prejudice↗.

1. **Blatant prejudice**↗ : all forms of direct and hostile expressions of negative attitudes towards members of minority groups, which are expressed through feelings of threat and rejection, as well as through the refusal to establish personal contact with members of minority groups.
2. **Subtle prejudice**↗ : this is expressed through indirect, distant, and more socially adapted forms of prejudice↗ , which are inferred from the defence of the group's own traditional values, together with the idea that certain groups would not be respecting them. The exaggeration of cultural differences to justify the inferior position of members of disadvantaged social groups and the denial of positive emotions towards their members are two other central features of this type of prejudice↗ . Sometimes subtle prejudice↗ is expressed through stereotyping that at first glance appears positive for people from another group, but which places them in a minority or devalued status in terms of socially valued attributes. It has been shown that the same person can show both types of prejudice↗ .

Returning to the stereotype↗ content model (Fiske et al., 2002) the combination of perceived warmth and competence can lead to **four prototypical emotional responses**:

1. **Pity** (high warmth, and low competence). Groups perceived as having low status, seen as incompetent, but at the same time seen as having a high level of warmth, give rise to paternalistic prejudice↗ . Examples of groups that generate this emotional response include the elderly and the disabled. These groups tend to generate compassion and sympathy (Weiner, 1980).
2. **Envy** (low warmth, and high competence). Social groups perceived as competent but cold often arouse envy and jealousy. The positive side of envy is that such groups are perceived as highly competent and therefore responsible for their own success. However, the negative side is that they are simultaneously perceived as lacking warmth, empathy and/or respect for others, thus considering their intentions to be hostile (Parrott & Smith, 1993). Envious prejudice↗ is one of the possible products that can emerge from social comparison, fostering people's resentment because they experience the feeling of being at a disadvantage compared to others who↗ are valued as significantly more competent (Smith, 2000).
3. **Contempt** (low warm and low competence). The third possible combination is that of perceiving groups as incompetent and cold, which will account for contemptuous prejudice↗ . Such groups often provoke antipathy that evokes anger, contempt, disgust, hatred, and resentment. Such emotions emerge on the basis of holding such people responsible for their negative outcomes, as if it is claimed that they are to blame for the way things are going (Weiner, 1980). In addition, such people are often seen as a burden on the rest of society, both socially and economically.
4. **Admiration** (high warm and high competence). Certain social groups are perceived as having high status but are nevertheless not seen as competition for the ingroup, either because they are highly dominant or because they are perceived as allies or close reference groups. Because they have high status, but are also considered as reference groups in society, they provoke admiration and pride.

To sum up, prejudices designate judgements made of negative feelings towards individuals or groups that have a different social belonging than one's own, which usually cause rejection. A prejudice↗ is an attitude, which implies an evaluative dimension about a particular social group. Stereotypes serve as a basis for prejudices and the latter tend to be externalised in negative behaviours designated under the term discrimination↗ .

9.2.3. Discrimination

Discrimination↗ is the behavioural component of prejudice↗ , and therefore its external manifestation (Simpson & Yinger, 1965). It can be defined as the unequal unfavourable treatment of a subject or group as a result of prejudice↗ . It is not only judgements or unfavourable feelings but acts of intolerance that consist of rejecting and/or excluding people against whom one is prejudiced.

Usually, discrimination↗ arises from prejudice↗, but this relationship is not always automatic, i.e., we can find individuals with strong prejudices towards a group who↗ control their behaviour in interactions with members of this group and, therefore, do not show discriminatory behaviour. In the same way, we can also find people who↗ are not prejudiced towards a particular social group but who↗ behave in a discriminatory way for some other external (laws, norms, etc.) or internal reasons.

The expression of discrimination↗ is influenced by a large number of variables, so that discriminatory behaviour will manifest itself to a greater or lesser degree depending on these variables. Among the variables that can facilitate this expression of discrimination↗, it is necessary to highlight the existence of competitive and conflict situations, and especially those in which the groups involved have an unequal status. In this context, discrimination↗ appears as the solution to the question of power. On the other hand, and fortunately, there are also factors that reduce discrimination↗, namely social pressure (Dovidio, & Gaertner, 1986) and internal motivation (Dunton & Fazio, 1997; Plant & Devine, 1998).

As effects of discrimination↗, negative emotional states such as stress, aggressiveness, depressive states have been found in those who↗ are being discriminated against; but more broadly, discrimination↗ constitutes an attack or offence to identity, to one's self-image, and therefore those who↗ are being discriminated tend to devalue themselves.

At the social level, discrimination↗ tends to develop in those who↗ are being discriminated an acceptance of their situation, to the extent that they accept and internalise the devaluing prejudices to which they have been subjected (e.g., learned hopelessness). Thus, they may think that what is happening to them is due to their lack of intelligence, their inexperience or simply their social status. In other words, they feel guilty for their situation and thus legitimise the discrimination↗ they are subjected to (to the extent that a disadvantaged group accepts its fate, it is less able to defend itself against social injustice).

In fact, in the specific case of homosexuals, this perception can cause them to reject their own sexual orientation↗, gender identity and / or expression. This phenomenon is known as internalized transphobia↗/homophobia↗ and refers not only to an individual's discomfort and internalized conflict as a result of their own homosexual feelings, but it can also include behaviours such as rejecting or excluding other homosexual individuals while accepting their own feelings (Frost & Meyer, 2009). Different studies have shown that these individuals may experience feelings of shame, anger, exclusion, hopelessness, etc., and increased risk of mental health disorders as well as increased suicidal ideation. The social exclusion of homosexuals can make it difficult to cope with these emotions and increase these individuals' risk of mental disorders (Lorenzi et al., 2015; Yalçınoğlu, 2014).

9.3. SITUATIONS OF DISCRIMINATION RELATED TO THE TOPIC

Imagine that one day, you get a call from school, and they tell you that your daughter, Alicia, has been punished for her behaviour. You get worried and you ask what your daughter has done. To your surprise they tell you that, today, in a masterclass about sexuality↗, the speaker has told them about his experience with homosexuality. In response to the testimony, your daughter started to make faces, to say that she does not want to know anything about gays, that this activity "was bullshit": You are very surprised because, from what you have observed and from the conversations you had with her, your daughter is a lesbian.

When she gets home you ask her about what happened, and she repeats the speech she made at school. You ask her why she has this attitude, and you tell her that people should respect each other no matter what differences they have, but she starts to cry.

You do not know what to think, why this hostility? why this sadness now? So, you decide to ask her openly about her sexual orientation , and your daughter confesses that yes, she is lesbian, but she does not want to be like that, that it is not natural, that girls should like boys and the other way around and that there is something wrong with her.

This is how you realize that her reaction at school was not about disrespecting others but because she herself does not accept her homosexuality and that makes her behave like that.

You, as a parent want to help your daughter so you sit down with her and try to question some of her statements like: why do you think there is something wrong with liking someone of the same sex , why do you think it is unnatural if, throughout history, there have been LGBTQ+ people, at what point did you start to feel this way, what made you start to think this is something wrong?

Aside from having this conversation with your daughter, ask her to reflect on her experiences and the biases she has towards the LGBTQ+ community and let her readjust her own thoughts. You could recommend some resources in case it is needed.

If you see that she persists in her beliefs, and that this self-rejection is causing her a lot of suffering, you should seek for psychological help to work on this internalized stigma and everything that comes with it, such as her feeling of guilt, her self-esteem, etc.

9.4. BEST PRACTICES

- Promoting a more differentiated way of thinking about members of the outgroup can be a useful strategy to combat prejudice and discrimination .
- Promote joint and controlled experiences with people from the outgroup to try to change the stereotypes associated with the outgroup in order to perceive less differences from the ingroup.

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9.1. HEGEMONIC MASCULINITY AND HETEROSEXISM

- **Hegemonic masculinity** (Conell, 2005): a set of values, established by men in power that functions to include and exclude, and to organize society in gender unequal ways. It combines several features: a hierarchy of masculinities, differential access among men to power (over women and other men), and the interplay between men's identity, men's ideals, interactions, power, and patriarchy.
- **Heterosexism** (Ingraham, 1996): ideology that promotes the conventionality of gender, heterosexuality, and the traditional family as the only way of being of people, discriminating and undervaluing all the other sexual orientations.

9.1.1. INTRODUCTION

First, we must consider that gender is a social construction that, based on our sex, determines the behaviours, attitudes, values, expectations, etc., that are considered more typical of men (or masculine) or more typical of women (or feminine) (Whitehead et al., 2012). This binary construction, apart from leaving out other genders/identities (non-binary, queer, intersex people, etc.) has been settled on unequal basis in which "the masculine" or the characteristics that are considered proper to it have been more valued than those which are considered "feminine".

For more information you can read the topic on gender identity.

This has not only had an impact on women but has also influenced and harmed all those men who do not conform to this stereotype of masculinity and the sexual minorities who do not subscribe these codes. This is because hegemonic masculinity is built around four main axes (Méndez, 2002):

1. The **patriarchal ideology** which proposes that men are the ones who↗ have the power and legitimize their dominion over the rest.
2. **Individualism**, which establishes that the "ideal person" is one who↗ is self-sufficient by herself, rational and capable of imposing her willingness.
3. **Exclusion/subordination of others**, that is, of those who↗ do not correspond to this idea of "masculinity"
4. **Heterosexism**↗, which assumes that the "ideal sexual orientation↗ " is heterosexuality and discriminates and criminalizes any other (like homo or bisexuality).

To sum up, this hegemonic masculinity↗ is mainly built among equals by rejecting everything that is feminine and assuming patriarchy. It is built from denial towards women and any sexual minority.

9.1.2. DEVELOPMENT OF THE TOPIC

But how do we learn all of this? How do you transmit this hegemonic masculinity↗ ? How do we take care of heteronormativity↗ ?

As we have said, children are socialized within a heteronormative culture in which, through our contact with others, with our environment (our family, at school, in high school, etc.), in the media, etc. We are gradually assuming and internalizing how we should be, how we should behave, reinforcing the gender↗ binarism (femininity / masculinity) and rewarding attitudes that are considered typical of heterosexuality

The society, therefore, installs in us this type of culture through different channels and messages. For example, clothes for boys rarely have flowers, small animals, they are pink… in this way the children are integrating what clothes they should or should not wear. Or, for example, when we tell a boy that "crying is for girls" we are shaping his character by telling him that he should do or should not do, or how he should or should not behave. Or, when a girl wants to play soccer and dresses in a masculine way and her peers begin to refer to her as "tomboy," they are conveying an idea of what is an acceptable behaviour and what is not for her gender↗ .

This type of socialization that establishes which are the hegemonic practices and reinforces the normative expressions and orientations has a negative effect on the well-being and mental health of those who↗ do not conform to them, such as children and adolescents who↗ belong to sexual minorities (gays, lesbians, bisexual, queer↗ , transsexual, intersex↗ , etc.) (Flores, Abboud, & Barroso, 2019). In fact, studies have shown how some of these effects are: poorer academic performance, psychological distress, depression, low self-esteem and even substance abuse (Bauermeister et al., 2017).

In recent years, fortunately, there is an increasing awareness of the heteronormative system in which we live and, therefore, a lower adherence to it. This makes it more and more possible for people to express themselves freely and not have to follow the rigid codes already mentioned.

However, as parents, it is important to be aware of our own stereotypes and assumptions and maintain an open communication with our children in everything related to sex↗ and sexuality↗ which may help them to receive the specific information they need, to know that what they feel is not strange or rare or to help them face their sexual socialization and improve their wellness (Flores & Barroso, 2017).

− 9.1.3. SITUATIONS OF DISCRIMINATION RELATED TO THE TOPIC −

Imagine that you go with your daughter to a family reunion, when you arrive as soon as you greet each other everyone asks your 15-year-old daughter (Laura) if she has already had a boyfriend. You observe the face of discomfort and sadness of

your daughter and comment "she is still young, she will have time to date many boys, do not overwhelm her": When you return home, she is still downcast, and she practically does not speak. As you notice that something is not right you sit with her and ask her what happens. She confesses that she does not know if she is attracted to boys or girls, that she is not as the rest and if that there is something wrong with her because all her friends like boys and, at home, you always ask her about boyfriends. It would be advisable that, at this time, you apologize for your mistake, for assuming that he liked boys without having asked her and explain that there are many more people who ↗ like boys and girls, or only girls, or that, perhaps they are not attracted to anyone and that, there is nothing wrong with that. After this, if you do not know what else you could do: try to search on the internet or social networks for LGBTQ+ ↗ referents so that your child does not feel that way, and see that she can have people of reference, or check if there is some LGBTQ+ ↗ group in your city/town.

9.1.4. BEST PRACTICES

As parents it is important that you consider several aspects:

- You must try to give visibility and normality to different sexual identities as well as orientations. Without presupposing in any case that your child is cis ↗ (their sex ↗ corresponds to their gender ↗) or heterosexual. It is therefore important to pay attention to your language, assumptions, questions (for example, instead of asking if they have a boyfriend/girlfriend, you should use neutral language such as "are you dating someone?")
- Try to make it easier for your children to dress as they see fit (without following gender ↗ mandates), to practice different hobbies, that is, to express themselves freely in any of the ways they choose to do so (and celebrate their courage if this questions the prevailing gender roles ↗).
- Be interested in their concerns and feelings and, if there are things you do not understand, ask them questions, or seek information, always with an open and respectful attitude.

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9.2. SEXISM

- Sexism↗ is the set of attitudes directed towards people by reason of their belonging to a biological sex↗, that foment inequality between women and men. Current conceptions recognize that in sexism↗ there may coexist elements of rejection of women that are more evident (hostile sexism↗), with other more subtle forms (benevolent sexism↗).
- Hostile sexism↗ corresponds to the negative conception in which women are the object of prejudicial attitudes or discriminatory behaviour based on their supposed inferiority given their natural feminine characteristics.
- Benevolent sexism↗, more subtle, has a positive tone, and is based on the attribution to women of positive characteristics and aptitudes, but these are centred on their role as wives, mothers, and romantic objects. This ultimately perpetuates the idea that they are fragile and there are many things they cannot do for themselves, so they need the protection of men.
- Boys/men usually show higher levels of hostile sexism↗, while results are inconsistent when studying the benevolent component.
- In general terms, high levels of sexism↗ are still found in adolescents nowadays.

- Sexism↗ is related to lower academic performance and lower level of education. Sexist social and familiar environment make girls less likely than boys to enrol in higher education, and more likely to take on traditional roles.
- Sexism↗ is associated with attitudes towards violence↗, not only gender↗ -based violence↗, but other ways of violence↗ too, like bullying↗ at school.
- Sexist attitudes are also associated with greater sex↗ risk behaviours, more attraction to sexist partners and greater emotional dependence inside of the couple.
- Some uses of language contribute to the cultural transmission of sexism↗.

9.2.1. INTRODUCTION

Sexism↗ is defined as the discriminatory attitude based on belonging to a biological sex↗, for which specific characteristics are attributed (Garaigordobil & Aliri, 2011). In theory, any assessment made of a person in reference to their biological sex↗ category can be labelled of sexist, so it can affect any gender↗. Nevertheless, sexism↗ towards women is the most frequent, and it's based on the supposed inferiority of women as a group.

Sexism↗ is a structuring element of social relations between men and women. It produces and maintains inequalities, since it grants certain privileges to men just because they are men (their work is better paid, they continue to occupy positions of power in high political, economic, and educational spheres), while women continue to be underestimated, their activities are perceived as lacking value, their desires and expectations remain in second place and their contributions to the history of humanity remain unrecognized in textbooks.

The presence of sexism↗ and its forms may vary from one culture to another, but it is a reality in most societies. Although there is a growing concern to overcome sexism↗ and, in many ways, it has been mitigated in the interest of achieving equality and acknowledgement work between men and women, in its more subtle aspects it persists, in many cases without us even being aware of it.

9.2.2. DEVELOPMENT OF THE TOPIC

Glick and Fiske (2001) have proposed the "Ambivalent Sexism↗ Theory". As can be seen in the Figure 12, they propose two components in sexism↗ that can coexist: the hostile and the benevolent, so sexist contempt can coexist with positive feelings towards women, hence its ambivalence. **Hostile sexism**↗ attitudes are structured in three categories:
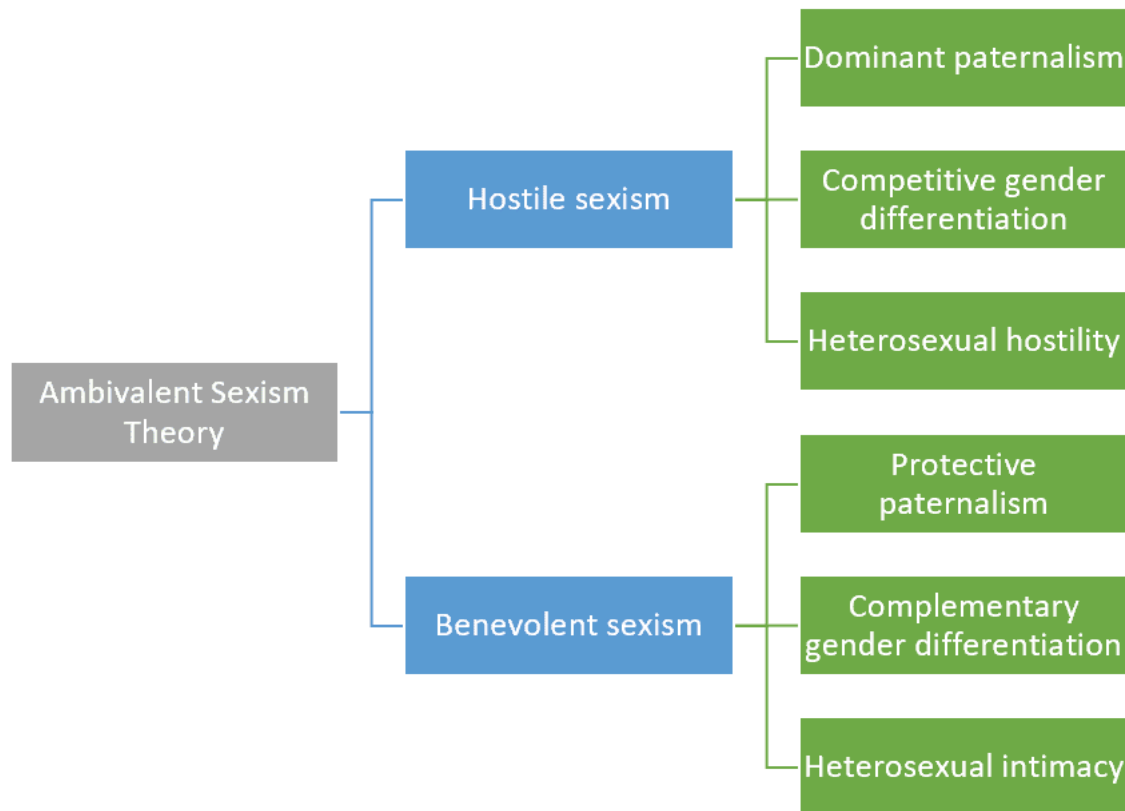
Figure 12. Ambivalent Sexism Theory

1. Dominant paternalism ↗, which is the belief that women are weak or inferior and should be controlled and directed by men.
2. Competitive gender differentiation ↗, which refers to the belief that women are different and do not have the characteristics necessary to be part of the public sphere and should therefore be limited to the private domain.
3. Heterosexual hostility ↗, which is based on the belief that women have sexual-reproductive power which they could use to manipulate men.

Benevolent sexism ↗, on the other hand, attributes women with seemingly positive attributes like compassion, tenderness, gentleness, etc., which make them good wives and mothers, and so they are still relegated to traditional roles. Benevolent sexism includes the following aspects:

1. Protective paternalism ↗, founded on the idea that men are the caregivers and protectors of women. Women should explicitly or implicitly recognize their fragility and inferiority in front of men and accept male domination.
2. Complementary gender differentiation ↗: women have positive characteristics that complement men (related to home and family).
3. Heterosexual intimacy ↗, based on the belief that heterosexual romantic relationships are essential for men and women to be truly happy.

In summary, ambivalent sexism ↗ implies the existence of explicit and subtle prejudices, that can be combined with each other, making sexism ↗ relatively invisible. Some authors argue that benevolent sexism ↗ is much more pernicious than hostile sexism ↗ because it masks its true essence. In fact, women are more likely to reject hostile sexism ↗, which is more evident, thus contributing to its overcoming.

Various factors influence levels of sexism ↗, such as cultural context, gender ↗, age, level of education, etc. Many studies have explored differences in sexism ↗ between men and women and have reported consistent differences in hostile sexism (i.e., men show higher levels of hostile sexism ↗ than women) but inconsistent results for benevolent sexism ↗.

Regarding age, different studies have found elevated levels of sexism↗ in adolescents, higher than those found in older adults, although high levels of sexism↗ have also been reported in people over 60 (Garaigordobil, 2015). It has been postulated that sexism↗ decreases with age, as individuals become more aware of the injustice of sexism↗. The periods where socio-educational intervention is most necessary and effective are those of transition, like adolescence. In these stages there is greater flexibility for the assimilation of new concepts and greater openness to influences before attitudes are consolidated.

Various authors have found that some religious communities may also perpetuate sexism↗, so that the higher the level of participation in some religious communities was found to be related to higher level of sexism↗ (Rodríguez & Lameiras, 2002).

Concerning the interaction between education and sexism↗, in recent decades the traditional female disadvantage has been disappearing, with girls showing similar or even higher levels of performance and expectations than boys (Díaz-Aguado, 2003). However, this continues to come up against a "glass ceiling" that prevents women from gaining equal access to positions of power. This is related to the difficulty of reconciling the public and private spheres, which some adolescent girls anticipate, expressing their anxiety in this regard (Arnold & Noble, 1996). It could also be a consequence of the lack of representative female (and other genders) figures that are in these positions of power, which makes it harder for women to imagine themselves in those roles.

It is a fact that **lower academic performance and lower level of education are related to higher rates of sexism↗**. Adolescents whose parents have higher levels of education, are more likely to show rejection towards sexist attitudes (Sáinz, Martínez & Meneses, 2020). There is also an association between sexism↗ and poor perceived academic achievement, both in boys and girls. When it comes to real achievement (not only perception), this association mainly affects girls (Dardenne, Dumont & Bollier, 2007). When girls have a sexist social and familiar environment, they are less likely than boys to enrol in higher education courses that are highly specialized and qualified. These types of environments affect girls' expectations about their career prospects and make them more likely to take on traditional roles (Vidal, 2018). They have lower intentions to study careers in sciences, technology, engineering, and mathematics, lower academic self-efficacy, and worse cognitive performance in general.

This has been explained from the self-fulfilling prophecy model. This model postulates that a perceiver's expectation about a target may initiate a sequence of events that causes the target to exhibit expectancy-consistent behaviour, thereby making the initially false expectation true. From a very young age, the sexist representation of the world conveys to boys and girls what qualities, values, and problems they should identify with, and in which activities they should and should not participate. In the matter at hand, girls would perceive themselves as incapable of accessing or completing certain types of studies (or that they are not appropriate for them), which would lead them to behave in such a way that this belief would eventually become a reality.

9.2.2.1. Sexism and violence

In a study conducted in 52 countries (Archer, 2006), a **correlation was found between sexism↗ and the normalization of gender↗ -based violence↗**. Studies conducted specifically in adolescents, also have found that sexist attitudes are associated with attitudes towards violence↗. Teenagers who↗ present more sexist attitudes have also more positive attitudes towards intimate partner violence↗, greater sexual risk behaviours, more attraction to sexist partners, greater support for the idealized myth of love and love-abuse bonding, greater emotional sexual risk behaviours, greater attraction to

sexist partners, greater emotional dependence in the couple, and poorer quality of relationships (Ramiro-Sánchez, Ramiro, Bermúdez & Buela-Casal, 2018). Johnson et al. (2015) observed that the perpetration of intimate partner violence↗ and victimization increased from adolescence through young adulthood, while Lohman et al. (2013) found that intimate partner violence↗ showed stability during early adulthood. These results highlight the importance of working on sexist attitudes and beliefs during adolescence, to limit the strong repercussions they could have later in life.

During adolescence teenagers develop their gender identity↗. If it is constructed in a sexist way, adolescents could identify themselves with the problems traditionally associated with male (control, toughness) and female stereotypes (passivity, dependence, and submission), making men more likely to use violence↗, and women more likely to be victims of violence↗.

But sexism↗ is not only associated with violence↗ in the context of couple or romantic relationships; it has also been found that is related to bullying↗ at school (Ovejero, Yubero, Larrañaga & Navarro, 2013).

9.2.2.2. Sexism and language

Some uses of language contribute to the cultural transmission of sexism↗, designating the world exclusively in masculine and hiding women on the stage of words. Thus, for example, in the Spanish language, the masculine is often used to refer indistinctly to both sexes, and there is a certain resistance to the use of the feminine in the designation of occupations and qualifications. In English, some job titles link the job to a single sex↗ when either sex↗ can perform the job (fireman instead of firefighter), and many people still use a pronoun that denotes a single sex↗ when the information being conveyed pertains equally to either or both sexes ("everyone should collect his belongings"). In both languages, identical words can have different meanings, depending on whether you use the feminine or masculine form (positive or neutral on the masculine form, and pejorative in the feminine form). There are also negative adjectives that only exists for naming women: for example, in English there is a word for an unmarried older woman, "spinster", but there is no equivalent for a man. There is the word "bachelor", but it does not carry the negative connotations. This does not only happen in these two languages: it has been studied in Korean, Hindi, German, etc.

There is good evidence that **changing language does change people's perceptions**. Studies show that when you use an inclusive form to name occupations when talking or presenting information to children, they will be more likely to say women can be successful or that the job is suitable for them.

By naming the world both in masculine and in feminine we act with greater equity, but also with greater accuracy and correctness. Often, those who↗ oppose these arguments do so by claiming that the use of both masculine and feminine verbs undermines spontaneity and expressive economy. Economy in the use of language will make sense depending on the intentions, the communication channel, or the context (an informal conversation is not the same as an official document, although both of them carry the power of changing perception). When we use nouns that name both sexes (fathers and mothers, for example), we are simply naming two elements of reality, we are not doubling the language. In many cases, it is also possible to use generic or gender↗-neutral terms that include both sexes.

− 9.2.3. SITUATIONS OF DISCRIMINATION RELATED TO THE TOPIC −

- A teenage girl who↗ is asked questions such as "when will you have children?", "how many would you like to have?", "are you ever going to get married?", "will you quit your job after you have children?". Young boys are rarely asked these types of questions.
- A girl who↗ spends playtime at school playing soccer with the boys is criticized by a group of girls, who↗ consider her a "tomboy". A boy being criticized by others for preferring to play with the girls rather than play a sport with the other boys.

- A boy opens the door for a girl but refuses to let her open it for him.
- School uniforms: skirts for girls and pants for boys.
- A boy who↗ tells his teenage girlfriend that she can't keep secrets from him, that she shouldn't wear certain clothes, that she can't be alone with her friends, etc. A girl who↗ accepts all these kinds of impositions from her male partner.
- A girl who↗ receives positive comments and compliments from her environment based on her physical appearance, while her brother receives them based on his academic or sports performance.
- That parents enrol their son in a sport as an extracurricular activity and their daughter in an artistic activity.
- To tell a boy that he "cries like a girl".

9.2.4. BEST PRACTICES

- Watch a movie with your teenage children with the issue of violence↗ against women. A film that adequately reflects this theme is "Take my eyes" (Bollaín, 2003) or " Flowers from another world", by the same director.
- Avoid the use of the generic masculine and use language that makes female students and women in general more visible.
- Be an example: share the household chores equally, avoid sexist remarks that disparage any individual based on sex↗.
- Remember that all activities are suitable for everyone, and it is something that only depends on the tastes and vocation of each person. The same applies for toys and games.
- Foster critical thinking. In everyday life there are a lot of elements that can be used to talk to our children and show them that reality is much more complex.

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9.3. GENDER ROLES AND GENDER STEREOTYPES

- Gender stereotypes↗ and roles are composed of the beliefs and expectations held by society about the characteristics, abilities or functions that are considered feminine or masculine.
- They are transmitted to children during the socialization process that occurs through family, schooling, peer interaction and media exposure.
- In many cases, gender roles↗ and stereotypes respond to unconscious biases, and we transmit them without realizing it, through our behaviour, our language, or the expectations we project on others. Therefore, making ourselves aware of them and trying to change them is essential if we want to achieve a more egalitarian society.

9.3.1. INTRODUCTION

Gender stereotypes↗ determine the development of each individual's identity from birth, pressuring us to fit into a series of characteristics, abilities, functions, and activities, while rejecting others. In spite of being cultural and social constructions, changing from one society to another and through history, an important part of the content of these stereotypes and roles seems universal. In any case, they represent an artificial differentiation of men and women (and boys and girls), following the gender↗ binary, and of what each person can become, constituting a mechanism that generates inequalities, discrimination↗, and personal discomfort.
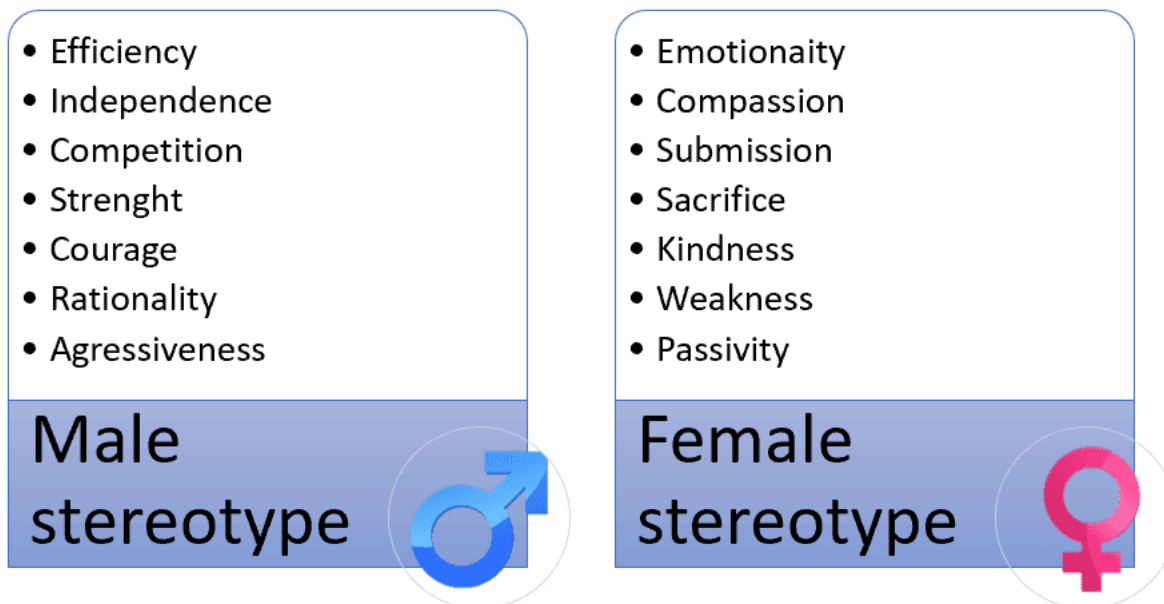
To the extent that we are aware of their existence and how they affect our daily lives, we can try to limit their impact on future generations.

9.3.2. DEVELOPMENT OF THE TOPIC

9.3.2.1. General concepts

As can be seen in the topic 2↗, gender identity↗ is not a biological aspect, but a social construction of what it means to be born with female or male genitals, differentiating between feminine and masculine, respectively. Within the broader concept of gender↗, we can speak of stereotypes and gender roles↗.

Gender stereotypes↗ are made up of cultural beliefs about the qualities or traits that men and women possess and/or that are desirable in them. The Figure 13 shows some gender stereotypes↗ (Langford & MacKinnon, 2000).

Male stereotype
- Efficiency
- Independence
- Competition
- Strenght
- Courage
- Rationality
- Agressiveness

Female stereotype
- Emotionaity
- Compassion
- Submission
- Sacrifice
- Kindness
- Weakness
- Passivity

Figure 13. Gender stereotypes

The fact that men and women supposedly possess different personality traits and qualities, allows the establishment of gender roles↗ , which refer to the behaviours and activities that we assign to people according to their biological sex↗ . Traditionally, the male role has been integrated by functions that make it possible to acquire wealth and cover one's own and family's material needs: the performance of a paid job, being the head and authority in the family, participation in political life and decision-making processes, etc. (what has been called the "provider role"). On the other hand, the role of women has been composed of the functions of caring for children and dependent people, performing household chores, etc. (the so-called "expressive role").

According to Saldivar et al. (2015), the female role belongs to the private world, little valued and socially recognized, in which women perform activities for the benefit of the family and society without receiving remuneration or recognition. The male role, on the other hand, dominates the public and productive world, and is highly valued socially and economically. This differentiation between what it means to be a woman, or a man generates social inequality and, frequently, discrimination↗ against women within the social structure and the distribution of work. Gender↗ role attitudes are related to **gender segregation during education** and **gender**↗ **inequalities in educational attainment**, occupational segmentation, and gender↗ differences in work conditions (generally characterized by worse employment conditions and salary for women) (Halimi, Davis & Consuegra, 2021).

However, it must be acknowledged that, in terms of academic and work roles, the studies show a **change in trends**. Girls are increasingly encouraged to choose fields of study such as science, technology, engineering, and mathematics (Tong, 2012). It does not seem to be an equal push to get boys to consider fields such as nursing or childcare. Society seems to feel more comfortable when women enter traditionally male fields and less comfortable when men enter traditionally female fields.

9.3.2.2. Development of gender stereotypes and roles

Gender stereotypes↗ and roles are present before birth, are acquired during childhood and are accentuated during adolescence. They are transmitted through family socialization, schooling, relationships with peers and the media.

The family

The **family constitutes the first space for socialization**, where social norms and values are transmitted, as well as the differentiation between the two biological sexes. This is the basis on which the identity and gender↗ role of children is built. Frequently, the family offers different activities, toys or clothes to girls and boys. The way in which adults in the family relate to children is often influenced by the gender↗ assigned to the children. Furthermore, a child would often reproduce their parents' behaviour (Halpern & Perry-Jenkins, 2016), so the adult figures in the family system serve as models of "appropriate" behaviour for each gender↗.

Families have changed a lot in recent decades, especially after the massive incorporation of women into the labour market. This has resulted in some changes in roles, but not as many or as favourable as it might have been expected. The greater burden of childcare and housework still falls on women, even though they also work outside of the home. However, scientific research shows that in families in which both partners participate in raising and caring for the household, and in which decision-making is shared, male and female roles are not so strictly differentiated, and this is perceived as such by the children (Halpern & Perry-Jenkins, 2016).

Children construct their own identity in the process of discovering their own peculiarities through differentiation with other members of their family. **Gender↗ -roles are restrictive and limit children's exploration of their own interests and unique identities**. Children face bigger problems of having to abandon and deny a part of themselves to fit into the gender↗ -role dichotomy. It is important that on this path, parents make sure that their children feel capable, accepted, and valued, as this is how they will develop their personal abilities, regardless of whether they belong to one sex↗ or the other, or whether they are considered feminine or masculine.

The schooling

Children who↗ go to school tend to follow their teachers cues about appropriate gender↗ traits and roles. As established in the education literature (Bassi et al., 2018), receiving more teacher attention (positive or negative) may affect motivation, aspirations, and academic achievement, as well as decisions about future college or employment. Studies show that teachers unconsciously give boys more attention and instructional time than girls, even when they are committed to construct gender↗ -equal classrooms. As we have seen in other chapters, studies show how men/boys occupy more space than women/girls, both physically and in discussions, and they were encouraged to do so. However, teachers also tend to regard the boys as the troublemakers and are more likely to detect behavioural disorders and attention deficit hyperactive disorder in boys rather than girls. Biases are often unconscious, based on myths and beliefs that are not necessarily grounded in evidence or even direct experience (Sadker & Sadker, 1985). Sensitizing teachers to gender↗ biases should be combined with a review of the extent of gender↗ bias in textbooks.

Society in general, and peers in particular, have also a lot of power to shape boys and girls into masculine men and feminine women, respectively. It is a natural human desire to be socially accepted, so defying gender norms↗ can be really hard for individuals. This becomes especially relevant for teenagers. Adolescence is a stage when gender roles↗ take on a particular significance, too. The physical changes of puberty make gender↗ more salient in interactions with others compared to earlier developmental stages, so **societal expectations exert greater pressure to behave in consistency with gender roles**↗ (Galambos, 2013). Also, adolescents increase their cognitive ability to understand social and gender norms↗ and their capacity to make social comparisons. Their social network broadens, and, at the same time, teenagers become more sensitive to peer evaluation and they actively seek a sense of belonging to the group.

The peers

Peer acceptance is easier when they conform to social norms about masculinity and femininity (Kågesten et al., 2016). Pressure is greatest within same-sex↗ groups, and especially for boys (Galambos, 2004). Studies generally show that boys have more traditional gender↗ role attitudes than girls (Carlson & Knoester, 2011) and that the range of what is considered appropriate (and inappropriate) for boys is narrower than for girls (Mehta & Strough, 2009). However, recent research also shows that adolescents who↗ perceive greater pressure to fit into gender stereotypes↗ and roles in early adolescence, develop more egalitarian beliefs over time. This has been related to a social shift towards equality in recent years (Halimi, Davis & Consuegra, 2021), which in turn is related to education in gender roles↗ (Davis, 2007).

The mass media

Children often learn gender↗ role and stereotypes from books, songs, television, movies and social networks through their messages and models, that show how a male or a female should be like or should behave. According to Durkin and Nugent (1998), five-year-old children's interests, occupations, and other activities are strongly influenced by television shows. Advertising is also an important element of socialization. It often includes gender roles↗ and stereotypes that are passing through in the form of subliminal messages, making us unconsciously absorb and perpetuate them, as they are usually segmented by sex↗. It is important to remember that play is a fundamental mechanism of learning and development. Therefore, when advertising refers to games and toys, it exerts an influence in the process of construction of gender roles↗ and stereotypes (Klass, 2018). Toys divided by gender↗ according to what is considered "suitable" for boys or girls, can limit the development of different capabilities such as visuospatial, empathy, initiative, or social skills (Cherney & London, 2006). A study conducted by González-Anleo et al. (2018) concludes that children's advertising in Spain currently reflects less "traditional masculinity" and that the content aimed at female audience is much more varied, although those roles that are historically more deeply rooted (motherhood and beauty) are still maintained. They also found that advertisements are mostly directed to boys or girls separately, decreasing the variety of play options directed to both together.

Juárez-Rodríguez (2020) carried out a study of children's songs on YouTube and found that most of the leading roles in the songs are played by male characters, and that female characters are mostly limited to being the "wife of, the mother of, or the caregiver of" or the object of desire or dispute of males. His research also shows that models of masculinity based on aggressiveness and the normalization of toxic masculinities persist.

9.3.3. BEST PRACTICES

- Offer a wide range of toys and games and encourage children and teens to explore gender ↗ -diverse forms of play.
- Explicitly reversing a stereotype ↗ (counter stereotyping) is also a powerful way to disrupt gender stereotypes ↗ in play: choose activities that show males as caregivers or females as firefighters or construction workers.
- Create opportunities for kids to interact with children of different genders in which all of them learn to work together as equals: choose sports teams and other extracurricular activities that are open to all genders, celebrate mixed-gender ↗ birthday parties, etc. All-gender ↗ activities help children recognize their similarities and are inclusive of children who ↗ don't identify as a girl or boy (Hanish & Fabes, 2022).
- Avoid having different boundaries for your sons and daughters.
- Your expectations, and how you show them, are important. Expect that your sons and daughters will be equally good at different subjects and activities, such as maths, sports, or arts.
- Educate your children, regardless of their gender ↗ , to cook, clean, tidy or take out the garbage, and serve as a role model by having all adults in the home share tasks and chores.
- Give all children positive feedback about their qualities and try to acknowledge strengths and skills rather than appearance or gender ↗ -stereotypic performance. Create a safe space where children can feel comfortable and good about themselves, especially when your children have interests and abilities different from what society expects, instead of pushing children to conform to these pressures
- Read books and stories and watch films that show characters who ↗ do not conform to gender stereotypes ↗ , so children see there are many ways to express themselves (McCabe et al., 2011).
- Watch out for gender ↗ -biased content on the internet or television (movies, advertisements, video games, music) and explain to your children that these are outdated perceptions. Teach your children to stand up against gender ↗ stereotyping.
- Use neutral and gender ↗ -inclusive language to avoid communicating erroneous notions and prevent the reinforcement of restrictive gender roles ↗
- Be aware of gendered marketing. Children's toys and clothes are increasingly divided by gender ↗ , and so are the shops. Point this to your children and encourage them to explore what is available and choose for themselves.
- Teach your children that the choices of what to play with, what to study, what to wear, and whom to be friend with, are free choices. They should not be dictated by societal constraints that limit their full potential. This also applies to their peer group: teach your children to never disregard other children, and to stand up against friends being bullied in any way.

9.3.4. REFERENCES

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9.4. OBJECTIFICATION

- Women, more than men, are often evaluated on the basis of the way they look, identified with their physical appearance, and reduced to instruments for the pleasure of others. This is called objectification.
- Women in Western societies learn from a young age that their body is looked at and evaluated by others. As a result, women begin to value their own body for its appearance and correspondence with society's appearance ideal. This process is called self-objectification.
- Women who are objectified are viewed as less than fully human, perceived to have fewer mental skills and less deserving of moral treatment by others.

- There is an association between objectification↗ and low body satisfaction, body shame and eating disorders, mediated by the internalization of current unrealistic body standards.
- Sexualisation is frequent in social and conventional media (newspapers, tv, etc.). The exposure to sexually objectifying media facilitates adolescents' internalization of aesthetic ideals, and it is related to self-objectification↗ for girls. It can also affect children's general, sexual and emotional development.
- Sexualisation may have a serious impact on children's and adolescents self-esteem, well-being, relationships, and equal opportunities.
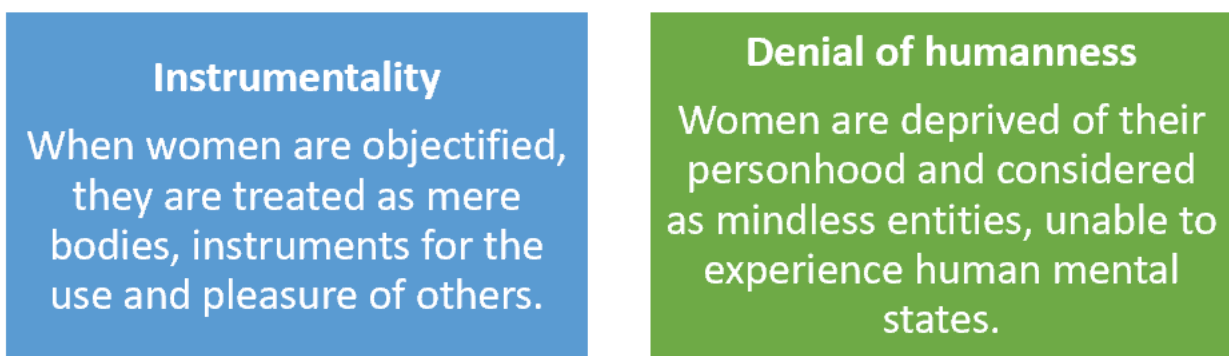
9.4.1. INTRODUCTION

According to Fredrickson and Roberts theory of objectification↗ (1997), parts of a woman's body, her sexual functions or even her entire body become an absolute representation of her being. Valuing women on the basis of their sexual attractiveness rather than their skills represents a form of discrimination↗ faced primarily by women (but not only), as they are not treated as whole human beings, and it's a pervasive tendency that still persists in most western societies.

Furthermore, this focus on physical appearance affects women's inner states, by leading them to self-objectify (to self-value and view as a mere body) and to objectify other individuals. As body becomes so relevant for interpersonal evaluation, and body social standards encourage slimness, objectification↗ eventually leads in many cases to emotional and behavioural disturbances related to low body satisfaction.

9.4.2. DEVELOPMENT OF THE TOPIC

As can be seen in Figure 14, there are two main dimensions defining objectification↗ (Nussbaum, 1995):

Instrumentality
When women are objectified, they are treated as mere bodies, instruments for the use and pleasure of others.

Denial of humanness
Women are deprived of their personhood and considered as mindless entities, unable to experience human mental states.

Figure 14. Dimensions of objectification

The main means of objectification↗ is the objectifying/sexual gaze (Fredrickson & Roberts, 1997), which refers to the more or less explicit male attitudes, sexual suggestions or comments **focusing on women's physical appearance**. Although it was initially proposed that objectification↗ was a behaviour of men towards women, objectifying women has been found to be committed also by women. Active sexual goals are an important factor explaining many heterosexual men's objectification↗ of women, but there may be alternative factors contributing to greater female objectification↗, like female competition.

Exposure to objectifying images might stimulate viewers to adopt the objectifying gaze while looking at other individuals. For example, when viewers watch an advertisement, if it objectifies women, then the viewer's gaze becomes an objectifying one as well, and it might activate the same gaze pattern when viewers look at individuals in real life.

Sexual objectification↗ in social interactions with others can oscillate on a continuum with day-to-day, subtle behaviours (e.g., objectifying glances, comments about appearance, sneak peaks) at one extreme, and violent behaviours (e.g., sexual harassment and assault) at the other. Although both women and men may experience sexual objectification↗, women report

experiencing it more than men (Davidson & Gervais, 2015). Furthermore, some women are objectified more than others. Women who↗ fulfil certain criteria associated with being sexualised (e.g., more tightly-fitted, revealing or provocative clothing, greater application of cosmetics) are objectified more than the ones who↗ don't comply these criteria.

Sexualized women are viewed as lacking in both mental and moral capacity, and they are seen as less competent, less human, and perceived to suffer less in sexual assault. This denial of mental capacity and moral status has been linked to increased men's willingness to commit sexually aggressive actions towards them. Several studies have demonstrated that subjects who↗ were shown sexualized representations of others or who↗ were prompted to objectify others, judged these others as more superficial, less warm, less capable of emotion, less professionally competent, less deserving of moral treatment, and more different from themselves (Heflick et al., 2011).

Receiving appearance-related compliments leads women to lower cognitive performance (Kahalon et al., 2018). Sexually objectifying gaze disrupts women's attention performance by means of decreased flow, which is defined as a rewarding experience of complete immersion in an activity. Also importantly, flow disruption depends on the degree to which they rely on society unrealistic beauty ideals.

Women limit their presence as well in dyadic interactions by speaking less when talking with a male partner if they receive comments about their physical appearance. It has also been established that objectification↗ elicits sinful feelings and greater perception of dirtiness in female victims (Baldissarri et. al., 2019).

9.4.2.1. Self-objectification

Objectification↗ can be even more harmful if women internalize this kind of evaluation and trigger their self-objectification↗, that is defined by one's own enhanced attention on their body and physical appearance, rather than on their full person or other personal characteristics (Calogero et al., 2011). This can lead to negative emotional, cognitive, and behavioural consequences, like body-shame and body dissatisfaction, appearance anxiety, unwillingness to speak in social interactions, or even more risk of developing eating disorders, depression, and sexual dysfunction (Peat & Muehlenkamp, 2011). Girls and women who↗ tend to self-objectify often think of themselves as objects for others sexual pleasure and tend to put their partners' sexual desires before their own.

Objectification↗ and self-objectification↗ might harm young women's self-esteem, which is strongly determined by their perception of their physical appearance. The relationship between self-esteem and self-objectification↗ is mediated by physical attractiveness, so that women who↗ objectify themselves and feel attractive, may temporarily increase their self-esteem, and vice-versa if they don't feel attractive. Traditionally, males haven't been socialized by matching their value to their physical appearance, so they pay less attention to how they look (although this is currently changing). In addition, they are exposed to fewer situations of objectification↗ than girls, and their self-esteem is less associated with self-objectification↗.

The internalization of gender↗-based media ideals of attractiveness constitute a crucial component in the multidimensional self-objectification↗ process (Vandenbosch & Eggermont, 2012). Internalization of beauty ideals refers to the extent to which an individual considers social norms of size and appearance as appropriate standards for his or her own appearance. Repeated experiences of sexual objectification↗ gradually encourage internalization. Adolescents who↗ have internalized media ideals believe that they should look like celebrities they see in the media, and this is correlated with self-objectification↗. Gender↗ specific aesthetic models determine that women are valued for their reproductive power, seduction and for

pleasing others with their slender bodies. In the case of men, the canons of beauty prioritize bodily strength and instrumentality.

9.4.2.2. Sexualisation on advertising, tv, media and video games

Children's and teenagers general sexual and emotional development can be affected by exposure to advertising and marketing that is saturated with sexualised images. Online media, compared with television, has a greater effect on self-objectification , and this is probably linked to the highly interactive, interpersonal, and visual characteristics of social media (Karsay et al. 2018). Popular media and video games among teenagers are full of objectifying images, mainly of women, but sexualizing media images of men have become increasingly prevalent too. The bodies that appear in the images are often valued as objects, and the aesthetic value is more important than any other aspect (see some examples in Figure 15.

Figure 15. Examples of sexualisation

One way in which sexualization occurs on social networks is through suggestive selfies, characterized by a sexy gaze, sexy or semi-naked clothing, sexy posture, and a sexy appearance. Teenage girls who expose their image through Instagram, socially rewarded with "likes", might become empowered, but this empowerment is an illusion of autonomy, as it reinforces the sexist social system in which women are valued for their appearance. In video games, characters are frequently depicted with sexually revealing clothing or partially nude, and often have unrealistic body proportions. These results relate especially to female characters, who are more sexualized than male avatars.

Sexualization can have a negative **impact on body image** , increasing body concerns among adolescents. The use of sexualized media like Instagram is related to higher appearance evaluation, body surveillance and self-objectification in women (Cohen et al., 2017). This happens because the use of Instagram fosters the appearance-ideal internalization and appearance-comparison tendencies in women. There is increasing evidence that this might also apply to males, although they tend to have lower levels of self-objectification . It appears that consuming fitspiration imagery on Instagram predicts body dissatisfaction through both muscular-ideal internalization and appearance comparisons in young men (Fatt et al. 2019).

In regard to tv, it is clear that popular sitcoms generally follow a stereotyped heterosexual script (Kim et al., 2007). A crucial aspect of the script is men's obsession with women's bodies and the sexualization of women. Observing role models

encourages teenagers to adopt these models' practices, guiding their own attitudes and behaviours. If they observe attractive role models or peers (e.g., Facebook or movies) objectifying others, adolescents may more probably develop an objectification cognitive script. Although examples from the media, especially television, tend to present objectification in a heterosexual context, this might be generalized, so that adolescents learn to judge their same-sex friends based on their physical appearance, so they get immersed in a cycle between self-objectification and friend-objectification. We must not forget that peer acceptance is a primary motivation for adolescents. As they learn to value more the physical appearance of their friends and less the more vital attributes of friendships, such as trust and intimacy, the quality of interpersonal relationships may result damaged (Vaes et al., 2011).

In summary, to the extent that children/teenagers focus on sexualising themselves (and others) rather than pursuing other more age-appropriate activities, all aspects of their development may be affected.

9.4.2.3. Eating Disorders

The triad of sexism-objectification-unrealistic aesthetic standards (see Figure 16) creates the breeding ground for the development of Eating Disorders (EDs). EDs constitute a group of mental disturbances characterized by the onset of altered ingestion behaviour, usually in order to control weight, that lead to physical problems and impairment of psychosocial functioning. EDs include anorexia and bulimia, among others. No other clinical pathology displays such consistent gender differences in prevalence studies like EDs, so it is unquestionable that sexism has a lot to do with it. The male: female ratio of EDs is approximately 1:10 (Kerremans, Claes, & Bijttebier, 2010), and this gender differences are found even in those who do not meet diagnostic criteria, which is very frequent among adolescents.
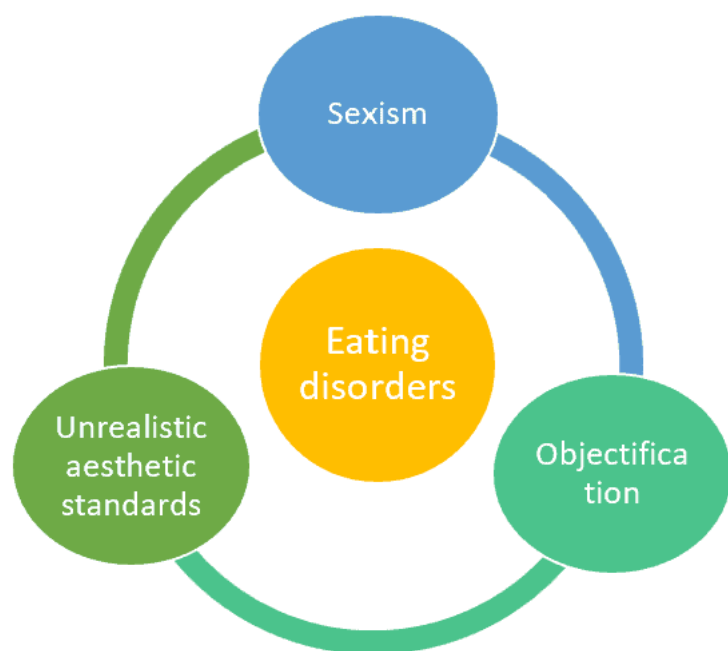
Figure 16. Facilitators of EDs

Some studies point out that what conditions EDs are differences in power dynamics between men and women and the need for submission, whereas others emphasize the sexist influence of the mass media. The prevailing aesthetic model in our society is certainly mediating the relationship between sexism and problems related to body image and eating. Teenagers with a marked bias of benevolent sexism that show sexist psychological cognitions and behaviours like the use of cosmetics, clothing, and precocious seductive behaviour, blame themselves when their body image does not conform to the ideal pattern of thinness, resorting to unhealthy behaviours characteristic of EDs (Forbes et al., 2005). These data

highlight the importance of trying to implement during childhood a critical review of the sexist aesthetic-body models that are idealized in diverse media.

– 9.4.3. SITUATIONS OF DISCRIMINATION RELATED TO THE TOPIC –

Sometimes, the relationship between objectification↗ and discrimination↗ is not so easy to see at first glance and is masked under ideas of liberation and empowerment↗. However, any situation of objectification↗ places the target in a situation of inferiority with respect to others, in the sense that they are only partially valued; with all the negative consequences it can bring. Objectification↗ transmits a deformed view of women and their role in society. Some situations:

- Groups of girls who↗ increase their status among their peers by uploading tik-toks where they are dressed in a revealing way.
- Teenage girls who↗ base their self-esteem on being physically attractive to their peers.
- A girl receiving comments about her physical appearance from strangers when she walks down the street.
- Hypersexualized costumes for girls, such as a nurse's costume that for a boy consists of a pair of pants and a shirt and for a girl a short, fitted dress with cleavage.
- A girl who↗ is chosen by her classmates as class delegate because she is very pretty. Other skills that may be more important for the role are not being considered, and other less attractive candidates who↗ could be perfectly valid are also being discriminated.

9.4.4. BEST PRACTICES

- Avoid TV shows/series/movies where female characters are constantly concerned about their appearance and the desire/need to attract males.
- Accompany your child while watching television or social media, so you can point out what you think is inappropriate for giving a biased image of femininity and overemphasis on the body in detriment to other qualities.
- Choose toys and games that reflect the diversity↗ of each person, such as dolls with realistic proportions.
- Don't encourage competition between your child and their friends, especially in terms of physical appearance. Instead, encourage cooperation. Avoid comparisons.
- Be an example: if your child sees that you are always very focused on your own appearance, they will learn to attach great importance to it. Maintain a healthy relationship with your own body and with food.

- Help your child to build a strong self-esteem, based on a broad spectrum of skills/qualities rather than physical appearance.

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9.5. LGBTQ+ MYTHS AND ANTI-LGBTQ+ MOVEMENT

- LGBTQ+↗ people are still affected by certain prejudices and myths that persist in society.
- The most common myths need to be deconstructed in order to achieve a normalisation of the LGBTQ+↗ community.
- Acceptance and knowledge of the different LGBTQ+↗ groups, both in the family and in education, have a positive impact on the mental health of the people who↗ belong to these groups (and of everyone else), so it is highly recommended to promote them.

9.5.1. INTRODUCTION

Despite the fact that over the years the normalisation and acceptance of LGBTQ+↗ groups have become more and more common, mainly in more developed countries, the representation of identities that have traditionally been silenced, hidden, punished, or feigned due to society's rejection of them, is still associated with various prejudices that have become established and hinder this normalisation.

The emergence and maintenance of these prejudices has been explained from different perspectives. One of the most researched is **biological gender essentialism**↗ . Those who↗ adopt this position argue that gender↗ identities are based on a biological substrate and, therefore, are stable categories over time that cannot mutate or change (Smiler & Gelman, 2008), thus forming a series of fixed and natural attributes (Bastián & Haslam, 2006). According to this perspective, it is the person's biological state that is decisive, not what they feel. Some theories argue that many heterosexual and cisgender↗ people believe that if a person is not a man, they will be a woman, as they are influenced by pre-established beliefs in society and what is culturally learned. This leads them to assume gender↗ binarism which, in turn, directly influences the stereotypes that are generated with respect to transgender people (Gallagher & Bodenhausen, 2021).

People who↗ hold essentialist beliefs towards a group believe that the characteristics that define that group are difficult to change and, therefore, consider them to be universal (Glazier et al., 2021). Therefore, all people in that group would share the

same essence that is inherent to their being (Rhodes et al., 2012). Previous research has found that the existence of this type of essentialist beliefs about a group is associated with more prejudice↗ towards people who↗ are part of that group (Glazier et al., 2021), also favouring the emergence of stereotypes (Rhodes et al., 2012). In this sense, research shows that the higher the level of gender↗ essentialist beliefs, the greater the prejudice↗ towards transgender people (Davidson & Czopp, 2014).

Transgender people do not conform to pre-established social norms about gender↗, which influences the perception of the rest of the population towards them (Gallagher & Bodenhausen, 2021). The same is true for other LGBTQ+↗ groups. This leads to phenomena such as transphobia↗, which is very characteristic of individuals who↗ do not accept those who↗ do not comply with conventional gender norms↗ (Nagoshi et al., 2018), or the emergence of prejudice↗ towards these groups (e.g., Axt et al., 2021; Prusaczyk & Hodson, 2020; Rad et al., 2019; Wilton et al., 2019).

9.5.2. DEVELOPMENT OF THE TOPIC

9.5.2.1. Debunking myths about LGBTQ+ groups

The existence of prejudices towards LGBTQ+↗ groups has led to the establishment of various myths in society that need to be dispelled in order to facilitate the normalisation of these groups.

Myth 1. *No one is born homosexual.*

Facts: The American Psychological Association (APA↗) states that "most people experience little or no sense of choice about their sexual orientation↗." In 1994, the APA↗ wrote that "homosexuality is not a matter of individual choice" and that research "suggests that homosexual orientation happens very early in the life cycle, possibly even before birth."

Myth 2: *Homosexuals can choose to be heterosexual.*

Facts: Conversion therapy has been rejected by established and reputable medical, psychological, psychiatric, and counselling organisations.

Myth 3: *Transgender identity is a mental illness.*

Facts: Although transgender identity is not itself an illness, transgender people may experience mental health problems due to discrimination↗ and disapproval. But these illnesses do not cause, and are not caused by, their transgender identity. They are the result of the social exclusion and stigma that transgender people often experience.

Myth 4: *Students are too young to know their gender identity or sexual orientation.*

Facts: While a child's self-concept may change over time, this is not because they change their mind. LGBTQ+↗ youth navigate many barriers and social norms to accept their queer↗ identities. This does not mean that they do not recognise their identities at an early age. Children do not need to be pubescent or sexually active to "truly know" their gender identity↗ or sexual orientation↗. This is an expectation we do not place on heterosexual and cisgender↗ students. In reality, children usually know their gender↗ from the age of 2 or 3. Furthermore, research suggests that allowing young children to align their gender identity↗ with their gender expression↗ is associated with better mental outcomes among transgender children.

Myth 5: *A child can turn other children into homosexuals, either family members or friends.*

Facts: Sexual orientation↗ is not learned from peers. Although it is possible for children and adolescents to imitate or influence each other, sexual orientation↗ is not something that is learned from anyone. If children who↗ share the same

environment also come out of the closet, it will be because they feel encouraged to do so, not because they have been influenced.

Myth 6: *An LGBTQ+ person is a danger to children.*

Facts: LGBTQ+ people are no more likely to sexually harass children than anyone else. Sexual attraction to children is not caused by homosexuality, but is a psychiatric disorder called paedophilia. This claim tends to affect homosexual men in particular, but studies show that homosexual men are no more likely to sexually abuse children than heterosexual men (Schlatter & Steinback, 2011). In fact, the Child Sexual Harassment Research and Prevention Institute finds that 90% of child sexual abusers target children of family and friends, and most are men married to women (Schlatter & Steinback, 2011).

Myth 7: *All LGBTIQ+ people have HIV/AIDS.*

Facts: This statement is false. HIV/AIDS affects everyone, including heterosexual, cisgender and LGBTIQ+ people, men, and women, to varying degrees depending on the characteristics of the epidemic. In some regions of the world, it is primarily a problem within the heterosexual population. However, it is true that stigma, discrimination, and exclusion of LGBTIQ+ people result in a lack of access to HIV information and safe sex practices, prevention, testing, treatment, care, and support. This puts LGBTQ+ people (and in particular transgender women) at increased risk of HIV infection. Reducing stigma, eliminating discrimination and exclusion, and consequently increasing access to services, is the right way to address the HIV epidemic for all people, regardless of sexual orientation or gender identity.

Myth 8: *Association of transgender women with prostitution and marginalisation.*

Facts: It means that their reality is stereotyped and simplified, it generates ignorance and can even lead to criminalisation. The lack of references in the media of trans women in other social and professional spheres feeds an image that is far from the real one.

Myth 9: *It is appropriate to refer to a trans person by their birth name once they have chosen a new name.*

Facts: This is called "dead-naming". Referring to someone by their birth name can cause anxiety among trans people and invalidates a trans person's identity and experience. Although accidents or oversights can occur, it is best to always acknowledge them, learn from them and address a trans person by both their chosen name and the pronouns with which they identify. If you do not know their name or pronouns, simply ask, "What is the name and pronoun by which you identify?"

Myth 10: *Gender-neutral toilets are exclusively for LGBTQ+ people. Cis-straight people should only use the clearly marked men's or women's toilets.*

Facts: Gender-neutral toilets are intended to be used by everyone, regardless of sexual orientation, gender identity, expression, or ability.

– 9.5.3. SITUATIONS OF DISCRIMINATION RELATED TO THE TOPIC –

Situation 1: my child comes out of the closet. For some families the news may be difficult to deal with, while for others it is just another part of being with their child. In the best practices section, we describe some general suggestions that will help you to act as a support and reference person for your child if this situation ever arises.

9.5.4. BEST PRACTICES

It is recommended that all parents inform themselves adequately in order to be prepared and to know how best to proceed when one of their children comes out. Below are some general recommendations to keep in mind:

1. **Get informed**: Try to look for answers your questions about sexual/gender↗/identity diversity↗, so you can better understand your family members.
2. **Be careful to the language you use**: Try to use language that includes LGBTQ+↗ people. Often, we use words that are commonly used, and we may be hurting our family member without realising it. For example, the word gay should be used instead of faggot.
3. **Empathise**: For a moment, put yourself in your family member's shoes and try to understand what they have gone through and are going through. If you cannot imagine it, you can also ask them directly when the time comes.
4. **Send positive messages**: Try to create a pleasant and trusting atmosphere in the home, which will help your family member to trust you and to feel supported and more at ease within the family environment. For example, they can show support by discussing topics related to the LGBTQ+↗ community/events.
5. **Be prepared for the conversation**: One of the most important days for LGBTQ+↗ people are when they are finally visible within their family, i.e., when they talk about their sexual/gender↗/identity diversity↗. Try to be prepared to make them feel that what they are telling you is not wrong, and that you understand and support them.
6. **Support them in whatever they need**: Everyone is different; some people may need a hug; others may need you to accompany them to an association because they need counselling. Let them know that you will be there for whatever they need.
7. **Find support for yourself**. When our child comes out of the closet, it is important to seek support for yourself, because you too are about to begin a journey.

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10. PORN CONSUMPTION

- Smartphones and Internet access are two factors that have increased the availability of pornography to young people in particular, and to adults in general.
- Access to pornography among young people is sometimes involuntary, but it can also be voluntary on many other occasions. The frequency of pornography use is higher among LGTBQ+ people.
- One of the reasons for voluntary access to pornography is the search for information, mainly among young people who do not receive communication about sexuality or sexual and relationship diversity from their parents, or when sex education is not included in school curricula.
- The negative effects that early pornography use can have on young people, especially those without proper sexuality education, are wide-ranging, affecting their perception of sexual relationships, their relationships with peers and their mental health, among others.
- Sex education by families and schools is considered essential to prevent or mitigate the adverse effects that pornography can have.

10.1. INTRODUCTION

Two events have marked humanity's way of life in recent decades. On the one hand, the widespread use of the Internet at speeds that allowed optimal real-time video viewing (thanks to 4g) and, on the other hand, the invention and spread among the population of smartphones, which have since become a privileged mediator for all kinds of communication, entertainment, productivity, and other activities. Such activities include the viewing of pornography, which has led to an unprecedented change in this type of content. Pornography can be defined as a form of sexually explicit material that is intended primarily for the purpose of sexual arousal (Paton, 2013).

In this sense, we could differentiate between two types of pornography. Traditional pornography was based on printed images or films, distributed mainly by magazine distributors, sold in sex shops or in shops selling various products (press and video, in particular), or rented in the adult sections of video clubs. The difficulty of access, as well as their cost and the exposure of the purchaser, limited their impact on young people in particular, and adults in general. Online pornography overcomes many of the limitations observed, introducing changes in four specific areas: 1) Improvements in image quality, 2) Affordability, as much of it is free, 3) Variety, with an almost unlimited offer, and 4) Interaction, ranging from simple video viewing to contact with people through portals such as Onlyfans .

The online form of pornography has made it easier for young people and adolescents to access its content, and at increasingly younger ages. A study of US youth aged 10-17 found that 42% had been exposed to online pornography in the previous year, and that 34% of those exposed wanted to view such pornography (Wolak, Mitchell, & Finkelhor, 2007). Other research has obtained similar data. In this context, families are asking themselves to what extent early pornography use may affect their children and how they can best deal with the issue with their children. At national level, the role of schools in the sexuality education of young people has also been questioned, with different measures being taken in different countries.

In schools in countries such as Sweden, Belgium, Austria, the Netherlands and Estonia, sexuality education on the physical, cognitive, emotional, social, and interactive aspects of sexuality is provided, starting in early childhood, and progressing through adolescence (Ketting & Ivanova, 2018). Consequently, in these nations between 76% and 93% of young people report that they consider school as a source of information about sexuality and only between 0.2% and 3.4% consider pornography as their main source of information about sex (Ketting & Ivanova, 2018).

In the United States, however, schools take a different approach. In 2020, 39 of 50 US states mandated sex↗ and HIV↗ education in school, but only 17 states required that sex↗ education be medically accurate, and 19 states required that young people be taught repressive messages, such as that partnered sexual activity is only appropriate within marriage (Guttmacher Institute, 2020). It is therefore not surprising that many young Americans seek information about sex↗ from sources other than school, including pornography.

With regard to LGTBQ+ people, previous research finds a higher frequency of pornography consumption compared to heterosexual people. It may be assumed that higher rates of lifetime prevalence of pornography use can be observed among LGBTQ+↗ adolescents than among heterosexual adolescents (especially among LGBTQ+↗ boys) (Luder et al., 2011; Mattebo, Tydén, Häggström-Nordin, Nilsson, & Larsson, 2016) presumably due to the information seeking and the sexual identity-related roles of pornography use (Arrington-Sanders et al., 2015; Bradford et al., 2019; Vandenbosch & van Oosten, 2018). This information seeking, also present in heterosexuals, seems to occur to a greater extent among LGTBQ+ youth.

10.2. DEVELOPMENT OF THE TOPIC

10.2.1. Effects of pornography use in youth people

The effects of early access to pornography on adolescents are diverse. On the one hand, in several studies pornography use appears to be associated with increased unsafe sexual practices and more sexual partners (Harkness, Mullan, & Blaszczynski, 2015; Morgan, 2011), as well as an increased likelihood of condomless sex↗ among men who↗ have sex↗ with men (e.g., Schrimshaw, Antebi-Gruszka, & Downing, 2016). However, in a longitudinal study examining the effects of pornography use on sexual risk behaviours (Peter & Valkenburg, 2011), pornography use was not associated with adolescents' sexual risk behaviours over time and sexual orientation↗ did not have an effect on this association.

On the other hand, reactions such as decreased sexual satisfaction, a tendency to engage in behaviours observed in pornographic scenes – with distortion of the image of women (Knudsen, Löfgren-Mårtenson, & Månsson, 2007) -, increased risk behaviours related to sexual and reproductive health↗ (such as not using condoms in both heterosexual and homosexual relationships) (e.g., Wingood, DiClemente, Harrington, Davies, & Hook, 2001), increased likelihood of committing sexual assault, addiction to consuming pornographic material (e.g., Wright & Bae, 2016), and even links between pornography viewing and mental health problems (Lim, Carrotte, & Hellard, 2015).

Pornography use has also been found in at least five different longitudinal studies to be associated with reduced academic performance in men (Beyens, Vandenbosch & Eggermont, 2015), increased likelihood of early sexual intercourse, and other sexual behaviours (e.g., Brown & L'Engle, 2009). Although the effects found are shared by both sexes, evidence shows that adolescent boys have greater contact with pornography, are also exposed at younger ages than girls, view more extreme images (Sabina, Wolak, & Finkelhor, 2008), and are more likely to be involved in sexting↗ situations (e.g., Stanley et al., 2016). There are no studies using LGBTQ+ samples that have examined whether there are differences in these factors based on sexual orientation↗.

Developmental needs determined by sexual urges, such as sexual arousal, and the onset of masturbation↗, which are directly influenced by androgens (Wierckx et al., 2011) may be some of the reasons that lead boys to a higher consumption of pornography. In contrast, girls tend to seek pornography in the context of romantic relationships (Sevcíková, & Daneback, 2014) and curiosity is the most common reason for seeking pornography (Wallmyr, & Welin, 2006).

10.2.2. Common myths

Viewing pornography at a young age is often associated with little experience and knowledge. As a result, a number of myths from pornography can affect beliefs about sex↗, relationships and even perceptions of self-image.

The most common myths are as follows:

1. Unsafe sexual practices: nobody uses condoms.
2. Body image↗ : a sexy woman is slim and curvy.
3. Body image↗ : a good partner has a big penis.
4. Both men and women are ready to have sex↗ in seconds.
5. The longer the sex↗ lasts, the better.
6. Only genitals are used for sex↗ .
7. Sex↗ = penetration.
8. No talking during sex↗ .
9. Sex↗ always ends with (simultaneous) orgasm or with male ejaculation.

10.2.3. Sex education

Sex↗ education by parents and schools has a positive effect on the behaviours of those young people who↗ view pornography at an early age, reducing, among others, the influence of myths on the development of young people's sexuality↗ . Moreover, it has been found that when adolescents perceive that they have had a helpful conversation with their parents about sex↗ recently, they are less likely to report viewing pornography as a useful source of information about how to have sex↗ . It also found that when parents had discussed about sex↗ in the past year, adolescents were half as likely to report that pornography was the most useful source of information about how to have sex↗ . When the most recent parental talk about sex↗ occurred more than a year earlier, the percentage of adolescents who↗ perceived pornography as the most useful source of information about how to have sex↗ doubled (Andrie, Sakou, Tzavela, Richardson, & Tsitsika, 2021).

Some families try to delay access to pornography through restrictive measures such as the inclusion of filters, parental controls, access bans or similar on their children's devices. However, such measures have not proven to be effective if they are not accompanied by adequate information about what pornography is. In fact, in many cases, the effect of using restrictive measures alone is often the opposite, with children/adolescents accessing pornography through other children's devices without such filters, or through their parents' own smartphones. Sex↗ education in this regard is therefore essential.

One perspective that is currently being promoted within sexuality↗ education is called porn literacy. Porn literacy has been defined as "a framework from which young people can critically examine and make sense of the sexual images they see" (Hutchings, 2017, p. 292). Youth who↗ acquire media literacy skills have been shown to have greater capacity to deconstruct media messages and the intentions behind their presentation than those who↗ do not (Austin et al., 2006). There is a clear need to support youth to develop the competence to distinguish positive and negative models of sexual health↗ and relationships from the pornography that they watch, and porn literacy seems to be useful in equipping them with sufficient skills in this regard.

− 10.3. SITUATIONS OF DISCRIMINATION RELATED TO THE TOPIC −

1. A parent realises that their child has been watching pornography and immediately censure for viewing and prohibits them to use their mobile phone for the rest of the day (undesirable reaction). Recommended reaction: talk to your child and address their interests and concerns in a natural way. Try to understand why they were viewing pornography and guide them towards reliable sources. Talk to them about if they need help or information.

2. One parent tells another that they have installed a super-filter on their child's mobile phone that prevents access to pornography. The filter does not only affect access to pornography, but also to other less "sensitive" searches, so their child has to search from other friends' mobiles. This type of measure is not recommended on its own, because in the event that such measures were effective, probably the only thing that would be achieved would be not to find out where the child is watching pornography. The parent is probably forcing their adolescent child to engage in more risky practices: viewing pornography in cyber-cafes or on public computers (educational or cultural centres), viewing pornography with friends, obtaining other devices in a hidden way, etc. <u>Recommended action</u>: educate in the use of technology, not prohibit it if they are old enough to use it (Colom & Ballester, 2016). Also educate on what pornography is and what it is for.

3. A parent conveys the following message about pornography to their child: "Pornography is always the same, boring. It's not worth your time to watch that kind of content. If you do, I'll punish you". <u>Recommended action</u>: Do not address your child in these terms if you see them viewing pornography. This kind of statement is not advisable because teenagers and young people usually have a completely different experience: it is very varied and diverse, showing very different practices, responding to all their demands, and offering them many possibilities. If this is not understood, it is not understood how a teenager can spend hours and hours watching pornography.

10.4. BEST PRACTICES

The solution to children not watching porn is not a ban on going online, but rather an appropriate use of how to go online. Of course, advised in a process of sexual and affective education (Kornblit, & Sustas, 2014). Not censoring, but building critical capacity to understand what pornography means, dealing with the phenomenon of pornography from the perspective of maturing interpersonal relationships. Sometimes children between seven and eleven dare to ask questions, but if adults (parents, older siblings, educators) avoid talking about <u>sexuality</u>↗ and they do not feel listened to, they will look for answers on the internet or from their peers, <u>who</u>↗ will end up recommending that they look on the internet (Gathem, 2015).

The whole of society must be involved in this process, but especially the health and education services and, above all, families. Relationships within the family and with friends are key in the development of adolescents' lifestyles and their social and emotional development. Parental style and the type of communication in the family moderate the type of

consumption and impact the Internet has on adolescents. Positive intrafamilial relationships reduce the likelihood of problematic online behaviour (e.g., Ispa et al., 2013; Jiménez, & García, 2013; Wisenblit, Priluck & Pirog, 2013).

There are interesting resources on the Internet that families and educators can use to find out how to approach sex↗ education for children according to their age. For example, we recommend accessing https://thepornconversation.org/ (which is a non-profit project by Erika Lust that offers free and easily accessible tools for families and educators to talk to young people about sex↗ – beginning with the topic of porn literacy), or https://saferinternet.org.uk/online-issue/pornography, (website that provides information for parents and educators on issues related to sexuality↗ , including pornography, that can help them talk to their children/students about these issues and ultimately help them to develop healthy and positive attitudes towards sex↗ , relationships and their own body).

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11. MICROAGGRESSIONS

- **Microaggressions**↗ : are behaviours that subtly or indirectly communicate a derogatory and/or hostile message and make LGBTQ+↗ people feel uncomfortable or insulted. For example, these aggressions include gestures, invasive questions, stereotyping and others.
- **Gender identity microaggressions**↗ (Nadal, 2018): specific type of microaggression related to gender identity↗. For example: denial of gender identity↗, misuse of pronouns, invasion of bodily privacy, behavioural discomfort, or denial of social transphobia↗.
- **Sexual orientations microaggressions**↗ (Nadal, 2018): specific type of microaggression related to sexual orientation↗. For example: use of heterosexist terminology, endorsement of heteronormative or gender↗ -conforming culture and behaviours, discomfort/disapproval of LGBTQ and other sexualities (such as: pansexual, asexual, demisexual…) experiences, denial of the reality of heterosexism↗, (5) assumption of pathology or sexual deviation…
- **Microassaults**↗ (Sue et al., 2017): they are considered intentional; they intend to harm through insults, avoidance behaviours, or deliberately discriminatory actions.
- **Microinsults**↗ (Sue et al., 2017): are verbalizations that convey discourtesy and insensitivity and that denigrate the identity of a person. Although often unintentional, micro-accusations can offend or ridicule the recipient.

- **Microinvalidations** (Sue et al., 2017): they are communications that deny or nullify the thoughts, feelings, or experiential reality of LGBTQ+ people.

11.1. INTRODUCTION

At present, it is not so common for most people to perform conscious, hostile, and discriminatory open-minded acts towards LGBTQ+ community. Many people believe that they are not prejudiced towards this group or hold discriminatory attitudes/behaviours. However, different studies show that a lot of people act based on implicit biases (unconscious and unknown), which affect the way they perceive and relate to others (Greenwald et al., 2019).

Due to the often involuntary and ambiguous nature of microaggressions , both, those who commit them and those who witness them may tend to deny or minimize the damage they cause. In fact, when these attitudes are pointed out/questioned, aggressors often attempt to justify their comments and/or actions as a joke or misunderstanding, when they constitute subtle forms of discrimination .

This type of aggression and its perpetuation over time contribute to deteriorate the mental health of the group and individuals towards whom it is directed. For example, heterosexist microaggressions have been associated with lower self-acceptance and greater psychological distress, as well as with post-traumatic stress symptoms (Woodford, Kulic, Sinco, & Hong, 2014). In addition, microaggressions directed towards gender minorities (Robinson, 2014) (cisgender microaggressions) have been linked to emotional distress and disruption in friendships (Galupo, Henise, & Davis, 2014).

According to data from the European Union Fundamental Rights Agency's LGBTQ+I Survey published in 2020 (European Union Agency for Fundamental Rights, 2020), 65% of EU students had witnessed or heard negative comments or behaviour because another person in the class was perceived as LGBTQ+ (with varying percentages depending on the country). In several countries, up to one in five LGBTQ+ students had considered dropping out of school or changing their schools for this reason. Other studies indicate that LGBTQ+ students suffer greater harassment and victimization which can causes a lower level of self-esteem, a poorer academic performance as well as a feeling of exclusion/disconnection with the educational community and with their peers.

11.2. DEVELOPMENT OF THE TOPIC

LGBTQ+ childhood and adolescence feel more secure, a greater sense of well-being as well as a better academic performance if they are immersing in family environments and educational communities which support those who suffer this type of microaggressions , who do not minimize them and intervene in front of them (Bryan, 2018).

For this reason, it is essential that children and adolescents can find in their home an open and supportive environment in which they can express themselves, raise their doubts about ambiguous situations they may have experienced and find in their parents those reference figures that serve as support.

Hence, it is important to learn how to distinguish what microaggressions are and what are their characteristics. In this way, we can break the silence which exists around them and the ambiguous interpretations that can occur and that cause so much damage in our children and adolescents. There are two large groups of microaggressions .

11.2.1. Types of microaggressions

On the one hand, there are those based on sexual orientation (Nadal, Rivera, & Corpus, 2010) and encompass different aspects such as:

- Use of **heterosexist terminology,** e.g., making jokes/comments about LGBTQ+↗ people in your presence without regard to their identity/orientation. Also, it happens when someone uses disparaging heterosexist or transphobic language towards, or about, LGBTQ+↗ persons, such as "That's so gay", "No homo", "tranny", "she-male", "faggot" or other derogatory terms in presence of others.
- **Endorsement of culture and heteronormative** or gender↗ -conforming behaviours. These kinds of microaggressions↗ take place when an LGBTQ+↗ person is assumed to be heterosexual, or when they are encouraged to act in gender↗ -conforming ways. When youth is being told to, they shouldn't be so flamboyant or that they should act "more masculine" or, in case of girls "more feminine". Many young adults are being asked "if they have a girlfriend/boyfriend already" perhaps not realizing they are essentially telling those who↗ they ask that they expected them to be heterosexual. Heterosexuals don't realize that it is common for them to assume someone is straight, unless proven otherwise.
- **Discomfort/disapproval** of LGBTQ+↗ and other sexualities experiences. These types of microaggressions↗ include instances when LGBTQ+↗ people are treated with awkwardness, condemnation, or both. Examples of such microaggressions↗ are for example when a same-sex↗ /gender↗ couple is being looked at by strangers in disgust just because the couple is holding hands in public. Neighbouring with overt discrimination↗ and harassment these types of behaviours may include comments such as that these types of behaviours are "an abomination" or that a transgender person's gender identity↗ is "unnatural". E.g., when someone grimaces when a non-normative couple is affectionate in public.
- **Denial of the reality of heterosexism↗**, these type of microaggressions↗ occurs when a heterosexual or cisgender↗ person claims that homophobia↗ does not exist. E.g., telling an LGBTQ+↗ person that they are being exaggerated when confronted with a heterosexist attitude.
- Assumption of **pathology or sexual deviation.** These microaggressions↗ come about when heterosexual people consider LGBTQ+↗ people to be sexual deviants or overly sexual. One example of this on a systemic level is the federal ban for any man who↗ has had sex↗ with another man to donate blood. So even if a man is HIV↗ -negative and has been in a monogamous relationship all of his life, he is considered to be at risk and therefore an ineligible donor.

On the other hand, there are those based on gender identity↗ /expression (Greenwald et al., 2009), and which include the following:

- **Denial of gender identity↗**. These type of microaggressions↗ occurs when a cisgender↗ person claims that transphobia does not exist, e.g., when a family member tells a trans person that their transsexual status is just a phase.
- **Misgendering.** These type of microaggression consist of making a wrong use of pronouns, e.g., when the teacher uses the wrong pronoun for a trans person when passing the list in class.
- **Behavioural discomfort**. These microaggressions↗ occurs when someone does not feel comfortable being with transgender people or with people which are not cisgender↗ and shows it through subtle behaviours such as when someone does not want to sit/share space near a person who↗ is/identifies as non-binary.
- **Invasion of bodily privacy.** These kinds of microaggressions↗ occur toward transgender people primarily and include interactions in which others feel entitled or comfortable to objectify transgender bodies. For instance, someone asks about their genitals, making an inappropriate and invasive question that would never been asked toward a cisgender↗ person (i.e., a person whose gender identity↗ matches their birth sex↗). All these microaggressions↗ have a significant impact on people's lives. While some of these experiences may seem brief and harmless, many studies have found that the more that people experience microaggressions↗, the more likely they are to report symptoms of depression, psychological distress, and even physical health issues.
- **Denial of social transphobia↗**. This type of microaggressions↗ occurs when a cisgender↗ person claims that transphobia↗ does not exist. E.g., telling a trans person that they complain too much about people's reactions to their gender identity↗ .

Moreover, according to Nadal (2014) there is one more type of microaggressions↗ that may be distinguished:

Assumption of universal LGBTQ+ experience:

These sorts of microaggressions↗ transpire when heterosexual people assume that all LGBTQ+↗ persons are the same. For instance, sometimes, people may make comments about someone and say that they do not seem to be "a typical gay guy" because they may not fulfil some stereotype↗; other times, people may assume that an LGBTQ+↗ person they know would automatically get along with another LGBTQ+↗ person simply because they may be attracted to the same gender↗.

Lesbian women have reported that people presume that they should all be masculine, while bisexual people have reported that they are often stereotyped as being "confused" (Nadal, Issa, et al., 2011).

Many transgender women have reported being arrested and falsely accused of being sex↗ workers (Nadal et al., 2012), demonstrating that these biases and microaggressions↗ could even have legal implications.

− 11.3. SITUATIONS OF DISCRIMINATION RELATED TO THE TOPIC −

Imagine your 13-year-old child tells you they are bisexual. You have many doubts so you start asking them if it will not be just a phase, if they are not attracted more to one gender↗ than to another, that they are still too young to know well what they like. Given this, your child may feel questioned and may feel that you are invalidating their orientation which will inevitably take you away from them. In this case, it would be recommendable to show to your child your gratitude for sharing it with you and your respect for their guidance, without questioning them.

Imagine that your child is transgender, you (although you accept their identity) do not want to buy them the clothes they want so that they feel comfortable with their gender expression↗. To you it may seem something of little relevance but, for a teenager, and more for a trans teenager who↗ is in the middle of a period of discovery and affirmation of their identity and personality it is important to express with their image who↗ they are. Therefore, it is recommendable to let them to be the ones who↗ can choose how they dress. Especially since it has been proven that adjusting transgender children to their biological sex↗ can cause them to experience symptoms of depression or even lead to permanent psychological damage.

11.4. BEST PRACTICES

As parents you play an active role in practices against microaggressions↗ . Here are some tips that could be useful to educate and protect your children:

- Work on sex↗ education with your children from an early age, make it easier for them to be open, to learn about sexual diversity↗ .
- Try to maintain an open and respectful atmosphere in which your child can ask you their doubts, concerns and, above all, feel accepted.
- Try not to minimize the importance of their sensations/perceptions, validate their emotions and feelings, ask them how they feel, what they would like you to do if, for example, at some point they felt that you were invalidating their orientation/identity?
- Teach them that they deserve respect and that they should not have to endure comments about their orientation/identity, jokes about it, or invading their privacy with questions that are too personal.
- If you observe that it is your child who↗ is committing a microaggression, try to ask them why he/she is doing it, question (always with respect and understanding) their behaviour and try to make him/her see through your questions why this behaviour can be problematic and/or hurt others.
- If your child tells you that they have suffered a microaggression, ask them if they want to share anything about the situation with you or if, instead they prefer to process it on their own and talk about it later. If they want to express what have happened ask them how they felt, making it easier for them to express it and be able to make visible what happened. Also, remind them that their identity is valid and that is valid and that it is completely okay to not explain it to everyone as it is not their role to educate everyone else on diversity↗ in identity. Finally, remind them that they can always have an adult reference (yourself, a teacher if it happens at school, a monitor if they are doing an activity, etc.) in case the situation requires it, to whom they can turn to.

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Articles

11.1. HOMO/TRANS/BIPHOBIC JOKES & MICROAGRESSIONS

- Jokes against LGBTQ+↗ people are often the result of homo/trans/binegativity (also known as homo/trans/biphobia) and could be a sign of it. Even though word phobia is associated with fear which can be also a part of the problem, homo/trans/bi-negativity/-phobia is more related to negative attitudes and behaviours towards gay, trans, bisexual and other LGBTQ+↗ people (it could be also sign of lack of information and hostility and neglected psychosocial needs of a child).
- Inappropriate jokes are founded in culture that stigmatizes or undervalues certain groups of people. This is known to cause and promote minority stress↗ and more specifically known as a type of microaggressions↗.
- The existence of inappropriate jokes is further legitimized when disregarded or passed unnoticed.

11.1.1. INTRODUCTION

For creating a safe environment, it is important to use inclusive language. We should always be able to think if what we say hurts someone. Both teachers and peers may sometime make a homophobic/transphobic joke or use homophobic/transphobic names/insults as mean of humiliation and bullying↗. These insults are addressed to various students regardless of their identity. Prevalence of these "jokes" and insults creates an environment which is hostile and not safe, and each differentiation from the norm can be seen by the students as undesirable which restricts their healthy development and perception of differences among people as normal and enriching.

Insults and jokes are deeply enrooted in any given culture by the working of stigma that operates at multiple levels:

- **Institutional level**: structural discrimination↗, laws, norms, traditions, language, media
  - Politicians should repeal homo/transphobic laws (marriage exclusively for men and women, forced sterilization of trans* people).
- **Interpersonal level**: interpersonal discrimination↗, relationship violence↗, bullying↗, hate speech, homo/trans/biphobic jokes.
  - We should all pay more attention to what is happening around us. If we see violence↗ against LGBTQ+↗ people, we should stand up for them.
  - Parents and teachers must create a safe space for LGBTQ+↗ children and youth.
  - There is zero-tolerance for any kind of discrimination↗ and violence↗. The situation must be intervened to stop the bullying↗.
- **Individual level**: internalized homo/bi/transphobia↗, mental health issues, denying one's identity.
  - We need to be conscientious what kind of specific problems and challenges LGBTQ+↗ youth may be facing due to societal norms and stigmatization of their identities.

"Schools must provide a learning environment that is healthy and safe. Every student who↗ attends school must be able to develop to their full potential, safe from any form of bullying↗ or violence↗. Inclusion and support measures can be especially helpful for preventing transgender and non-binary students from experiencing bullying↗, harassment, discrimination↗, homophobia↗, transphobia↗, or exclusion." (Gouvernement du Québec 2021)

11.1.2. DEVELOPMENT OF THE TOPIC

Homophobia↗ is "any negative attitude that may lead to direct or indirect rejection of and discrimination↗ against lesbian, gay or bisexual people, or people of any other sexual orientation↗ or any individual whose appearance or behaviour does not conform to the stereotypes associated with their sex↗ assigned at birth" (Gouvernement du Québec, 2021).

Transphobia↗ is "any negative attitude that may lead, directly and indirectly, to rejection of and discrimination↗ against trans individuals or any person whose appearance or behaviour does not conform with the male or female stereotypes associated with their assigned sex↗ at birth. Purposefully using the wrong pronouns or first name, either in the presence or absence of the person in question, is an example of transphobia↗ " (Gouvernement du Québec 2021).

The imprecise term homophobia↗ is now relatively widespread and may be considered to be a "vernacular term" describing prejudice↗ and various forms of intolerance related to discrimination↗ and stigmatization of non-heterosexual people. Gradually, the terms biphobia and transphobia↗ were derived from homophobia↗ to describe specific forms of prejudice↗ against these groups. Although the term connotes "phobia", i.e., fear, it is not technically accurate in this respect and is therefore more often replaced by the term **homonegativity**↗ (binegativity, transnegativity↗).

The term homophobia↗ was first used in academic literature by the psychologist George Weinberg, who↗ published it in his 1972 work Society and the Healthy Homosexual. Weinberg later explained in an interview with Herek in 1998 that he coined

the term to convey the fear of homosexuals coupled with the fear of contracting (HIV↗) and the fear of undermining the values for which they were fighting – home and family.

Today, the term is already widespread and can be used to name negative attitudes towards non-heterosexual people or non-heterosexuality, which may take on various implicit or explicit forms, including aversion, disgust, fear, or hatred (Goldberg, 2016, cited in Pitoňák, 2020). Because homophobia↗ is still largely widespread form of intolerance within the European Union, the European Parliament has issued a number of documents in which it addresses this issue. According to the European Parliament, homophobia↗ can be defined as "irrational fear and loathing of homosexuality and lesbian, gay, bisexual homosexual, lesbian, gay, bisexual and transsexual persons based on prejudice↗ similar to racism, xenophobia, anti-Semitism and sexism↗ "

Language and homo/trans/biphobic jokes and remarks can be a sign of prejudice↗ against non-cis↗ and non-heterosexual people in the class. Homophobic language is putting prejudice↗ into everyday interactions. Even if prejudices are not used against specific students, they create a hostile environment in which individual students can feel uncomfortable. Homophobic language is LGBTQ+↗ related words that are used to describe activities, things, or other people (not directly related to sexual behaviour↗ and orientation or gender↗) and that have a negative connotation in the given context. The meaning of such words should be discussed with students to find out how they understand them and whether they perceive them negatively (and therefore use them in an offensive sense). Even if students perceive these words in a more neutral sense, it is important for them to realize that by using them they may inadvertently offend gay, bisexual, and transgender people (Smetáčková 2009).

Mental health, microaggressions

Homo/trans/biphobic jokes and remarks affect not only the climate of the classroom, but also the mental health of individuals. Discriminatory comments and heterosexism↗ have been found to be associated with psychological distress among sexual minority individuals (Craney, Watson, Brownfield, & Flores, 2018; Szymanski & Mikorski, 2016).

Mental health disparities between sexual minority and heterosexual youth are often explained by discriminatory experiences and rejection. Although many studies focus on explicit victimization, the consequences of subtle, everyday discriminations ("microaggressions↗ ") against sexual minority youth are largely understudied (Kaufman et al. 2017).

In essence, microaggressions↗ are various types of everyday encounters of subtle discrimination↗ that people of various marginalized groups experience throughout their lives (Sue et al., 2007). Some microaggressions↗ may be unconscious (i.e., the perpetrator does not even know they did something) while some microaggressions↗ may be unintentional (i.e., the perpetrator may be aware of their actions, but may not realize the negative impact they may have on people).

For more information about microaggressions↗ you can read the topic of microaggressions↗ .

In a school environment, it is good to observe and analyse what kind of jokes appear in the classrooms. Often just jokes can be signals of bullying↗ in its first stages, that is, when it is best to act against it. Don't overlook it, ask students why they say such jokes and what they think the jokes mean. Openly homo/trans/biphobic jokes are a major transgression of group norms and should not occur in school. The school should not tolerate them even by the students, and they especially should not be committed by the teachers.

If those making such inappropriate jokes are simply unaware that they are inappropriate, we recommend including a prevention program that introduces LGBTQ+↗ themes and adds context. Such a program should include an explanation of

LGBTQ+↗ topics and build empathy towards LGBTQ+↗ people – e.g. through reading stories, watching documentaries or discussion. If the jokes do not stop after such a program, it is advisable to work with their spreaders individually in cooperation with the school counselling department.

If the inappropriate jokes are meant in a truly homo/trans/biphobic way or even attack specific students, it is necessary to work with those concerned individually in cooperation with the school counselling office.

– 11.1.3. SITUATIONS OF DISCRIMINATION RELATED TO THE TOPIC –

All abovementioned situations of microaggressions↗ may be included here.

Making jokes about people or communities that are in the minority or at a disadvantage is harmful. Jokes undermine feeling of self-worth, create fear and negatively influence child's capacity to learn. Inappropriate jokes might lead to self-doubt and restriction of behaviour – hiding how I really am and how I feel in fear.

11.1.4. BEST PRACTICES

Since lesbian, gay, bisexual, and transgender young people are part of all communities & live in all areas; their needs should be included in all youth services. To prevent homo/trans/biphobic jokes and remarks in your school, you can do some of the following:

Raise awareness and understanding of issues related to **sexual orientation**↗ and **gender identity**↗ and **gender expression**↗. Ideally while engaging school stakeholders like teachers, school staff, students, and parents. This can be done through several steps (O'Brien, & McEvoy, 2010; Pawlak, 2018):

- Introducing training for teachers about sexual orientation↗ and gender identity↗ issues held by LGBTQ+↗ organization.
- Including SOGIE↗ (Sexual orientation↗, gender identity↗ and Expression) topics in the curriculum, usage of inclusive textbooks and materials
- creating a school policy addressing discrimination↗, harassment and violence↗ based on SOGIE↗.

- Developing school referrals and counselling capacities to ensure students can report homo/bi/transphobic events and get help.

Teach children empathy. Explain to them that jokes can hurt. Or better yet, teach them that if a joke hurts, it's not a joke, it's violence↗. You could use films or other stories to build some empathy with LGBTQ+↗ people.

If you hear children making inappropriate jokes, respond. You can discuss together what is problematic about the joke. Encourage children to think about and discuss the appropriateness of jokes with their peers. Encourage children to stand up for others if someone makes fun of them. Standing up is the prevention of violence↗, xenophobia, and bullying↗.

How to speak up against homo/bi/transphobia?

Interrupt. *Speak up against biased remarks, every time, without exception.*

Question. *Ask simple questions to learn why the comment was made and how it can be addressed.*

Educate. *Explain why a word or phrase is hurtful or offensive and encourage the speaker to choose different language. Help students differentiate between intent and impact.*

Echo. *While one person's voice is powerful, a collection of voices incites change. " (Learning for justice 2021)*

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